

'Circles of Support': Feasibility study

Literature Review

Project Proposal & Consultation Findings

February 2018



Mental Health Coordinating Council

Building 125, Corner of Church & Glover Streets
Lilyfield NSW 2040

PO Box 668
Rozelle NSW 2039

For any further information, please contact:

Corinne Henderson
Principal Advisor | Policy & Legislative Reform
Email: corinne@mhcc.org.au
Tel: (02) 9555 8388 # 101

Version Final – 7 February 2018

To cite this paper use the following protocol: Mental Health Coordinating Council 2018, '*Circles of Support*': Feasibility study - Literature Review, Project Proposal & Consultation Findings, Authors: Henderson, C & Pryor, H.

Acknowledgement

MHCC wish to thank and express their appreciation for the enthusiasm and willingness of everyone involved in the consultation process to share knowledge and experience. Participants' perspectives and ideas as to how we might further develop the concept of 'Circles of Support' for people with lived experience has been invaluable. We acknowledge those participants who agreed to be mentioned in this paper, as well as those who chose to remain anonymous.

Karen Wells * Lisa G * Larry Billington * Carol-Anne Maurer * Mahlie Jewell *
Lyn Anderson * Dr Katherine Gill, Foundations for Success * Sue Goodall *

Contents

–	1
Contents	3
‘Circles of Support’: Feasibility study	4
Literature Review and Project Proposal	4
Background	4
Purpose	4
Methodology	4
The concept of ‘Circles of Support’	5
Approaches	5
Values	6
International Application of ‘Circles of Support’	6
Benefits of ‘Circles of Support’	7
Challenges and Barriers of ‘Circles of Support’	7
Challenges specific to the mental health sector	8
‘Circles of Support’ in the Mental Health Sector	8
Alignment with Recovery	9
Relational Recovery	9
Proposal	10
Project deliverables and timeline	11
‘Circles of Support’ - Consultation Findings	12
Consultation Findings	12
Bibliography	17
Appendix A	20
Appendix B	21
Appendix C	23
Appendix D	24

'Circles of Support': Feasibility study

Literature Review and Project Proposal

Background

The roll out of the National Disability Insurance Scheme (NDIS) and the mental health reform environment in NSW has created an imperative for considering better ways to support people living with mental health conditions to exercise 'choice and control'. Following on from the release of the online resource 'Reimagine'¹, designed to assist people experiencing psychosocial disability to access and navigate the NDIS; and having looked extensively at supported decision-making (SDM) as an important framework providing the capacity to enhance mental health workforce skills; the Mental Health Coordinating Council (MHCC) is interested to explore the concept of 'Circles of Support' as a potentially effective mechanism to further support people living with mental health conditions in the community.

Purpose

MHCC set out to explore the evidence available both nationally and internationally on 'Circles of Support' and investigated the different environments in which 'Circles' had been established. Whether parallels could be drawn between the different target groups to suggest the applicability of the concept to people living with mental health conditions was an important element. A particular area of consideration was how the social isolation frequently experienced by many individuals living with mental health conditions could potentially impact the application of 'Circles of Support'.

This paper provides an overview of the literature reviewed on 'Circles of Support', detailing their current use, in addition to any outcomes and evaluations found in relation to these established projects. It also considers the applicability for use with people living with mental health conditions experiencing psychosocial disability.

Methodology

Early investigations showed that 'Circles of Support' were an initiative that had evolved in community settings, primarily initiated by family and community groups, support networks and service providers. MHCC sought to draw on the literature emanating from a community base with the aim of gaining an insight into how 'Circles of Support' might operate in practice. Unfortunately, little formal evaluation was found on the effectiveness of 'Circles'. Nevertheless, there were some practice descriptions available which also provided anecdotal benefits and user testimony, which comprised the majority of literature on the subject. Our sense was that any literature in the academic space would be almost non-existent. Our brief search proved that to be the case.

¹ This online resource was designed and developed by MHCC and funded by the NDIA. Available: <https://reimagine.today/>

The concept of 'Circles of Support'

A 'circle of support' has been described as:

"A group of people who are intentionally invited to come together in friendship and support of a person... for the purposes of protecting their interests into the future" (The Circles Initiative SA, 2015).

"Small group of family, friends and staff who come together to support a person, helping them to identify what they would like to do or change in their life and then supporting them to make this happen" (Sanderson, 2015).

"A group of people coming together to help formulate, promote and support the goals of a person" (Resourcing Families, 2015)

The literature provided a consensus that the concept utilises an extended network of trusted people to help formulate, promote and support the goals of a 'person at the centre'. The literature detailed that 'circles' are often used as a means of providing "practical advice, problem solving and generating creative ideas to contribute positively to the person's life" (Resourcing Families, 2015).

