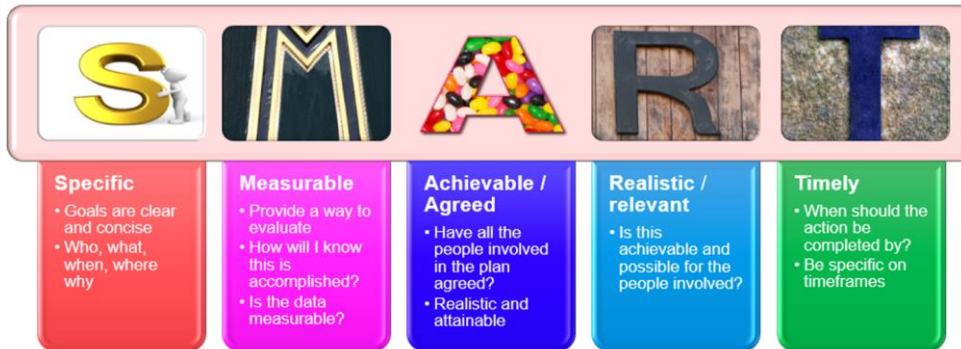


SMART



TORBAY COUNCIL

Creating a SMART plan

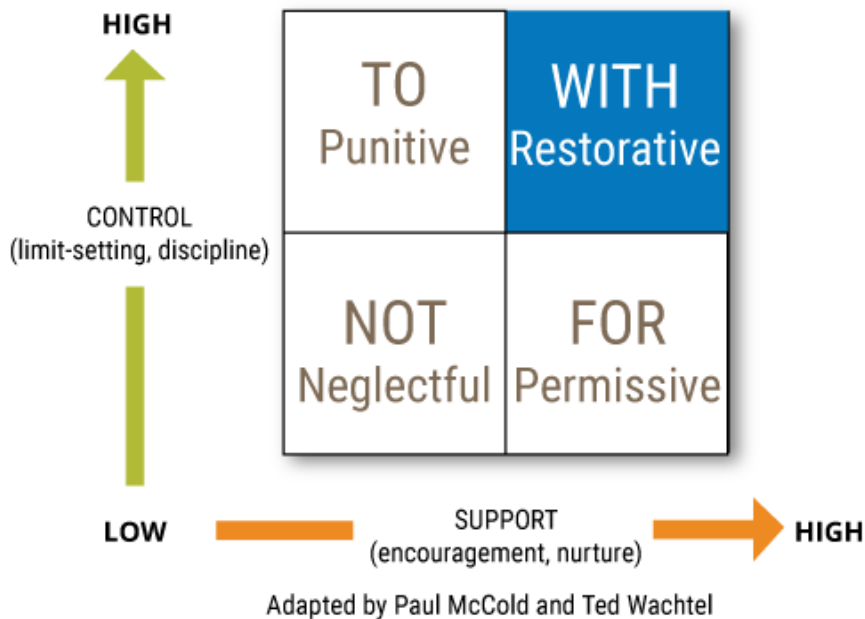
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Resources Handbook Version 2
Learning Academy
Jan 2025

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Working Restoratively



The Social Discipline Window

The social discipline window¹ is a helpful way of explaining and understanding restorative practice. It describes four approaches that practitioners can use when working with children and families and each other. The approaches are different combinations of high or low challenge and high or low support. The restorative approach to working with families and each other would be through the provision of

high support and high challenge, whilst minimising the use of working in the 'for' and 'to' quadrants.

Torbay are committed to establishing and embedding a restorative culture across our children's workforce and our partners, giving colleagues the understanding, confidence and practical skills to work in different ways with families and each other. Relationships are the key component of any organisation which works with people; good relationships help and support people to deal with busy and complicated lives, while fractured relationships can cause significant damage. Restorative practice offers a language and a way of being that explicitly promotes the importance of relationships and supports the nurturing of them.

