#  Oxfordshire Safeguarding Children's Board Logo. A stylised image or four figures supporting each other in blue, red, yellow and green. The initials OSCB in blue. Text: Oxfordshire Safeguarding Children's Board.

# Focus on the Lived Experience of the Child

## Daily Clocks and Weekly Suns

These tools can be used with a child, young person or family to explore the detail of a child’s lived experience.

They can help:

* Show where people have different feelings or opinions
* Show things which might be missed
* Add depth and detail
* Demonstrate frequency/regularity of care
* Bring the focus back to the needs of the child.

They can also be used to look at what a good day or week looks like, compared to a bad day or week.

## Notes

### Tailor your clocks

Daily clocks should be adjusted to match the age and stage of the child, and/or in discussion with parents or the child.

Starting with a blank clock will take longer but may get better results.

### Weekly routines and things that happen less often

The Weekly Suns have eight rays. This allows an extra question, to ask about things that happen sometimes, but not every week.

### Longer time scales

The Suns and Clocks can be adapted as needed but if you are looking at a longer timescale then other forms of chronology and incident logging may work better.

This is a close focus tool.

## Suns and Clocks are a tool to use alongside other tools

Suns and Clocks do not take the place of any other notes, and you should continue to use other recording tools as usual.

**What my day looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |

**Child version – adapt for individual needs**



Sleeping

Bed time

Bath time

Going home

Lessons

Going to school

Waking up

After school club

Evening meal

Breakfast

Lunch

Break time

**What my day looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |

**Mum and baby version – adapt for individual needs**



Going to the shops

Afternoon

Lunch time

Walk

Play and Learn

Getting up

Night time

Breakfast

Morning

Evening meal

Bath time

Bed time

**What my day looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |

**Adolescent version – adapt for individual needs**



Getting home time

Homework

Afternoon

Part time job

After College

Lunch

Getting up

College

Over night

Going out

Evening meal

Breakfast

**What my day looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |



**What my week looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |

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Sometimess

Sunday

Saturday

Friday

Thursday

Monday

Tuesday

Wednesday

**What my week looks like**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Who filled this in?**  |  |

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