The participant, or person at the centre is someone who, for whatever reason, is experiencing difficulties achieving the life they aspire to on their own, and asks others for support. 'Circles of Support' are one way of recognising that some people experience challenges in formulating their dreams and aspirations and developing them as goals and decisions to be determined. For these people, making decisions, pursuing goals and living a fulfilled and meaningful life may require some additional support. The importance of the participant guiding decisions about who to invite to the circle, frequency of the meetings and the direction in which the circle's energy is employed, was also evident within the literature (Sanderson, 2015).

Supporters are members of the circle and can include family, friends, acquaintances, teachers, colleagues, team and community members, neighbours, support workers and employers. There is debate within the literature as to whether paid support staff should be included in 'circles' or if all members should participate on a voluntary basis (The Circles Initiative, 2015). 'Circles of Support' are usually run by a trained facilitator, who leads the meetings to ensure they operate ethically. Meetings are designed to be fun and informal but follow a set agenda (Marsh, 2007).

Approaches

The literature revealed that many 'Circles' operate using Person Centred Planning (PCP) techniques. These techniques aim to encourage the person at the centre to develop and implement an action plan for achieving goals in areas such as work, school, making friends or developing relationships or hobbies. PCP expressly builds on a person's strengths and capacities rather than adapting to perceived limitations (Tondora, Miller, Slade & Davidson, 2014). The articulated plan can assist them in achieving their uniquely identified goals and guide the decision-making process with the support of others in the circle (Moulster, Amey, Gregson, Johnson & Nobbs, 2006).

Supported Decision-Making (SDM) which centres on the person directing decision-making with the support of another, also appears to be an important approach underpinning 'Circles of Support'. SDM supports the person's right to lead and make decisions but also understands the way we draw upon others when making decisions. In SDM, decisions are weighed and concluded by the person while drawing on the support of a network of people or individual they trust. Importantly, supporters need to understand the will and preference of the person.

Values

The literature reviewed indicated that 'Circles of Support' are designed to promote the self-determination and maximise the autonomy of the individual at the centre, through expressing and pursuing their own goals and aspirations. They are described as having an overt focus on identifying and building on the participant's strengths, capacities and interests as well as the unique strengths and capacities of the supporters who make up the circle (Resourcing Families, 2017). The literature also stressed that 'Circles of Support' are rights-based with a focus aimed at supporting people to exercise their right to a dignified and meaningful life. 'Circles of Support' are designed to promote social inclusion by establishing new connections and supportive relationships with others, or deepening existing relationships.

International Application of 'Circles of Support'

According to the literature consulted, the use of 'Circles of Support' was first recorded in Canada and specifically developed to support people living with disabilities to transition from a nursing home back to their own apartment in the community (Pearpoint, 1990; O'Brien and Pearpoint, 2002). Since this time, the concept has been extended to use with other groups experiencing disadvantage.

In Canada, Family Service Toronto (2003) are known for using 'Circles of Support' in the disability sector as a way to "celebrate people for who they are" by recognising and building on strengths and giving voice to individuals dreams. Similarly, PLAN Institute for Caring Citizenship (2017) uses the concept of circles of support to assist families of people living with disabilities to plan for the future by fostering greater independence, self-worth, self-confidence, and sense of belonging in the community as well as enhancing support networks that can assist in planning, giving advice and making decisions.

In the UK, the 'Circles Network' (2017) utilise the concept to support people living with disability in projects in all over the country. They are currently extending the concept to include people with learning difficulties and those living with elderly parents or carers. Equal Futures (2017) also understand that a "good life" means inclusion and lifelong, loving relationships. As such, they help families to set up and maintain a lifetime 'Circle of Support' around their relative with a disability with the aim of "giving families peace of mind so that when they are no longer around, their son or daughter will still benefit from loving relationships" (Equal Futures, 2017). The National Development Team for Inclusion (2015) also use the concept to assist people living with dementia. Anecdotally, participants report less isolation, enhanced social networks, greater ability to do enjoyable activities and improved relationships with carers (National Development Team for Inclusion (2015). 'Circles of Support' have also been used in schools in the UK under the name of 'circles of friends' to promote inclusion of children with intellectual disabilities within mainstream

schools. The collaborative program formed a representative group of students, in addition to a facilitator who engaged them in weekly discussions to review and identify difficulties and problem solving efforts to determine practical next steps (Whitaker, Barratt, Joy, Potter & Thomas, 1998).

'Circles of support' have also been developed in Germany and India in university settings as a way to combat the social isolation experienced by people living with disabilities and to promote empowerment of people with different support needs (Knust-Potter, Potter and Stukenberg, 2006). Circles are also documented as being used in the United States to enhance the social networks of people living with disabilities with a focus on identifying a person's interests and gifts (Novak, Amado, Conklin and Wells, 1990).

