SMART Plans

1. Introduction
2. Care plans in statutory guidance, best practice and other reports
3. SMART planning
4. Applying SMART planning to social work
5. Potential pitfalls of SMART planning
6. Case examples
7. Continued Professional Development

Introduction
Making plans to support individuals and families is a core part of social work activity. As stated in the statutory guidance for the 1989 Children Act, “assessing the needs of children and deciding how best to meet those needs is a fundamental part of social work” (p. 11). Replace the word ‘children’ with ‘adults’ and this is no doubt just as applicable for social workers in the various adults’ fields. Indeed, many different social work situations call for the development of a care plan - when children or adults are in need of protection, when children are ‘in need’ or ‘looked after’ and as part of public law proceedings. For example, when making an application to the Family Courts for a care order, section 31a of the 1989 Children Act places a duty upon local authorities to produce care plans for the children concerned and indicates that this care plan must be kept under review whilst the application is pending (Ministry of Justice and Department for Children, Schools and Families, 2009, p. 24). All ‘looked after’ children are required to have a Personal Education Plan (as part of their overall care plan) and all ‘eligible’ young people leaving care are required to have a Pathway Plan. All mothers living in ‘Mother and Baby’ Units with their children should have a care plan and many other adults involved with social care or mental health services also require a care plan. For adults with additional or complex health needs, social workers are often required to contribute to the development of their health plans and where social workers and nurses work together, discharge care plans for adults who have been in hospital and need continuing support in the community are more likely to be successful (Bristow and Herrick, 2002). Whilst there is no doubt that many of these care plans are effective in achieving their aims, there is not a great deal of research as to how social work care plans can be made more...
effective or transparent or how best to develop them. On the other hand, there are a number of examples within the various statutory guidance documents and in other places as to how to develop care plans. Whilst many of these examples are helpful, the key idea behind this guide in particular is to consider how the principle of ‘SMART’ planning (see Figure 1) might be applied to social work care plans.

SMART care plans are:

- Specific
- Measurable
- Attainable
- Relevant
- Timely

*Figure 1*

Care plans in statutory guidance, best practice and other reports

Before discussing the concept of SMART planning in particular, this section will discuss some elements of the statutory guidance for social workers and consider what they say about care planning.

The 2013 edition of *Working Together* makes several references to care plans and to the principles that should underpin them. Although this document is primarily concerned with children, the principles described within it would seem to be reasonably applicable for adults as well. The importance of having one, single social work plan for each service user is highlighted (p. 17) and social workers, managers and other professionals are advised to “consider the plan from the child’s perspective” (p. 22). Social workers and managers are also advised that they should undertake regular reviews of the plans they have developed (p. 23) and that each care plan should focus on ‘outcomes’ for the service user (p. 25). For children in need of protection, the plan should aim to ensure the child’s safety (p. 29), to promote the child’s health and development and to support the child’s family in promoting the welfare of the child, providing it is in the child’s best interests for them to do so (p. 42). This latest version of *Working Together* also sets out the key function of child protection review conferences, saying that they should act as a forum in which the child’s developmental progress should be considered against the outcomes set out
within the child protection plan (p. 44). For children ‘in need’, *Working Together* says the plan should set out clearly what agencies will provide what services for the child and the family and should contain clear and measurable outcomes for the child. Such plans should reflect the positive aspects of the family as well as their ‘weaknesses’ (p. 30). With regards to care plans for ‘looked after’ children, the statutory guidance for the Children Act 1989 states that “*care planning...*(is) *about bringing together children who are looked after, their families, the child’s carers and professionals, in order to plan for the care of the child and to review that plan on a regular basis*”.

The *Framework for the Assessment of Children in Need and Their Families* (Department of Health, Department for Education and Employment and Home Office, 2000), although now superseded by *Working Together 2013*, contained some very useful guidance for care plans, stating that they should contain the following elements:

- The objectives of the plan.
- What services will be provided and by whom?
- The timing and nature of contact between professionals and families.
- The purpose of services and contact.
- The commitments to be met by the family.
- The commitments to be met by professionals.
- Specification of those parts of the plans that can be amended or renegotiated and those that cannot.
- What needs to change and what goals need to be achieved?
- What is unacceptable care?
- What the contingency plan will be if the plan is not felt to be working and especially if this results in the risk of harm to the child increasing?

