

A Practitioner's Guide to SMART Planning



What is SMART?

We all have goals in life and to achieve them we must have a plan to get us there. This is no different in the work we do with children and families.

When working with children and families we need our plans to be:



SPECIFIC

Objectives need to be as specific and child focused as possible. Avoid universal terms, e.g. *“Stuart needs to fulfil his educational potential”* as this is something all children should be doing. A more specific goal would be, *“Stuart needs his parents to take him to school every day, arriving at 8:55am, wearing a clean school uniform (with ‘clean’ meaning washed, dried and ironed at least twice a week). If Stuart is unable to attend school, then parents are to contact school by 8:55am on the day of the absence and inform staff of the reason for absence.”*

Likewise, avoid objectives such as *“Stuart’s house needs to be clean and tidy”*, as your expectation of clean and tidy may be different to that of Stuart’s parents’. If we are being more specific, you could say, *“The washing up needs to be completed after every meal”*, or, *“The living room and hallway carpet needs to be hoovered once a week”* – this makes the expectations clear for all involved with the plan.

Finally, avoid using service terms in your objectives, e.g. *“Stuart needs to be referred to CAMHS”* as this is an ACTION rather than a NEED. While professionals likely know why Stuart would benefit from a CAMHS referral, his parents may know little about the service. A better goal would be, *“We need to understand why Stuart is hurting himself by cutting his arm when upset”*, and, *“Stuart to be supported to manage upsetting situations without hurting himself.”*



MEASURABLE

If an outcome is not measureable then we will be unable to evidence progress. If a plan states *“Lindsey needs to have age-appropriate self-care skills”*, how can this be measured? Would Lindsey’s family understand what this means? By saying *“Lindsey needs to brush her teeth for 2 minutes every morning before school and every evening before bed and have a bath three times a week...”* we are able to measure the progress. Likewise, in relation to the example above around school attendance, we can accurately measure how many times Stuart arrives at school on time, or late, how many days he was absent from school, and whether parents called to inform this.



ACHIEVABLE

Objectives need to be ATTAINABLE – if the plan contains unreachable objectives, we are setting the children and families up to fail. For example, if a child is rarely attending school, with a current school attendance of around 25%, it would be unhelpful and ineffective to set the initial target at 100% attendance. There needs to be specific interim goals included throughout the Review Plans to assist reaching the goal of 100%. If however, the child's attendance is currently at 80%, then setting the goal of 100% attendance may be more achievable.



REALISTIC

Objectives identified within a plan must be ones that parents/carers are able and willing to achieve. For example, if Tony's mother is alcohol dependant, how realistic would it be to put, *"Mother will stop drinking alcohol"* in the plan? Instead, we could propose, *"If mother has been drinking alcohol, then father will leave Tony in the care of paternal grandmother, for the hours he is at work"*, or, *"Mother will refrain from drinking alcohol during the times she has sole care of Tony"*.



TIMELY

Plans need to have definitive timescales for completing proposed actions and these must be incorporated into the child's timescale, not ours – for example, in cases of neglect, how do we know when enough is enough? Having clear time constraints for the completion of objectives allows children, parents and professionals to all know what they are required to do and by when. This helps to prevent a drift of the plan and possible confusion – should the proposed objective be completed within 10 days, 10 weeks, or 10 months?

What Does SMART **Look** Like?



Below is an example of an un-SMART plan:

Child's Care Plan			
Assessed need	Outcome	Actions to be undertaken, by whom and by when	Achieved?
Mother needs help to maximize her income.	Mother will be in receipt of all appropriate benefits.	Social Worker to refer mother to Citizen's Advice Bureau.	<input type="checkbox"/>
Paul needs to be healthy.	Paul will be seen regularly by his health visitor.	Health Visitor will see the family regularly - this will be on-going.	<input type="checkbox"/>
Paul needs to be stimulated when in parents care.	Paul will be stimulated, helping him to develop.	Paul to attend groups at the local Children's Centre.	<input type="checkbox"/>
Paul needs to feel safe.	There will be no more domestic abuse within the home.	Mother to report any further incidents of domestic abuse to the police. Mother to attend Black Country Women's Aid - on-going. Social Worker will arrange a Strategy Meeting if further domestic abuse police reports are received.	<input type="checkbox"/>
Mother needs help to care for Paul.	Mother will be more confident in managing Paul's behaviour.	Mother to attend parenting classes. Paul to be referred to CAMHS.	<input type="checkbox"/>
Paul is very unhappy when his parents fight at home. Paul needs to speak to a counsellor.	Paul will feel happier.	Paul to see a counsellor - this will be on-going.	<input type="checkbox"/>
Paul needs to be healthy.	Paul will have all his immunisations.	Paul to attend all of his immunisation appointments.	<input type="checkbox"/>

So how can we make it SMART?