Australian Application of 'Circles of Support'

In Australia, the Inclusion Melbourne project (2016) works collaboratively with people with a disability to establish 'Circles of Support' by providing resources and education. The success of the program has resulted in its development to investigate applicability within the context of the NDIS. The 'Circles Initiative' (2015) also uses circles with people living with disability. An independent evaluation of the project found: those at the centre were central to all discussions and activities, networks of friends and support increased and social opportunities were expanded.

Benefits of 'Circles of Support'

'Circles of support' have been shown, anecdotally and empirically, to lead to numerous benefits. These include:

- Bringing together people who care about the person and have different skills to those of the family (Burke, 2006)
- Increased social participation and inclusion (Wistow, Perkins, Knapp, Bauer, & Bonin, 2016).
- Help with the financial management of support packages (Wistow et al., 2016)
- Provide a safety net of support into the future (Resourcing Families, 2015)
- Contribute to the emotional support network of families and supporters as well as person in centre (Wistow et al., 2016)
- Person at centre feels respected, empowered and supported to achieve their goals
- Cost-effective mechanism for drawing on community capacities, extending opportunities and positive outcomes to disadvantaged groups (Wistow et al., 2016)

Challenges and Barriers of 'Circles of Support'

The implementation of circles of support is not without its challenges. Those considered include:

- Difficulty locating and involving supporters (Family Service Toronto, 2003)
- Goals remaining unmet (Dumas, De La Garza, Seay & Becker, 2002)
- Goals being limited to options previously available to service users (Dumas et al., 2002)

- If a paid facilitator is employed, issues of professional control and funding can occur (Neill & Sanderson, 2015).
- Issues regarding the maintenance of professional boundaries if support staff join on a voluntary basis (Neill & Sanderson, 2015)
- Supporters not understanding their role as 'supporter' not 'decision maker' (Inclusion Melbourne, 2016)

Challenges specific to the mental health sector

MHCC speculate that there may be a number of challenges which are specific to people living with mental health conditions. These include:

- The extreme isolation of many people living with mental conditions
- Experiences of trauma in mental health services can result in a withdrawal from services for many living with mental health conditions, especially for those having been traumatised by seclusion and restraint, involuntary care and treatment orders.
- The challenge of complex co-existing conditions
- Self-stigma and discrimination experiences
- Negative side effects of medications
- Individual challenges such as lack of social skills
- Episodic nature mental health conditions
- Experiences of poverty and homelessness

MHCC seeks to clarify these assumptions through consultation with people with lived experience, their families, carers and support workers.

'Circles of Support' in the Mental Health Sector

Despite use in the context of people living with disabilities, 'Circles of Support' are yet to be widely used or reported on to support recovery in mental health. However, in 2004 the Scottish Recovery Network began to consider the application of 'Circles of Support' for people living with mental health conditions as a method of building community networks to support holistic recovery (Connor, 2004). The report stressed the importance of community connections and friendship networks in promoting recovery. They concluded that 'circles' would be valuable in supporting people living with mental health conditions who have established support networks as well as those who are socially isolated. The study also concluded that 'circles' are an approach which can support families and carers in their supporting roles, helping them to look after themselves. 'Circles' are also viewed as an approach that can be developed both through new projects and by building the ideas into existing services (Connor, 2004). The report highlighted the Circles Advocacy Project in Glasgow as an example of a project using circles of support with people who have been in hospital, have mental health conditions and/or learning difficulties and have offended. The work provides training in person centred planning tools, circles of support and advocacy (Connor, 2004).

Alignment with Recovery

'Circles of support' share many underlying principles that align with the recovery-oriented practice approach. Deegan has described recovery as "a process, a way of life, an attitude, and a way of approaching the day's challenges ... The aspiration is to live, work, and love in a community in which one makes a significant contribution" (1988, p. 15). The recovery paradigm recognises that recovery is unique for each person, as each person has different goals and aspirations for recovery. However, it is acknowledged that connectedness with others, having a sense of hope, forming a positive sense of identity and overcoming stigma, leading a meaningful life and being empowered are all central components of recovery. From the literature discussed above, it can be seen that 'Circles of Support' have also been designed and used to promote these positive outcomes.

Similarly, a key aspect of supporting someone on their recovery journey involves working collaboratively to identify the individual's personal hopes, dreams, aspirations or 'goals for recovery'. MHCC has previously identified that SDM is an approach that aligns with best practice in recovery orientation as it is a process of thinking through goals and ways to achieve them, in order to assist a person to live with meaning, dignity and greater independence. As 'circles of support' utilise SDM as a foundation to its framework structure, they can also be seen to align with the recovery oriented paradigm.