The concept of ‘person-centred planning’ has also been much discussed over the past decade or so, especially in relation to social work with adults. The fundamental principles of this approach include the promotion of independence, choice, inclusion and equality (Dowling et al, 2006). These principles have arguably contributed to the growing use of direct payments and now individual budgets for adults receiving social care services and increasingly for children as well. In March 2012, an estimated 53
per cent of adults in receipt of community services were receiving and managing a personal budget, or approximately 432,000 people, an increase of 38 per cent from the year before (Samuel, 2013).

In addition, and applicable to every registered social worker in England, the Health and Care Professions Council’s Standards of Proficiency (2012a) include as part of Standard 14 the requirement that social workers must “be able to prepare, implement, review, evaluate, revise and conclude plans…in conjunction with service users and carers” (Standard 14.3, p. 13). This standard has been mapped against the College of Social Work’s Professional Capabilities Framework (PCF; 2012) and is located within the domain of ‘Intervention and Skills’, whereby social workers are expected to “Use a planned and structured approach…to promote positive change and independence to prevent harm” (HCPC, 2012b, p. 19 – 20). Here, one can see the clear expectation that social workers should be able to develop, implement and revise plans “in conjunction with service users and carers” in order to achieve the overarching aim of promoting “positive change and independence to prevent harm”. Thus, even from this brief review one can discern a number of shared principles – that care plans should (1) involve services users in their development and review, (2) that professionals should consider the plan from the perspective of the service user and (3) that as far as practicably possible, the core social work values of choice, independence and personal welfare should be promoted in a meaningful way.

Over the past two decades, the first of these key principles, that of service user participation in the care planning process, has become increasingly important, at least in theory. However, the question as to how this principle has been operationalized in practice indicates that we still have a way to go. For example, in a study of the care planning process with disabled adults of working age, Foster et al (2008) found that even with extensive support, these care plans tended to focus on outcomes and services within a narrow range of conventional social services functions. In other words, the plans apparently lacked a proper sense of individualization between different disabled adults. With children, much of the focus has been on the participation of individual children within the child protection process and the related principle of involving children and families in the development of their own plans has been comprehensively established (Department for Education and Skills, 2006;
Connolly, 2008). The rationale for this, should it need repeating, is in recognition of the fact that family members (including the child him or herself, depending on their age and understanding) should be considered as experts in their own lives. Unfortunately in practice, a number of parents, carers and other family members have reported feelings of ‘humiliation’ and ‘intimidation’ when asked about their attendance at child protection conferences, with one carer describing the process as follows – “you are involved with the process but you have no control over the outcome” (Buckley, Carr and Whelan, 2011; p. 104). Furthermore, Buckley, Carr and Whelan have also found that a number of parents, carers and family members, having attended child protection meetings, reported being unfamiliar with the concept of a ‘care plan’ but were often very familiar with the concept of ‘tasks’, which they understood to be the actions they needed to take in order to avoid “ominous consequences, namely, (the) loss of their children” (p. 105). Similar findings have been made with regards to child ‘in need’ care planning (Dumbrill, 2006). Clearly, it is difficult to reconcile such findings with the aim of making transparent and deliverable care plans, rooted in the expertise of service users and their families. Nevertheless, Dale (2004) has found that 50 per cent of families reported having experienced a positive benefit as a result of child protection interventions with 22 per cent reporting a negative benefit and the remaining 28 per cent reporting neither a positive or negative impact. For the purposes of this guide, one of the key factors in reporting a positive benefit was the actual provision of any services specified in the child protection plan. Of course, it seems axiomatic that when a service is specified in a plan, it should be provided but Dale’s findings suggest this may not always be the case.

Whilst SMART care planning is not the solution to these kinds of difficulties, the application of SMART planning principles in social work care planning does seem to have the potential to help. Thus, this next section will outline the concept of SMART planning with the remainder of the guide focusing on the application of these concepts to social work in particular.

SMART Planning

The concept of SMART planning originated in the field of management studies but is now considered relevant to other fields as well (Doran, 1981). Doran noted that
“despite all the literature and seminars dealing with effective objective setting and writing, the fact is that most managers still don’t know what objectives are and how they can be written” (p. 35). Doran also distinguished between ‘goals’ and ‘objectives’, arguing that the former are continuous and longer-term whilst the latter are generally more short-term and practical but must evidence a credible link to the achievement of the longer-term goals. This would suggest that whilst the overall goal for a care plan might be ‘to help the family function without violent behaviour’, the objectives to achieve this would need to be far more functional, practical and measurable in order to be effective. However, Doran also cautioned that objectives on their own, without credible links to longer-term goals, would be at risk of becoming self-serving and might lead to the development of plans made up of lists of tasks or objectives without any clear goals.