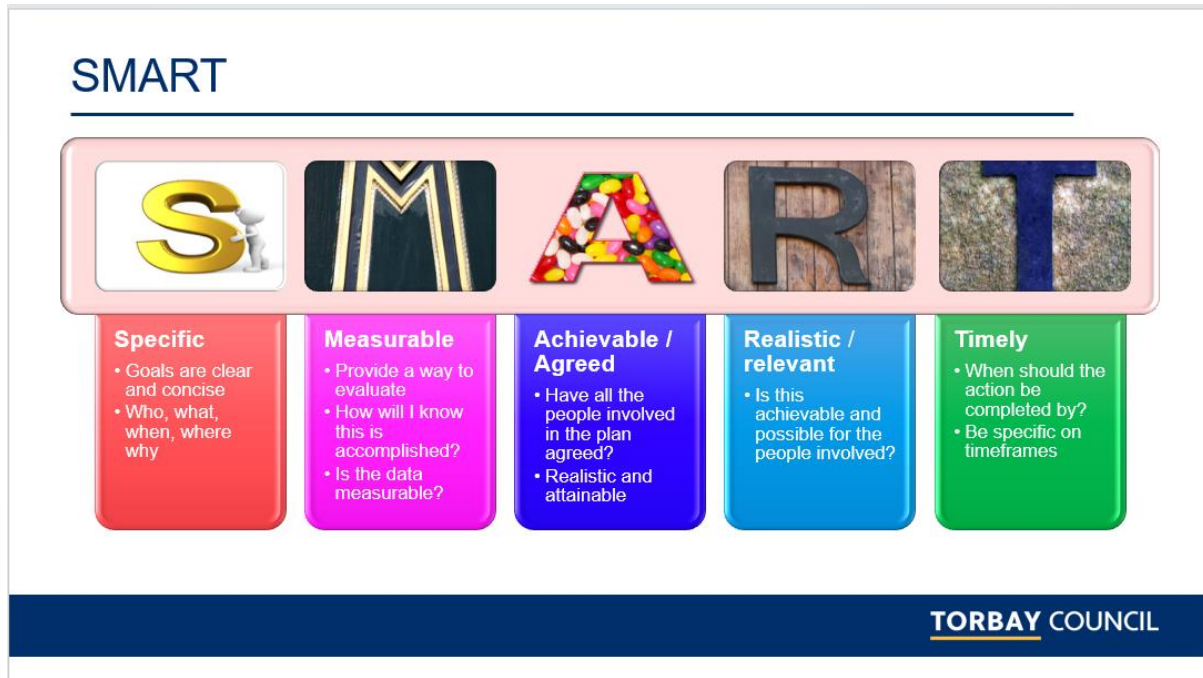
The restorative approach is an ethos base for working with people, rather than to or for them. It encourages a consistent mind-set and value base which is embedded successfully and sustainably, enabling cultural change to take place.

The essence of working restoratively is that people are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things *with* them, rather than *to* them or *for* them².

Building, maintaining and repairing relationships

Principles of a SMART Plan

A SMART action plan incorporates 5 characteristics of a goal: **specific, measurable, achievable, realistic** and **time bound**.



You should aim to work restoratively in the '*with*' box with children and families to set SMART actions, agree timescales and explore expected outcomes as well as identify how you (or others) will support them to achieve these outcomes.

SMART planning helps:

- Families and professionals develop clear plans that address any identified risks and needs
- Avoids drift and delay and prevents a lack of progress for the child, young person and family.
- Allows for the plan to be reviewed ensuring the best outcomes for the child and family.
- To work restoratively '*with*' children and families. It's everyone's responsibility. It draws on multi-agency resources and holds people to account.



SMART planning

SMART planning is a way of working to help families and professionals address any needs they may have and help families and professionals develop plans that are clear and address any identified risks and needs.

Using **SMART** planning can help practitioners to avoid drift and lack of progress of the child or young person. It allows for plans to be reviewed regularly ensuring the best outcomes for the child or young person.

The development of the plan is everyone's responsibility including the professionals and the family. It should draw upon the resources available to both the family and the professionals including their skills, expertise and knowledge. It is particularly important to have the right professionals contributing with a specific understanding of their own services. Professionals should feel able, and committed, to challenging each other about aspects of plans that they feel are not **SMART**.

SMART planning does not replace any current policies or procedures and most of the work that we already do is **SMART**. It should not be a big change for most practitioners, but it may be necessary to review current plans to ensure that they are **SMART**.

A good SMART Plan will consider:

- Are the **right agencies** involved to meet the child's needs, if so, how have we evidenced this?
- How have we ascertained the **child's experience, wishes and feelings**?
- Describe the identified developmental needs of the child, and any services required; "*Why are we here*"
- Include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child;" *What needs to change*"
- Have we considered the needs of and risks to any **siblings**?
- Has the **child** been involved in drawing up the plan?
- Are the right **partners** involved in the planning? Including the Voluntary and Community Sector (relevant to the child's assessed need)
- Have we considered **Cultural and Diversity** needs?
- If we've asked for a service as part of the plan, have **we been clear about what and why**?
- Has the plan been **communicated** to everybody involved? Be clear around expectations and ensure that everyone knows what is expected of them.
- Do all professionals **check** how they and the child are doing and **keep checking in** with each other?
- Are **joint visits planned when needed?** - e.g., Social Worker and Health Visitor, Housing officer, etc.
- Are meetings **regular and well attended?** -This really makes a difference
- Is there evidence of **reviewing the effectiveness** of the plan, focusing on child outcomes? *How do we know it is working*?"
- **Is there appropriate challenge** if better outcomes are not secured? This is effective!