In addition to SDM, Person Centred Planning (PCP) is a model that has been widely used in the mental health sector (Tondora, et al., 2014). Person Centred Planning has been identified as an effective practice approach to assist people living with psychosocial disability to exercise choice and control in the NDIS (Richmond RPA, 201). PCP is a collaborative process between a person and their supporters which involves action planning and goal setting, a method which likewise aligns with recovery principles and shares many similarities with 'Circles of Support'.

Relational Recovery

Recent literature concerning contemporary conceptualisation of recovery defines recovery in relational terms, whereas the more traditional understanding of recovery describes recovery as a "deeply personal, unique process of changing one's attitudes, values, feelings, goals and/or roles" (Anthony, 1993, p. 15).

Despite the fact that what is usually understood as recovery-oriented practice is an important approach in both public mental health community-based services, and community managed psychosocial support services, it is not without its critics, both from a medical model perspective in the public health space and from those leading contemporary recovery thought.

Commentators highlight that Anthony's (1993) definition suggests people with mental health conditions are responsible for their own recovery and that an individual must change various aspects of themselves in order to effect change within their own life. This characteristically requires the person to shift from experiencing feelings such as: "hopelessness, despair, anger and grief, to feelings of hope and taking responsibility for one's own actions" (Wyder & Bland, 2014 p. 180; Andresen, Oades, & Caputi, 2003). Recovery orientation proposes that interpersonal relationships are included as a component of recovery, but are not necessarily central to it (Foster and Isobel, 2017).

Critics of the traditional understanding of recovery argue that it is individualistic; consequently ignoring the social determinants of health such as social, economic and political circumstances which facilitate or impede recovery (Allen, Balfour, Bell, & Marmot, 2014; Harper & Speed, 2012; Marino, 2015; Mezzina, et al., 2006; Tew et al., 2012; Topor, Borg, Di Girolamo & Davidson, 2011). Recovery has been shown to be promoted by good material conditions such as stable housing, employment and cultural resources (Mezzina et al., 2006). Critics maintain that this individualistic view also overlooks the fact that recovery often unfolds within a social and interpersonal context (Foster & Isobel, 2017; Wyder & Bland, 2014). Research shows that friendships, families and therapeutic relationships with professionals can have positive effects on a person's recovery (Mezzina et al., 2006; Topor, Borg, Di Girolamo and Davidson, 2011; Wyder & Bland, 2014).

Accordingly, Price-Robertson, Obradovic and Morgan (2017) propose that recovery be understood in relational terms, taking into account that “experiences such as hope, identity, meaningfulness and empowerment emerge at the intersections between people, their relationships and environments” and are “best seen as interactional processes rather than states possessed by any one individual” (p. 5). From a similar perspective, Tew et al., (2012) argue that “a fundamental paradigm shift is required away from an individualised ‘treatment-oriented’ practice to one in which working with family and friends, and promoting social inclusion, are no longer optional extras” (p. 445). Based on this contemporary understanding of recovery, MHCC propose that ‘circles of support’ are potentially an important and creative way to further facilitate, support and promote relational recovery by fostering interactional relationships.

Proposal

MHCC propose the value of exploring whether ‘Circles of Support’ is an approach that might effectively be utilised to promote recovery for people living with mental health conditions and psychosocial disability.

MHCC aim to facilitate consultations with people living with mental health conditions, their family and carers, peer and mental health support workers and other stakeholders. These consultations would be conducted to discuss the feasibility of the concept and address numerous questions regarding the implementation of ‘Circles of Support’. (See Appendix D)

A number of documents have been prepared in order to conduct the consultations based on the required ethical practices for conducting inquiries into sector development projects.

- Appendix A** Invitation to Participate Letter
- Appendix B** Participant Information Statement
- Appendix C** Participant Consent Form
- Appendix D** Consultation Discussion Questions

Project deliverables and timeline

1. Literature review and project proposal	Completed October 2017
2. EOI process and consultation process	November 2017
3. A report on the outcomes and findings of the consultations	February 2018
4. Analysis of findings and development of training course and resource manual	To be confirmed
5. Circles of Support – Pilot training	To be confirmed

'Circles of Support' - Consultation Findings

The roll out of the National Disability Insurance Scheme (NDIS) and the mental health reform environment in NSW has created an imperative for considering better ways to support people living with mental health conditions to exercise 'choice and control'. Having looked extensively at supported decision-making (SDM) as an important approach to build sector capacity and mental health workforce skills, the Mental Health Coordinating Council (MHCC) began to explore the concept of 'Circles of Support' as a potentially effective mechanism to improve people's lives and functionality in the community.