However, with regards to the concept of SMART planning, Doran argued that the development of objectives is the crucial aspect of planning, far more so than the elucidation of the longer-term goals. As already noted above, Doran believed that “the process of writing objectives is a major source of anxiety” for many and that the clear setting of objectives “can be a difficult task (that) requires scarce time” (p. 35). The crucial question then becomes “How do you write meaningful objectives” (p. 36)? It was from this starting point that Doran developed the mnemonic of SMART. Importantly, Doran noted that not every objective in every plan can be made to comply with all five criteria but the aim should be for as many objectives as possible to comply with as many of the criteria as possible. Doran concluded that the more of the criteria an objective complies with, the SMARTer our planning will be.

As noted in Figure 1, SMART stands for Specific, Measurable, Attainable, Relevant and Timely (although there are other formulations as well). Meyer (2003) describes the characteristics as follows:

**Specific** – this first criterion stresses the need for a focus on specific objectives as opposed to more general ones. In order to be specific, the objective must spell out exactly what is expected, why, who is involved, where it should happen and what might be the requirements and constraints. An example of a general objective might be “the child’s parents to fully meet their responsibilities with regards the child’s
education”. A more specific goal would be “the child’s parents to take the child to school everyday, arriving by 8.55am, wearing clean school uniform, with clean meaning ‘washed, dried and ironed’ at least once per week – if the child is unable to attend school, the child’s parents to contact the school by 8.55am on the day of the absence and inform school staff of the reason for the absence”. Setting out the objective in this more specific way makes the expectation much clearer for the child’s parents but also makes it more likely that additional criteria from the SMART mnemonic will also be satisfied.

**Measurable** – this second criterion stresses the need for objectives to be measurable, with set criteria so that progress can be evaluated as clearly as possible. Without measurable objectives, it is impossible to assess – or if not impossible, then at least much more difficult – as to whether any progress has been and if so, how much. A measurable objectives must answer questions such as ‘how much’, ‘how many’ and ‘how will we know if it is achieved’? Continuing with the example given above, the objectives is measurable because we can count:

- How many times the child arrives at school on time (by 8.55am)
- How many times the child arrives late (after 8.55am)
- The number of times they do not attend
- The number of times the school are notified of the child’s absence (by 8.55am
- When the child does attend, how many times their uniform is clean (this is the most subjective part of the measure)

**Attainable** – this third criterion stresses the need for objectives that are realistic. It involves asking the question ‘how can this be achieved’? Continuing with the same example, if the child’s current school attendance were around 25 per cent, it would be unwise and unhelpful to set the target at 100 per cent attendance, at least not without specifying interim objectives en route to achieving 100 per cent. However, if the child’s attendance were currently around 80 per cent, then setting an immediate target of 100 per cent may well be considered attainable.

**Relevant** – this fourth criterion stresses the importance of choosing objectives that matter. Questions to address include ‘does this seem worthwhile’, ‘is it the right time
to do this’ and ‘does this match our other efforts’? Continuing with the same example, if the concerns about the child related to neglect and to the impact of neglect on the child’s school attendance and presentation when at school, the example objective given would seem relevant. If the concerns were related to physical abuse, then whilst it would still be important for the child to attend school regularly and on time, achieving this aim would seem unlikely to help prevent future instances of physical abuse.

Timely – this fifth criterion stresses the importance of setting time-constraints on the completion of the objective. For example, the objective used as an example here would benefit from a deadline, by which time the child’s attendance would be expected to be consistently at or near 100 per cent.

Applying SMART planning to social work
There does not appear to be a great deal of research regarding the application of SMART principles to social work care planning. Nevertheless, the principles are relatively simply to understand and hence this section will proceed largely by way of example. To recap, SMART planning seeks to make clear the distinction between longer-term goals and shorter-term objectives and to set objectives that are Specific, Measurable, Attainable, Relevant and Timely. As I have argued elsewhere (Wilkins and Boahen, 2013), it is not my view that one can separate social work practice into distinctive elements of information-gathering, analysis and then planning but in the best social work practice, there is often found a dynamic back-and-forth, ‘learning loop’ between these different elements and more. In other words, SMART planning need not simply apply to care plans for service users – although that is the basis of this guide in particular – but can also apply to individual training plans for oneself or the staff one supervises, for assessment work and for team development. However, for the purposes of this guide, the focus will be on the development of care plans as if they were a stand-alone activity.