Specific – All parts of the plan should be exact and detailed as possible

The more specific you are with your goal, the easier it will be to achieve rather than trying to focus on a general goal. Make your goal focused and defined to ensure a greater chance of accomplishment.

To help you be specific with your goals, answer the questions of: **who, what, when, where, which, and why**. These answers are going to help you formulate the steps you need to achieve in your SMART plan to reach your goals. Ask specific questions, such as: “What is it that I want to accomplish?” “Who is involved?” “Why am I setting this goal?” and “Are there any other requirements or restraints that are going to hinder reaching this goal?”

The plan should also be exact about who is responsible for what aspects of the plan (a named professional or family member), how often they should meet (frequency and date of next review) and date when they would be expected to have the work completed.

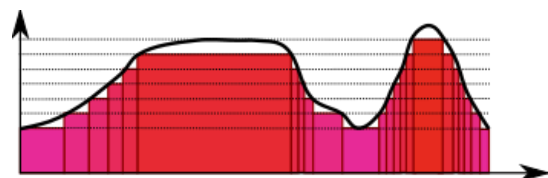
Measurable – All parts of the plan should be measurable

To ensure that your goal is measurable, you will need to have certain criteria that will help you measure your goal and the progress of your goal.

This enables both families and professionals to be clear about progress made and quickly identify when a plan is not working. Some aspects of the plan will be more easily measured than others. For example, information about a child’s attendance at medical appointments will be numerically recorded and easily evidenced. Concerns about a child’s emotional well-being would need consideration about how best to establish if progress was being made. This may involve planned structured time spent with the child and/or observations of their interactions with peer group in order to evaluate and measure progress.

The views of the child and young person should also be obtained. However, self-reporting by parents or non-professionals as the only proof of progress is not a safe way of saying that an objective has been met and should be used with other information.

- **How much or many?**
- **How will I know when it is accomplished?**
- **Is the data measurable?**



Achievable (and agreed) – Goals should be achievable and create successful outcomes.

Plans are most likely to succeed when they are achievable and agreed by both family and professionals. Therefore, we should be aiming for plans that are signed by parents and children so that agreement is clearly recorded. We should take into account the child / young person's wishes and feelings and try to ensure that they are included and agree throughout the planning process. This aspect of SMART planning particularly underpins the council's commitment to Restorative Practice (working with not to or for others) and helps people to find creative solutions to issues that are affecting them that avoid blame, retribution and punishment.

Professional agreement, commitment and ownership to the plan are essential to achieving successful outcomes for children. Agreement should not, however, be seen as a passive process and it is important for all professionals to offer constructive challenge when planning for children. If any aspects of a plan are not agreed, then this should also be recorded and the implications for this non-agreement would need to be considered in the overall assessment of risk and likelihood of achieving change.

Have all of the people involved in the plan had their say and signed it?

Realistic (and Relevant) – Plans should be realistic and based upon what we know and understand of the family and the needs of the child or young person.

For example, it would not be realistic (or indeed safe) to expect a parent with long term alcohol misuse issues to suddenly stop drinking. This aspect of the plan would need to be carefully developed with the input of a specialist worker who could best inform the meeting of what would be realistic in a particular case. In this case it may be invited a specialist worker to help the parent understand that they have alcohol misuse issues and to create a personalised plan.

Is this achievable and possible for the people involved?

Timely – All aspects of plans should contain realistic timescales (with dates) with some being broken down into stages to make them more achievable.

All aspects of plans should contain realistic timescales with some being broken down into stages to make them more achievable. Each plan should reflect the specific risks identified and needs of each child. It is more likely that children and young people will disengage with services if they feel that planned work and commitments made by agencies are not kept or if plans do not relate to their specific needs wishes and feelings.

- Is my plan in as much detail as possible including details on **who, what, when, where, which and why?**
- Is my plan clear in what I am trying to achieve?
- Does my plan say how I will measure each part?
- Does my plan clearly show who is responsible for each part?
- Are the expectations in my plan appropriate and realistic regarding the needs of the child or young person?
- Are the expectations in my plan appropriate and realistic regarding the needs of the family?
- Does my plan take into consideration the specific risks identified and needs of the child, young person and family?
- Does my plan clearly show when I expect each stage to be completed?
- Have the parents and the child or young person had their say regarding the plan?
- Is my plan signed by myself, the parents and the child or young person involved?



Common Errors in SMART plans

The most common errors that are made in SMART plans are that the statements are;

- Vague
- Overuse of acronyms
- Action not outcome based
- Not evidence based and measurable
- Unachievable
- Too many actions

Below are some examples of common errors and how they could be amended to be SMART.