MHCC conducted a literature review of the national and international evidence available on 'circles of support' (circles) and reviewed the different environments in which 'circles' have been established. We found that 'circles of support' have primarily been used to support people living with disabilities. Our investigations showed that whilst little formal evaluation on the effectiveness of 'circles' is available, practice descriptions provided anecdotal benefits and user testimony. Following on from the literature review, MHCC conducted consultations and interviews seeking input from people with lived experience, carers, peer and mental health support workers and other stakeholders. We asked questions about the development of 'circles of support' to promote recovery for people living with mental health conditions.

Consultation Findings

The following questions were discussed during the consultations the details of which are provided below:

1. What do you see as the benefits of circles of support for people living with mental health conditions?

- Consultation participants expressed resounding support for the concept and the value 'circles' could bring to the lives of people living with mental health conditions.
- They unequivocally highlighted that a key benefit of 'circles' was creating a safe space in which the person at the centre and their families could maintain and foster relationships into the future, and which could alleviate isolation for consumers and carers who have few social supports.
- Circles were also understood as presenting an opportunity to strengthen existing relationships and connections before isolation occurs.
- Those consulted proposed that a model that could be made broadly accessible would be particularly useful for those ineligible for NDIS packages and with poor access to mainstream services.
- It was seen that a circle would create an opportunity for identifying future goals and aspirations, in a space that instils hope.
- Circles were also seen as an empowering environment for people to build skills such as decision making. This was viewed as a key step away from being surrounded by people who are 'paid to care about you'.
- Importantly, a circle of support could represent a concrete example of who a person has in their lives to care about them, which could act as a reminder in times when this is less easy to believe.

- Another key benefit identified was placing the person at the centre as the expert, in an environment in which their perspective will be truly valued.
- The collaborative nature of ‘circles of support’ was seen as a beneficial way for members of a circle to learn from the experiences of others present, particularly regarding the barriers faced by the person at the centre.
- It was seen that the person at the centre could designate different roles to supporters that builds upon their unique strengths and resources.
- If clinicians were present in a circle this it was also seen as an opportunity understand the person in a more holistic sense, as well as be a way to bridge the gap between professionals and carers.
- Participants highlighted that the model of ‘Circles of Support’ was accessible for everyone and might be particularly useful for those ineligible for NDIS packages.

2. What do you see as the challenges of establishing ‘circles of support’ to support mental health recovery?

- The primary challenges to establishing ‘circles of support’ with people living with mental health conditions concerned the potential for circles to ‘going wrong’ and people being so isolated they had no one to invite.
- Participants raised concerns regarding ‘circles of support’ not operating according to the values that underpin the concept and as a result inadvertently causing harm.
- Participants were worried about circles being an environment in which supporters did not understand what supportive decision making (SDM) is, resulting in peer pressure and coercion in which a person at the centre experiences encouragement in a certain direction based on the agenda of supporters.
- The facilitator’s role was seen as vital to ensuring the circle operates ethically.
- The isolation experienced by many people living with mental health conditions presents as a key barrier for establishing a circle of support.
- Further challenges mentioned included people’s stage of recovery and ability to ask for / accept help, structural barriers to affecting change, and the practicalities of organising supporters to commit to gathering times and finding a space to hold them, as well as clinicians maintaining ethical and professional boundaries.

3. What do you see as the values underlying ‘circles of support’?

- Consultation participants discussed the values underlying the concept of ‘circles of support’ detailed within the literature.

The values identified within the literature were:

- Mechanism to promote self-determination
 - Maximise autonomy
 - Promote social inclusion
 - Focus on identifying strengths and capacity
 - Rights based focus
- Participants agreed that circles were a mechanism to promote self-determination and maximise autonomy as well as promote social inclusion.
 - Participants added that trust and respect were a key components of successful ‘circles of support’ as well as a non-judgmental attitude.

- Participants also saw that flexibility and safety were critical, highlighting the need for circles of support to be trauma-informed as well as recovery oriented.

4. Who should facilitate 'circle of support' gatherings?

- Consultation with people living with mental health conditions, their carers and service providers, particularly centred on who would facilitate 'circle of support' gatherings.
- Skills identified to be a 'circle of support' facilitator included:
 - facilitation and goal setting skills
 - knowledge of SDM theory and its application
 - conflict management and resolution

It was seen that that the facilitator would need to be trained in these areas.

- The benefits of the facilitator being an independent person, who is unknown to members of the circle, was seen as something that would make it easier to moderate potential conflict in the room, and ensure ethical operation of circle gatherings.
- Trained peer workers were seen as being a potential good fit for the role of circle of support facilitator.
- It was also seen as beneficial if the facilitator had local / community knowledge so as to support the linking in with other services / activities in the pursuit of the person's goals.
- This raised the issue of funding for a trained facilitator for people ineligible for individually funded NDIS packages. Volunteers and peer workers were both identified as potential groups who could be trained in these skills and used to fill the role of facilitator for non-NDIS participants.
- The facilitator might also have coaching skills to equip the person at the centre to gain the skills to facilitate their own circle if they did not possess such skills already.