One of the clearest benefits of using SMART principles in social work care planning is that it has the potential to make expectations much clearer for all concerned. In situations of child protection, it can help parents, carers and other family members to
understand what they need to do, by when and what happens if they do not do it. In situations of multi-agency working, it can help professionals from all agencies to understand their own and other agency’s responsibilities. In the examples below, five objectives will be assessed against the SMART criteria and suggestions made for how they might be made SMARTer.

**Example 1: Sarah to improve her school attendance this year.**

Specific: Yes, the objective is specifically related to Sarah and her school attendance this year.

Measurable: Yes but not in a very most effective way. If Sarah attended school for 1 day more than she did last year, this objective would technically be met.

Attainable: Yes, easily so based on the above.

Relevant: Possibly but not clear from the way the objective is stated by itself.

Timely: Yes but could be improved by being more specific.

*How might this objective be improved?*

Sarah to attend school for a minimum of 4 days per week between the May half term and summer holidays.

**Example 2: Sarah’s parents to improve their engagement with Sarah’s social worker by increasing their attendance at meetings.**

Specific: Yes to some extent but is also somewhat confusing – is the goal for Sarah’s parents to improve their engagement with Sarah’s social worker or to attend more meetings?

Measurable: No. There is no reference to specific numbers in the objective.

Attainable: Not clear since no measures are provided.

Relevant: Quite possibly if the overall goal is a better working relationship between Sarah’s parents and Sarah’s social worker.

Timely: No. Should the target be achieved over 10 days, 10 weeks, 10 months or 10 years?
How might this objective be improved?
It might be better to separate out the overall goal from the specific objective.

Goal: For Sarah’s parents and Sarah’s social workers to form a professional and productive working relationship.

Objective: Sarah’s parents to attend 4 meetings with Sarah’s social worker within the next 10 weeks from today’s date *(If these meetings were already arranged, the dates and times would need to be included in the objective).*

Example 3: Sarah’s mother to attend alcohol support groups

Specific: Yes, the objective is specifically related to Sarah’s mother and her attendance at alcohol support groups.

Measurable: No. How many groups should Sarah’s mother attend? If she misses one group, is the target missed? Two? Three?

Attainable: Yes in the sense that if Sarah’s mother attended two groups, then technically the objective would be achieved but this would presumably not be the intention.

Relevant: Possibly but not clear from the way the objective is stated by itself.

Timely: No. By when should Sarah’s mother attend these groups?

How might this objective be improved?
Sarah’s mother to attend weekly alcohol support groups for the next 12 weeks. If Sarah’s mother cannot attend, to inform Sarah’s social worker on the day of the missed group.

Example 4: If this plan is not felt to be working, Sarah’s social worker to convene a Legal Planning Meeting.

Specific: No – it is not clear what might be meant by the plan ‘not felt to be working’ or by when a Legal Planning Meeting should be arranged once this decision is made.

Measurable: No. How would one measure if the plan were not working?
Attainable: Yes in the sense that a Legal Planning Meeting could be arranged once Sarah’s social worker ‘felt’ the plan was not working.

Relevant: Possibly but not clear from the way the objective is stated by itself.

Timely: No. By when should a Legal Planning Meeting be convened? Are there any specific points at which an assessment of the plans overall success or otherwise should be made?

How might this objective be improved?

It might be better if this objective were separated into two distinct objectives, one related to regular assessments of the overall success or otherwise of the plan and one related to the action to be taken if such an assessment were made and the plan deemed to be failing.

Objective 1: At a maximum of every 8 weeks, Sarah’s social worker to make an assessment of whether the overall plan is working – indicators that the plan is not working would include:
- Sarah’s school attendance dropping below 4 days per week for 3 weeks in a row.
- Sarah’s parents missing 2 of the 4 meetings with Sarah’s social worker over the next 10 weeks from today’s date.
- Sarah’s mother missing 2 alcohol support groups in a row or missing 3 in total over the next 12 weeks.

The benefit of setting out the criteria by which the plan might be deemed to be failing is that this makes the decision-making process clearer for the child, the child’s family and other professionals.

