******SMART PLANS GUIDANCE**

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# **GUIDANCE FOR SMART PLANNING**

Whatever goals we have in life, we always need a plan as to how we are going to get there. In the work we undertake with children, young people and families it is exactly the same and whilst lots of differently named plans are used throughout the journey of the family with Integrated Children’s Services, all are based around ensuring the safety and well-being of children and young people.

The plans that we bring together **with** our children, young people and families and in supervision need to be S.M.A.R.T, and in order to keep our work and decision making focused on the child, our record keeping (as much as possible) should be written directly to them.

## What is a SMART plan?

**S**pecific – Describe each of the child’s needs as precisely as possible. *Don’t use universal terms* (e.g. “Emily, you need to fulfil your educational potential” because so do all children). Don’t say “Emily, your house needs to be clean”, as your view of cleanliness may be different to Emily’s parents’. If you say “the living-room carpet at Emily’s home needs to be hoovered three times a week” or “the work surfaces in the kitchen need to be wiped down after each meal has been prepared” then we are all clear. *Don’t use service terms* (e.g. “Emily needs to be referred to CAMHS” because this is an ACTION not a NEED. “We need to understand why you (Emily) are hurting yourself by cutting your arms when upset” and “We want to help you (Emily) to deal with upsets without hurting yourself” are specific to Emily’s need.

**M**easurable – If an outcome is not measurable, how are we going to evidence progress? If we write in a plan “John, you need to have age-appropriate self-care skills”, how can we measure this? What would John and his family understand by this? “John, you need to bush your teeth for two minutes every morning before you go to school and every night before you go to bed” is much clearer. In a similar way “Sam’s school attendance needs to improve” could be better worded as “Sam, your parents need to support you in improving your attendance from 58% to above 92% during the Summer term”.

When working with cases of domestic abuse, you might want the perpetrator to attend eight sessions with a domestic abuse programme. However, just because he/she attends, that doesn’t necessarily mean anything. They could just attend the sessions to “tick the box”. If your wellbeing/safety goal is “Sam, your dad will be able to explain to Steph the Social Worker the negative impact that domestic violence could have on your physical and emotional wellbeing” then you have a measurable outcome that has a positive impact for the child.

**A**chievable – The outcomes should not be out of reach and therefore set the child and family up to fail. Neither should they be less than “good enough”.

**R**ealistic – The outcomes must represent objectives that the parent/carer is willing and able to work towards. If Daisy’s father is an alcoholic, how realistic is it to put in a plan “Daisy, your dad (Mr Smith) will stop drinking alcohol”? What we might say is that “Your dad will be sober (alcohol-free) at the times he has sole care of you (Daisy)” or “If your dad has been drinking, then mum will leave you (Daisy) in the care of your nan (Mrs Jones) whilst she goes to work”.

**T**ime-scaled – There need to be definitive timescales for completion and these must be within the child’s timescale, not ours! (In families where neglect is a worry, how do we know when enough is enough?)

## Evidencing SMART planning

Within Kent’s Integrated Children’s Services, SMART plans are based on these electronic templates held within Liberi and EHM:

**LIBERI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What needs to happen?What is the change we are looking for? | What do the child/young person/family/professionals feel might impact on the changes/tasks being successfully achieved | How will it happen? What are the Tasks? | Who will do this? | By when  | Wellbeing / Safety GoalWhat is the expected impact? |
| *Free text* | Free text | Free text | Free text | Calendar field  | Free text |

**EHM Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| What needs to happen?What is the change we are looking for? | How will it happen?What are the tasks? | Who will be doing this? | By when? |
|  |  |  |  |

**EHM Review**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What needs to happen?What is the change we are looking for? | How will it happen?What are the tasks? | Who will be doing this? | By when? | Has this been completed? | Date Completed | Evidence and Impact |
|  |  |  |  |  |  |  |

Whilst there are some slight differences to the Liberi and EHM plan templates, the focus for any child and family plan is:

1. **WHAT NEEDS TO HAPPEN? WHAT IS THE CHANGE WE ARE LOOKING FOR?**

This box is designed to capture each of the child’s specific needs and necessary change. When prioritising needs, think about the IMPACT on the child if this need continues to be unmet.

1. **WHAT DO THE CHILD/YOUNG PERSON/FAMILY/PROFESSIONALS FEEL MIGHT IMPACT ON THE CHANGES/TASKS BEING SUCCESSFULLY ACHEIVED? (Liberi only)**

What are the complicating factors (issues) that might make the plan more difficult to achieve? For example, do parents have poor mental health or struggle with alcohol misuse and/or drug use, or is the young person being exploited which means there are strong pull factors leading to increasing missing episodes. How might these additional factors impact on the plan being achieved?

It is important that the child and family views are captured here, not just ours, or other professional’s view on this. There may be situations or events we are unaware of, that could impact on timescales or tasks being achieved and this ‘column’ gives a chance to explore this.

1. **HOW WILL IT HAPPEN? WHAT ARE THE TASKS?**

Exactly how will the agreed change/task take place? Be specific about the actions.

1. **WHO WILL DO THIS?**

Be clear as to who is responsible for the action. Avoid job descriptions, such as “health visitor”, “schoolteacher” etc and name the person instead. This then gives clear accountability in Child in Need Reviews, Core Groups etc. (If we just say “schoolteacher” there could be a SENCO, Form Tutor and Head of Year). We need to be absolutely clear as to who is being tasked with what and when this piece of work needs to be completed by.