Child's Care Plan			
Assessed need	Outcome	Actions to be undertaken, by whom and by when	Achieved?
Parents are struggling to manage their finances, their current incoming benefit payments total less than the bills they have to pay. This is causing both parents to worry and frequently argue over financial issues.	Parents will be in receipt of all appropriate benefits, they will have a manageable payment plan set up to cover all their current and outstanding bills - meaning they will no longer be utilising their overdraft facility.	Paul's Social Worker will check what Benefit's the family currently receive. This will be completed by 13/04/20. If it appears that applicable benefits are not being claimed then Paul's Social Worker will refer the family to the Citizen's Advice Bureau 20/04/20.	<input type="checkbox"/>
It is important that Paul remains healthy while in the care of mother and is appropriately seen by health professionals.	Paul will be seen on a regular basis by his health visitor to help maintain his health, development and well-being.	Health Visitor will visit Paul at the family home every 3 weeks (starting 03/04/20) for the next 3 months. Any concerns that are raised from these visits must be reported to Paul's Social Worker within 24 hours.	<input type="checkbox"/>
Paul rarely goes out of the family home, unless it's to go shopping with his parents. There is also a lack of stimulation at home, i.e. few toys suitable for his age for him to play with, resulting in him watching TV for up to 5 hours a day.	Paul will be spending time away from the family home while attending his local Children's Centre stay and play groups. He will be socialising with other children, which will have a positive impact upon his development and well-being.	Paul to attend the stay and play group held every Thursday at the local Children's Centre with his mother, father or both together. Paul to attend the whole course of 8 sessions, over the next 8 weeks, starting on 02/04/20.	<input type="checkbox"/>
Paul becomes withdrawn and distressed when his mother and step-father have arguments and mother is hit. Paul needs to be able to talk about the violence he has seen and express his wishes and feelings about life at home.	Paul will have learnt how to talk about things that make him unhappy. He will be able to say that he feels safe at home and isn't worried about mother being hurt.	Individual direct work to be undertaken by Sheila Smith, Intensive Family Support Worker. Five sessions will be undertaken with Paul - these will start on 01/04/20 and be held fortnightly. Progress will be assessed at the Review Child in Need Meeting - where further sessions may be agreed.	<input type="checkbox"/>
Parents have advised they are finding it difficult to manage Paul's behaviour. He will sometimes become verbally and physically abusive when mother tries to implement guidance and boundaries. Paul does not act in this way towards father.	Both parents will be able to implement consistent age appropriate guidance and boundaries with Paul. Parenting will be a joint approach, with both taking on an equal role in caring for Paul and meeting his needs. Parents will be able to recognise and explain how their own behaviours may be impacting upon Paul and adjust this appropriately.	Mother and father to attend a Parenting Course at the Local Children's Centre. The course will start on May 04/05/20 and run for 10 weeks. Paul's parents to attend all 10 classes, 1 per week. Paul to be referred to CAMHS within 4 weeks of today's date (30/03/20) by his Health Visitor.	<input type="checkbox"/>

Assessed need	Outcome	Actions to be undertaken, by whom and by when	Achieved?
Paul is living in a household where he's frequently exposed to domestic abuse. This is having an impact on his behaviour, development and well-being. It is also impacting upon mother and father's ability to keep him safe and parent him appropriately.	Paul and mother will feel safe and will not be experiencing any further domestic abuse perpetrated by father.	Mother to report any further incidents of domestic abuse to the Police within 24 hours of it taking place. Mother to call 999 if she or Paul feel immediately threatened. For the purpose of this Plan, 'domestic abuse' is defined as any violent, verbally abusive or controlling behaviour that frightens mother or Paul. Father to attend a domestic abuse perpetrator group for the next 12 weeks, starting 03/04/2020. If father cannot attend a session, he must inform Paul's Social Worker on the day of the missed group. Paul's Social Worker to arrange a Strategy Meeting involving the Police and Paul's Health Visitor within 24 hours of any police referral being received regarding domestic abuse between parents.	<input type="checkbox"/>
Paul has not had all of his immunisations which could place him at risk of catching a preventable illness.	Paul will have had all his immunisations and be better safeguarded from illnesses such as MMR.	Paul to have the following immunisations within 3 months (30/06/2020) Hip/Men C Booster, MMR and PCV vaccine.	<input type="checkbox"/>

Top Tips for Completing Plans

Parent feedback from the Government's 'Troubled Families' agenda found they wanted actions which were easier to achieve at the top of plans; they felt that if these could be achieved it provided motivation for them to address more challenging objectives.



Plans are always evolving and need to constantly be updated. The initial plan should be seen as the first step on a ladder to reach the overall goal. For example, if the initial plan had an action requiring mother to take Mohammed to the GP regarding his eczema, mother undertakes this and is told to apply prescribed cream 4 times a day – this new action can be added to the plan and the initial action removed.

Many of the families we work with have multiple complex issues which need addressing, it is important to look at what the child's most pressing needs are at the time a plan is started. This must be re-assessed regularly, taking into account any completed actions.

Outcomes should focus upon the positives, not on behaviours or actions we don't want to see. Parents will respond better if they are being asked to achieve something positive in the future, as opposed to asking

them to stop a negative behaviour. For example, instead of stating a parent should, *“stop hitting Patricia as a punishment for bad behaviour”* we could say the parents should *“manage Patricia’s behaviour without hitting her”*.

If you are working with cases of domestic abuse, it is likely that the perpetrator will be asked to attend a domestic abuse perpetrator programme. The perpetrator may well attend the course but we should be mindful that this may only be a ‘tick the box’ exercise. In these circumstances, your outcome could be, *“Father will be able to explain to Jocelyn’s Social Worker the impact domestic abuse may have on his daughter’s physical and emotional wellbeing”*. This allows for father’s engagement at the perpetrator programme to be measured – not only by sessions attended but what he has actively learnt.

Keep plans simple! Make sure you ask the children and parents if they understand the plan and the actions within it – if they don’t, how can we expect them to make any progress? Some words should also be avoided within plans, e.g. “ongoing” (this is not a definitive timescale), “appropriate” (appropriate in whose view?), and, “clean and tidy” (these are subjective words, without the detail and context required to define them specifically).