Objective 2: Once a decision is made that the plan is not working, Sarah’s social worker to convene a Legal Planning Meeting within 10 working days.

As these examples have demonstrated, the application of SMART principles to social work care plans for children need not be overly complicated. Of course, this is not to suggest that by using SMART principles, social work care planning is automatically made simple and effective. As many social workers will no doubt be more than able to attest, the effectiveness of a care plan depends on far more than how well it is...
written. Nevertheless, by setting specific, measurable, attainable, relevant and timely objectives, this at least ensures that the care plan offers a good basis for future working and provides clear measures of how effectively or otherwise the plan is being implemented.

**Potential pitfalls of SMART planning**

Whilst it is my view that SMART principles can be applied to any social work care plans, there are a number of questions that need to be addressed in order to demonstrate that this is the case. For example, it may be that making SMART plans in relation to neglect is easier than applying SMART principles to situations involving violence. For example, if a plan were made regarding a situation of domestic abuse, it may contain a goal such as ‘Ensure there are no further instances of domestic violence’. A goal stated in this way may risk silencing the parental victim of the violence and the child out of a concern that if such instances were reported honestly to the police and social services, this may risk the children being accommodated with alternative carers or result in other type of ‘assertive’ social work intervention. One way of understanding this concern is to apply the mnemonic of SMART to such an objective as follows:

**Example: Ensure there are no further instances of domestic violence.**

**Specific:** No. Although the objective is clear that there should be no further instances of domestic violence, it does not specify who is responsible for this.

**Measurable:** To some extent although it is not specified what is meant by domestic violence.

**Attainable:** Potentially very difficult depending on the situation. It would ultimately depend on whether the perpetrator was signed-up to the plan or not. To ask the victim to ensure there are no further instances of domestic violence would seem to assign the responsibility for this to the wrong person.

**Relevant:** Possibly but not clear from the way the objective is stated by itself.

**Timely:** There is no time-element included; the implication would be that there are no further instances of domestic violence ever.
How might this objective be improved?
As with some of the examples given above, it may be more helpful to separate out the overall goal from the relevant objectives. For ease of reading, this example will assume that the mother is the victim and the father the perpetrator.

Goal: For the mother and child to be safe and to not experience any further domestic violence because of the father.

This is the goal of the plan but is not an objective in itself. It also makes clear who is responsible for the violence and who needs to be protected from it.

Objectives: For the mother to report any further instances of domestic abuse to the police within 24 hours of any such occurrence and as a 999 emergency if the mother or the child feel immediately threatened. Domestic violence in this objective is defined as any violent or verbally abusive or controlling behaviour that frightens the mother or the child.

Objectives: For the father to attend domestic violence perpetrator groups for the next 12 weeks. If the father cannot attend, to inform his child’s social worker on the day of the missed group.

There may well be other objectives as well, depending on the situation. However, as with any plans in relation to domestic or any other form of abuse, it is important to avoid developing a care plan that essentially requires mothers (or whoever the victim might be) to hide information from social services, the police and others although this is a potential pitfall of any kind of social work care plan and not specifically related to SMART plans. Of course, it may be necessary to specify in such a plan the kind of situation that might lead to social services taking legal action to protect the children. This may be unavoidable but at least if the ‘kind of situation’ is set out explicitly, as would be consistent with SMART planning, then everyone in the family and in the family’s professional network can be clear on when that line has been crossed.

Practice Examples and Continued Professional Development
Under the new HCPC requirements, social workers in England are required to
undertake Continued Professional Development, to include a range of activities such as reading articles or guides and undertaking personal or team-based development activities. As such, it may be helpful to consider the following activities not only as practice examples for this guide but also as part of your own CPD. You could also consider completing these exercises in a team practice meeting or other group forum.

Exercise 1:
For each of the following, are they better described as a goal or an objective? If an objective, would you consider it to be SMART or unSMART?

1. Mrs Bee needs help and support to live independently in the community.
2. Micah needs additional support at school especially in English and History.
3. Abu should attend all 4 of his scheduled medical appointments over the next 10 weeks.
4. Tamila should not be discharged from hospital until she is medically-fit to go home.
5. Josh needs to feel safe and secure at home
6. Elena-Fatima needs to gain at least 500 grams in weight within 6 weeks from today’s date.