5. Who do you see as being potential members of 'circles of support'?

- There was consensus that anyone the person at the centre wanted to be involved could be potential members of a 'circle of support'.
- Crucial is that members of a 'circle of support' have the best interests of the person at heart, but that they also acknowledge the person's right to guide the circle and make decisions for themselves.
- Participants proposed that excluding paid professionals and support workers would not be beneficial, particularly for those who are considerably isolated who do not have others to invite.
- It was discussed that 'circle of support' members could take on roles within the circle that they, and the person in the centre, are comfortable with.

6. Can you think of ways to identify people that may benefit from circles?

- People with lived experience of mental health conditions, carers and service providers who participated in the consultations highlighted that both hospitals and existing services would be in a position to identify people who may benefit from a circle of support.
- Those people who are 'falling through the gaps' as a consequence of NDIS eligibility criteria would be an important group to identify who may benefit from a 'circle of support'.
- Additionally, people living with mental health conditions should also be able to self-identify as wanting to set up a circle of support.

7. How might the idea of circles of support be communicated to people and the community in general?

- Mental health service providers were identified an important avenue to communicate the concept of 'circles of support' to people and the community in general.
- Additional service providers identified as being important to educate and have knowledge regarding 'circles of support' were: general practitioners, community health centres, libraries and local councils, private clinicians, recovery colleges, correctional centres, rotary clubs and other charities as well as aged care facilities.

8. What are the likely barriers to involvement that people with lived experience might experience?

- Consultation participants identified isolation and stigma as likely barriers to 'circles of support'.
- Practical barriers to organising 'circle of support' gatherings were also discussed. This included: finding a location and arranging for supporters to commit to meetings at certain times (such as paid supporters potentially being available only during working hours, whereas other members may only be available at other times).
- Supporter's potentially limited understanding about mental health conditions was also seen as a barrier.
- It was also highlighted that the concept of a 'circle of support' would need to be clearly explained to both the person at the centre and supporters so as not to create a barrier caused by assumptions of the model as being a support group.
- Experiences of trauma resulting in a lack of trust in mental health services could otherwise act as an additional barrier to involvement in a 'circle of support' that could be misunderstood as another obstacle to self-determination.

9. What kind of resources for facilitators and supporters on Circles of Support would be useful? (For example: training, e-learning, online resource, handbook, factsheets etc.)

- Resources provided to the person at the centre of the support circle was identified as beneficial to better understanding the concept.
- Such a resource should highlight options for how someone might like a circle to operate; realistic information regarding inviting people into a circle; as well as what might go wrong and how to prepare for this.
- Resources in the form of fact sheets and templates were seen as helpful.
- Training for supporters on how best to support someone in a non-coercive way to lead their own 'circle' and that promotes their autonomy was also seen as vital. An understanding of SDM practices was seen as key in this area. It was discussed that perhaps online training might be beneficial for this purpose as it provides scope to be wide reaching.
- It was seen as vital for facilitators to be trained in order to maintain the ethical functioning of a 'circle of support'.
- It was agreed that training should be delivered in a 'face to face' format to allow for role plays that develop facilitation and conflict management skills.
- Shadowing was also identified as a useful way of developing the skills of both facilitators and supporters.

- The possibility of building this training into the existing Cert IV Mental Health Peer Work qualification was thought a useful strategy, alongside the potential to gain accreditation for units of competency for the Cert IV training.

The data gathered from the consultation will be analysed and used to inform the design and development by MHCC Learning and Development of a training course and resource manual. It is anticipated that the resources will be developed in the second half of 2017/2018 and pilot training will be facilitated shortly thereafter.