1. **BY WHEN?**

There needs to be definitive timescales for completion. These must be within the child’s timescale and based on their needs. The date should be specific to the child’s situation, rather than the date it is being reviewed to see if it has been achieved (e.g. CIN meeting).

1. **WELLBEING/SAFETY GOAL. WHAT IS THE EXPECTED IMPACT? (Liberi) EVIDENCE AND IMPACT (EHM review).**

The wellbeing/safety goals are developed out of the danger statement (if there is one) and/or plan discussions and could include:

* Family safety goals linked with the child/young person/family’s ideas about what needs to happen to keep the child/young person safe.
* Wider network/professionals goals - the specific behaviours that need to be seen for us to be confident that the child is safe.

Wellbeing/safety goals should be stated in the positive i.e. what is wanted, rather than what is not wanted. Parents respond better if asked to achieve some future positives, rather than “stop” some past negatives e.g. “managing behaviour without hitting you (Sam) and your brother (Henry)” is better than “stop hitting you and Henry as a punishment for bad behaviour”.

When setting wellbeing/safety goals think what the better care/better safety will look like – what would you see, hear, smell etc?

A simple example of one action in a Liberi plan might be….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What needs to happen?****What is the change we are looking for?** | **What do the child/young person/family/professionals feel might impact on the changes/tasks being successfully achieved** | **How will it happen? What are the Tasks?** | **Who will do this?** | **By when**  | **Wellbeing / Safety Goal****What is the expected impact?** |
| Sam, you need to have your 8 week childhood immunisations  | Sam, your mum finds it difficult to take you to health settings as they make her feel very nervous and anxious | Nanny Jean has agreed to take you for your immunisations at the Doctors surgery and your mum will wait at home to give you a cuddle when you get back  | Nanny Jean  | 12 Jan 2023 | Once you are immunised, you will be best protected from childhood disease  |

A simple example of one action in an EHM plan might be…

|  |  |  |  |
| --- | --- | --- | --- |
| **What needs to happen?****What is the change we are looking for?** | **How will it happen?****What are the tasks?** | **Who will be doing this?** | **By when?** |
| Jools, you need to be attending school regularly (95% attendance) and reach your potential. You are very artistic and we are keen for you to have the opportunity to learn and grow in your skills.  | Jools, an application needs to be completed for the St Barts school and a meeting held with you, you dad and Mrs Streeter (St Barts School) to talk about how best to help you settle in. | Dad will complete the form with Jason (from Early Help) Mrs Streeter will organise the school meeting  | 2 Jan 2312 Jan 23 |

A simple example of one action in an EHM review plan might be…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What needs to happen?****What is the change we are looking for?** | **How will it happen?****What are the tasks?** | **Who will be doing this?** | **By when?** | **Has this been completed?** | **Date Completed** | **Evidence and Impact** |
| Jools, you need to be attending school regularly (95% attendance) and reach your potential. You are very artistic and we are keen for you to have the opportunity to learn and grow in your skills. | Jools, an application needs to be completed for the St Barts school and a meeting held with you, you dad and Mrs Streeter (St Barts School) to talk about how best to help you settle in. | Dad will complete the form with Jason (from Early Help) Mrs Streeter will organise the school meeting | 2 Jan 2312 Jan 23 | Yes Yes | 2 Jan 2312 Jan 23 | You and Jason (from Early Help) helped dad complete the form The meeting was held and a plan was made to support you in starting your new school gradually. Jools, you have attended when you have been expected and Mrs Streeter is very pleased with how hard you are working. You have also made new friends.  |

Plans MUST be constantly updated. An action may be achieved and from this achievement may come further actions. For example, “Jonny, your Mum (Ms Ellis) is meeting with Mr Smith, your Head of Year to look at how the school and your Mum can support you attending every day”. Once the meeting has taken place this can be marked as completed and the actions/detail around the plan to help get Jonny into school noted on the plan (in a SMART format).

It is important to check with the family if they want the completed action removed from the plan or marked as complete (as some may like to see what they have achieved, some may feel overwhelmed if there is too much there).

## Transparency and Honesty

Parents and carers are more appreciative in the longer-term of practitioners who are totally honest and transparent. Whilst some messages are hard to hear children/young people/families need to know what the potential consequences are if they are unable to achieve the required changes. When situations are improving, we could note what would lead to Integrated Children’s Services ending their involvement. We also need to be clear what would lead to our involvement increasing and/or the family plan being escalated. What is the bottom line? What is the backup contingency plan?

## Keep it simple

Children and parents should be involved in devising the plan. Always ask the children and their parents if they understand what is written down in their plan. It can help to get them to describe it back to you and you use the words they use and understand. If they can’t understand what is being asked of them, how are they going to make progress? Take out anything that is not going to address any of the key risks/areas of concern.

There should be no surprises in a plan. The family should be part of discussing it and see the draft before it is presented at a meeting.

## Words to avoid in plans

There are some words that are best avoided in plans, because they don’t actually mean anything. Examples of this are “appropriate” (in who’s view?), “ongoing” (remember what we said about definitive timescales), “monitor” (we need to be purposeful and monitoring is not a purposeful activity) and “support” (what does this mean? We need to be clear and specific about what we, or others are doing, the word support does not explain this).

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