Suggested answers (which should appear once a link is clicked, not be visible alongside the exercise itself):
1. Goal.
2. Objective, unSMART.
3. Objective, SMART.
4. Objective unSMART.
5. Goal.
6. Objective, SMART.

Exercise 2:
Consider the following care plan. How might you assess each objective against the SMART criteria and how might you re-state each objective to make it SMARTer?
<table>
<thead>
<tr>
<th></th>
<th>Need</th>
<th>Outcome</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child development</td>
<td>Zhang Wei needs to be healthy</td>
<td>Zhang Wei to go to all his immunization appointments</td>
</tr>
<tr>
<td></td>
<td>Child development</td>
<td>For Zhang Wei to have his immunisations</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>For Zhang Wei to be seen regularly by his health visitor</td>
<td>Zhang Wei’s health visitor to visit the family regularly.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For Zhang Wei to be seen regularly by his health visitor</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>For Zhang Wei to be seen regularly by his health visitor</td>
<td>For Zhang Wei’s social worker to complete an updated core assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For Zhang Wei to be seen regularly by his health visitor</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Zhang Wei needs to be stimulated</td>
<td>For Zhang Wei to be stimulated</td>
<td>Zhang Wei to attend groups at the local children’s centre</td>
</tr>
<tr>
<td>5</td>
<td>Zhang Wei needs to be safe</td>
<td>For there to be no more instances of domestic abuse in the home</td>
<td>Zhang Wei’s mother to report any further instances of domestic abuse to the police.</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>For there to be no more instances of domestic abuse in the home</td>
<td>Zhang Wei’s social worker to arrange a strategy meeting if any further police reports regarding domestic abuse are received by the department</td>
</tr>
<tr>
<td>7</td>
<td>Parenting capacity</td>
<td>Zhang Wei’s mother needs help with looking after him.</td>
<td>Zhang Wei’s mother to attend parenting classes</td>
</tr>
<tr>
<td></td>
<td>Parenting capacity</td>
<td>For Zhang Wei’s mother to get more confident in managing his behaviour</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parenting capacity</td>
<td>For Zhang Wei’s mother to get more confident in managing his behaviour</td>
<td></td>
</tr>
</tbody>
</table>
8  

<table>
<thead>
<tr>
<th>Environmental</th>
<th>The family need to maximize their income</th>
<th>For the family to receive all the applicable benefits</th>
<th>For Zhang Wei to be referred to CAMHS</th>
</tr>
</thead>
</table>

Suggested answers (which should appear once a link is clicked, not be visible alongside the exercise itself):

1: **Zhang Wei to go to all his immunization appointments**

Specific: Yes, the objective is specifically related to Zhang Wei and his immunisations.

Measurable: Not clearly enough. Zhang Wei might attend but not have an immunisation.

Attainable: Most likely although this would depend on the timely element.

Relevant: Yes although could be stated more clearly.

Timely: No.

How might this objective be improved?
Zhang Wei to have the following immunisations within 3 months – Hip/Men C Booster, MMR and PCV vaccine.

2: **Zhang Wei’s health visitor to visit the family regularly.**

Specific: Yes, the objective is specifically related to Zhang Wei and his health visitor visiting the home.

Measurable: No. What is meant by regularly?

Attainable: Probably but would benefit from more clarity over what is meant by regularly.
Relevant: Yes.
Timely: No.

How might this objective be improved?
Zhang Wei’s health visitor to visit the home every 3 weeks for the next 3 months and report any concerns that arise because of a home visit within 1 working day to Zhang Wei’s social worker.

3: For Zhang Wei’s social worker to complete an updated core assessment

Specific: Yes, the objective is specifically related to Zhang Wei and his social worker.
Measurable: No.
Attainable: Probably yes.
 Relevant: Possibly – it would depend on the purpose of updating the core assessment.
Timely: No.

How might this objective be improved?
Zhang Wei’s social worker to complete an updated core assessment within 6 weeks of today’s date. The focus of the assessment should be on whether the following aspects of the plan are being implemented and if so, what impact this is having for Zhang Wei – 1, 4, 5, 7, 8 and 9.

4: Zhang Wei to attend groups at the local children’s centre

Specific: No – it is not clear what groups are being referred to.
Measurable: No.
Attainable: Probably yes.
Relevant: Possibly – it would depend on what groups.
Timely: No.

