

**Focus on the Lived Experience of the Child**

**Daily Clocks and Weekly Suns**

These tools can be used with a child 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, or in discussion with parents or the child. Starting with a blank clock will take longer but may get better results.

**Eight days a week**

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.

**Multi-Agency Chronology**

These do not take the place of any other notes and you should continue to use other recording tools as usual. N.B. If you are building up information over time and from different agencies it is crucial to use the multi-agency chronology.

**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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