Bibliography

- Allen, J., Balfour, R., Bell, R. and Marmot, M., 2014. Social determinants of mental health. *International Review of Psychiatry*, 26(4), pp.392-407.
- Andresen, R., Oades, L. and Caputi, P., 2003. The experience of recovery from schizophrenia: towards an empirically validated stage model. *Australian & New Zealand Journal of Psychiatry*, 37(5), pp.586-594.
- Burke, C., 2006. *Building Communities through Circles of Friends*. The Mental Health Foundation/Foundation for People with Learning Disabilities, London
- Connor, A., 2004, Recovery and community connections. In S. Bradstreet, & W. Brown (Eds.), SRN Discussion Paper Series. Report No.2. *Glasgow*: Scottish Recovery Network.
Retrieved from:
<http://lx.iriss.org.uk/sites/default/files/resources/Recovery%20and%20community%20connections.pdf>
- Dulmus, C. N., & Nisbet, B. C., 2013, *Person-centred recovery planner for adults with serious and mental illness*.
- Dumas, S., De La Garza, D., Seay, P. and Becker, H., 2002. I don't know how they made it happen, but they did": Efficacy perceptions in using a person-centered planning process. *Person-centered planning: Research, practice, and future directions*, pp.223-246.
- Equal Futures, 2017, Equal Futures. Accessed 24 August 2017, <http://www.equalfutures.org.uk/>
- Family Service Toronto, 2003, Circles of Support. Retrieved from:
<http://familyservicetoronto.org/programs/options/stararticle.html>
- Foster, K. and Isobel, S., 2017. Towards relational recovery: Nurses' practices with consumers and families with dependent children in mental health inpatient units. *International journal of mental health nursing*.
- Foster, K. and Isobel, S., 2017. Towards relational recovery: Nurses' practices with consumers and families with dependent children in mental health inpatient units. *International journal of mental health nursing*.
- Harper, D. and Speed, E., 2012. Uncovering recovery: The resistible rise of recovery and resilience. *Studies in Social Justice*, 6(1), p.9.
- Inclusion Melbourne 2016, Circles of support training. Accessed 24 August 2017, <https://inclusion.melbourne/circles-support/>
- Kalms, S., March 2007, Guest Editorial, *Crucial Times*, vol. 38.
- Knust-Potter E, Potter P and Stukenberg T., 2006, Circles of support in India and Europe: community resource networks for people with disabilities and autism Summary report.
<http://cos-transnational.net/pdf/Circles%20of%20support%20final%20technical%20and%20financial%20report%20.pdf>

- Marino, C.K., 2015. To belong, contribute, and hope: First stage development of a measure of social recovery. *Journal of Mental Health*, 24(2), pp.68-72.
- Marsh, S., March 2007, Circles of Support, *Crucial Times*, vol. 38.
- Mezzina, R., Davidson, L., Borg, M., Marin, I., Topor, A. and Sells, D., 2006. The social nature of recovery: Discussion and implications for practice. *Archives of Andrology*, 9(1), pp.63-80.
- Moulster, G., Amey, P., Gregson, K., Johnson, M. and Nobbs, M., 2006. Person-centred planning in Hampshire: spreading the word with circles training: *Learning Disability Practice*, 9(8), pp.18-20.
- National Development Team for Inclusion, 2015, Evaluation of three year Circles of Support for people with dementia project reveals benefits of collaborative approach. UK. Accessed 24 August 2017, <https://www.ndti.org.uk/news/evaluation-of-three-year-circles-of-support-for-people-with-dementia-projec>
- Neill, M., & Sanderson, H., 2012, Circles of support and personalisation. Accessed 24 August 2017, <http://allenshea.com/wp-content/uploads/2017/03/circlesofsupportandpersonalisation-3.pdf>
- Neill, M., & Sanderson, H., 2015, Community Circles. Accessed 24 August 2017, <http://community-circles.co.uk/wp-content/uploads/2015/10/HSA-Community-Circles-paper-b-1.pdf>
- Novak Amado, A., Conklin, F., and Wells, J., 1990, Friends – A manual for connecting persons with disabilities and community members. St Pauls, Minnesota: Human Services Research and Development Center.
- O'Brien J and Pearpoint, J., 2002. *Person-centered Planning with MAPS and PATH: A Workbook for Facilitators*. Inclusion Press.
- Pearpoint, J., 1990. *From behind the piano: The building of Judith Snow's unique circle of friends*. Inclusion Press.
- Price-Robertson, R., Obradovic, A. and Morgan, B., 2017. Relational recovery: beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), pp.108-120.
- Resourcing Families, 2015, Circles of support fact sheet. Accessed 24 August 2017, www.resourcingfamilies.org.au/assets/Uploads/.../Circles_of_Support_fact_sheet.pdf
- Richmond PRA., 2014, Good practice guidelines for person centred planning and goal setting for people with psychosocial disability: a project report for disability care Australia. *Richmond PRA: Sydney*. Accessed 24 August 2017, http://www.ndis.gov.au/sites/default/files/documents/Project_Report_Final.Pdf
- Sanderson, H., 2015, 9 reasons why I am excited about the potential of community circles to make a difference. Accessed 24 August 2017, <https://communitycirclesblog.wordpress.com/2015/09/21/9-reasonswhy-i-am-excited-about-the-potential-of-community-circles-to-make-a-difference/>
- Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J. and Le Boutillier, C., 2012. Social factors and recovery from mental health difficulties: a review of the evidence. *The British Journal of Social Work*, 42(3), pp.443-460.