Statement	Error	Corrected Statement
Complete healthy living chart	This is an action not an outcome	The healthy living chart will be completed weekly with the child and their responses noted and measured in line with the accompanying Likert scale
Make sure the children achieve their potential	How would you do this?	This statement is very vague. By measuring each child's achievement and comparing it with their Fischer Family Trust estimated grades it can be seen if they are meeting their potential
Charlotte's emotions to be measured	How would this be measured so that progress can be seen?	Charlotte to be a healthy and happy thriving child who feels safe and loved by her parents. Charlotte's emotions to be measured by Ms Thomas (SENCO) weekly using the SEN Feeling Chart. Ms Thomas & Charlotte agree to meet to explore strategies to help Charlotte better manage her emotions. Charlotte to be invited to next meeting so she can update on her wishes and feelings around how she is doing.
Ensure there are no further instances of domestic violence	This is not specific it does not specify who is responsible. How can this be measured? Is this attainable is father getting any help?	For the mother and child to be safe and to not experience any further domestic violence because of father. Louise agrees to report any further instances of domestic violence to the police within 24 hours of any such occurrence as a 999 emergency if the mother or the child feel threatened. Louise agrees to meet with her social worker to create a safety plan to keep her and Ellie safe from violence. Dave agrees to attend a domestic violence perpetrator groups for the next 12 weeks to address his violence. If he cannot attend, he

		agrees to inform his child's social worker on the day of the missed group.
Sarah's mother to stop drinking	Is this achievable for someone who is alcohol dependant? How is it measurable? Is it timely?	Marie agrees to address her drinking so Sarah can live in a happy and safe environment and thrive. Marie agrees to attend weekly AA alcohol support groups for the next 12 weeks. If Marie cannot attend, she agrees to inform Tim (Sarah's social worker) on the day of the missed group. Marie agrees to provide an update on how she is doing at the next review meeting.

Common issues experienced when plans are not SMART include:

Issue	Impact
Needs of each family member is not accurately represented in the plan	No sustained change and does not support 'whole' family approach
The professional has interpreted what they the needs are without checking	No ownership – family disengage and don't feel listened too
There are too many actions on the plan	The family feel overwhelmed and don't engage
There are no regular reviews of the plan	The family experience drift and delay
Professionals don't support the plan because they do not feel they have capacity or should be involved	The family don't achieve positive outcomes. The relationship breaks down and the family are escalated within Children Services.
The family don't feel listened to	They disengage. Feelings of mistrust develop
The children are not invited to meetings or their wishes and feelings are not represented.	Their voice is not heard, and the plan doesn't meet their needs. We lose focus.

Example of SMART Planning

The examples below show an effective way a practitioner has applied SMART Planning to their work.

Desired outcome	What needs to happen?	Who will be responsible?	When does it need to be done?	How will we know we have made progress?
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All the children need to continue to access education regularly to reach their full potential	Ms Smith and parents agree to meet weekly to support the children's attendance at School and attendance improves from 63% to 85%	Ms Smith (School attendance officer) and Mr and Mrs Little	23.7.18	The children's attendance figure will improve, and parents attend at least 2 meetings by the next review.
	Mr Johal, Lacy and Sam Little and Ms Smith agree to meet at least 3 times by the next review to talk about any difficulties that have arisen and explore supportive interventions	Mr Johal (SENCO) Mr and Mrs Little Ms Smith	3 meetings to be attended by 23.7.18	Parents attend all 3 meetings. Appropriate interventions are recommended and undertaken with the family.
For Harry's parents and Harry's social workers to form an open, professional and productive working relationship	Michael and Gina to attend 4 meetings with Harry's social worker within the next 10 weeks from today's date (future dates and times to be arranged at the first meeting)	Michael and Gina Tall (parents) Colin Jacks (social worker)	4 meetings to take place within 10 weeks and attendance reviewed at next meeting on 30 th June 18.	Michael and Gina attend all 4 appointments, and all report an improved relationship.

Remember: Specific, Measurable, Agreed, Realistic and Timely.

References & Resources

¹ Wachtel, T. (2013) Defining Restorative. International Institute for Restorative Practices

² Adapted from: Wachtel, T. and McCold, P. in Strang, H., and Braithwaite, J. (Eds), (2001)

³ Restorative Justice and Civil Society. Cambridge University Press, Cambridge

[LSCP - Practitioners / Professionals \(leedsscp.org.uk\)](http://leedsscp.org.uk)

[Smart Action Plan: How To Set SMART Goals | Udemy Blog](#)

[SMART Plans.pdf \(haltonsafeguarding.co.uk\)](#)

Version Control

Please record any amendments made to this document below:

Version	Name	Detail of amendment / updates	Date implemented
1	Bex Rushton	Presented & Signed off by SLT	23.06.21
2	Bexs Rushton	Updated SMART acronyms & added language that cares reference.	07.01.25