How might this objective be improved?
Zhang Wei’s to attend with his mother, father or both together, the play-and-stay groups held every Tuesday at the local children’s centre. For Zhang Wei to attend the whole course of 6 sessions over the next 6 weeks from today’s date.
5: **Zhang Wei’s mother to report any further instances of domestic abuse to the police.**

**Specific:** No – it is not clear what is meant by instance of domestic abuse.

**Measurable:** To some extent although this depends on the above.

**Attainable:** Probably yes.

**Relevant:** Yes.

**Timely:** No.

How might this objective be improved?
As with the example given in the main body of the guide, it may be easier to think about separating this into goals and objectives.

6: **Zhang Wei’s social worker to arrange a strategy meeting if any further police reports regarding domestic abuse are received by the department**

**Specific:** Yes.

**Measurable:** Yes to some extent although it lacks a clear sense of timeliness.

**Attainable:** Yes.

**Relevant:** Yes.

**Timely:** No.

How might this objective be improved?
Zhang Wei’s social worker to arrange a strategy meeting involving the police and Zhang Wei’s health visitor within 3 working days of any police referral being received regarding domestic abuse in the home.

7: **Zhang Wei’s mother to attend parenting classes**

**Specific:** Yes although one could wonder why Zhang Wei’s father would not be expected to attend.

**Measurable:** No.

**Attainable:** Yes.
Relevant: Yes.
Timely: No.

How might this objective be improved?
Zhang Wei’s mother and father to attend a course of parenting classes at the local children’s centre. The course starts in September and runs for 12 weeks. Zhang Wei’s parents to attend all 12 classes, 1 per week.

8: For Zhang Wei to be referred to CAMHS

Specific: No. By whom?
Measurable: Yes although could be improved.
Attainable: Yes.
Relevant: Yes.
Timely: No.

How might this objective be improved?
Zhang Wei to be referred to CAMHS within 4 weeks of today’s date by his health visitor.

9: Zhang Wei’s social worker to review the family’s benefit income and refer to Citizen’s Advice Bureau if required

Specific: No – what is meant by ‘review’?
Measurable: Yes although could be improved.
Attainable: Yes.
Relevant: Yes.
Timely: No.

How might this objective be improved?
Zhang Wei’s social worker to check what benefits the family currently receives within 2 weeks of today’s date. If it appears that any applicable benefits are not being claimed, Zhang Wei’s social worker to refer to CAB within a further 1 week.
NB. It would also be useful to set 2 – 3 overall goals for the plan as well, in order that the family and other professionals are clear what these objectives are meant to achieve.

**Exercise 2a:** As an additional exercise, consider what 2 – 3 overall goals might apply for Zhang Wei’s care plan. This may involve some speculation as to the nature of the underlying concerns but the key to this exercise is to set 2 – 3 longer-term and more strategic goals (and not simply additional objectives).

**Exercise 3:**
Consider the following hypothetical referral (based on Wilkins and Boahen, 2013, p. 13). What kind of care plan might you develop in response and how would you ensure that the care plan was as SMART as possible?

*Daisy is a 4-year-old girl, living with her mother and her mother’s boyfriend. Daisy attends a local nursery and they have said that she often appears grubby and her behaviour is withdrawn and she does not speak very much. Daisy’s mother is a recovering alcoholic and her mother’s boyfriend has a criminal record for vandalism. Daisy and family live in a one bedroom flat and Daisy has to sleep on the sofa in the front room. The flat is quite dirty and there are not many toys for her to play with. Daisy does not have any other family in the local area. Her mother’s boyfriend does not work but does not seem to help much with Daisy either.*

*Suggested answers* (which should appear once a link is clicked, not be visible alongside the exercise itself):

<table>
<thead>
<tr>
<th></th>
<th>SMART objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Child development</strong>&lt;br&gt;Daisy’s mother or her partner to join the local toy library within 4 weeks and Daisy to attend at least fortnightly to borrow new toys and return the ones borrowed previously</td>
</tr>
<tr>
<td>2</td>
<td>Daisy’s mother and her partner to re-arrange the family home within 4 weeks so that Daisy can sleep in the bedroom and they sleep in the lounge.</td>
</tr>
<tr>
<td>3</td>
<td>Parenting capacity</td>
</tr>
</tbody>
</table>

There will undoubtedly be more objectives that could be added to this care plan but the key idea, as you will have gathered, is to ensure that any objectives that are included are as SMART as possible.

References


Health and Care Professions Council (2012a) *Standards of proficiency, Social*