- The Circles Initiative, 2015, Information Guide: Creating Circles of Friends for people who have disability. South Australia. Australia. Accessed 24 August 2017, <http://www.clp-sa.org.au/sites/default/files/Circles%20Booklet-5%20FINAL.pdf>
- The circles network, 2017, Circles of Support. Accessed 24 August 2017, http://www.circlesnetwork.org.uk/index.asp?slevel=0z114z115&parent_id=115
- The PLAN institute, 2017, How does PLAN create networks. Accessed 24 August 2017, <http://plan.ca/what-we-do/networks/how-does-plan-create-networks/>
- Tondora, J., Miller, R., Slade, M. and Davidson, L., 2014. *Partnering for recovery in mental health: A practical guide to person-centered planning*. John Wiley & Sons.
- Topor, A., Borg, M., Di Girolamo, S. and Davidson, L., 2011. Not just an individual journey: Social aspects of recovery. *International Journal of Social Psychiatry*, 57(1), pp.90-99.
- Whitaker, P., Barratt, P., Joy, H., Potter, M. and Thomas, G., 1998. Children with autism and peer group support: using 'circles of friends'. *British Journal of Special Education*, 25(2), pp.60-64
- Wistow, G., Perkins, M., Knapp, M., Bauer, A. and Bonin, E.M., 2016. Circles of Support and personalization: Exploring the economic case. *Journal of Intellectual Disabilities*, 20(2), pp.194-207.
- Wyder, M. and Bland, R., 2014. The Recovery Framework as a Way of Understanding Families' Responses to Mental Illness: Balancing Different Needs and Recovery Journeys. *Australian Social Work*, 67(2), pp.179-196.

Appendix A

Invitation to Participate Letter

Individual
Address

Dear NAME

The Mental Health Coordinating Council (MHCC) is conducting a consultation process to explore the concept of 'Circles of Support' as a potentially effective mechanism to support people living with mental health conditions and psychosocial disability. The aims of this consultation session is to examine the feasibility of utilising the concept of 'Circles of Support' in relation to these individuals. This will involve; discussing the ways in which 'Circles of Support' are currently being used in the disability sector; considering the potential benefits and opportunities relevant to the mental health sector; explore potential barriers to the effective use of 'Circles of Support' and workshop what a 'Circles of Support' approach for people living with mental health conditions might look like.

We wish to conduct a consultation session with 1) people with lived experience of mental health conditions, 2) their family and carers, 3) peer and mental health support workers and 4) other stakeholders.

Prior to the session participants will receive a copy of the proposed questions as well as our literature review detailing some background information.

In our final report we would like to acknowledge you/ your organisation's participation. However confidentiality will be maintained and participants' responses will be de-identified. All information gathered by MHCC in the course of this project will be treated as confidential.

If you are interested to be a part of this valuable project and are willing to assist us, please contact hannah@mhcc.org.au

The consultation session will be scheduled Date: _____ Time: _____
Venue _____

For any further information concerning this project contact

Corinne Henderson, Principal Advisor/ Policy and Legislative Reform.

E: corinne@mhcc.org.au or T: (02) 9555 8388 x 101.

Appendix B

Participant information statement

Development of 'Circles of Support'

You are invited to participate in a study exploring the concept of 'Circles of Support' as a potentially effective mechanism to support people living with mental health conditions and psychosocial disability. Our objective is to understand the perspectives of people with lived experience of mental health conditions regarding the concept of 'circles of support', and investigate what opportunities and barriers exist to its effective use and implementation.

Through conducting a literature review on the application of 'circles of support' both internationally and in Australia, and seeking the views of people with lived experience via consultations, we aim to provide a report and recommendations on the development and implementation of 'circles of support' in a mental health context.

Description of study

This project was initiated in the context of the roll out of the National Disability Insurance Scheme (NDIS) and the mental health reform environment in NSW which have created an imperative for considering better ways to support people living with mental health conditions to exercise 'choice and control'. Having looked extensively at supported decision-making (SDM) as an important framework providing the capacity to enhance mental health workforce skills, the Mental Health Coordinating Council (MHCC) became interested in exploring the concept of 'Circles of Support' as another potentially effective mechanism to support people living with mental health conditions.

MHCC has explored the evidence available both nationally and internationally on 'Circles of Support' and investigated the different environments in which 'Circles' have been established, finding that 'Circles of support have primarily been used to support people living with disabilities. Our investigations showed that whilst little formal evaluation on the effectiveness of 'Circles' is available, practice descriptions provided anecdotal benefits and user testimony. From this exploration, MHCC propose the value of further investigating whether 'Circles of Support' could represent an additional initiative that could promote recovery for people living with mental health conditions and psychosocial disability. MHCC is now seeking input from people with lived experience, their family and carers, peer and mental health support workers and other stakeholders.

If you agree to participate in this consultation session, MHCC will be asking you questions about the development of 'circles of support' to promote recovery for people living with mental health conditions. The session is intended to provide space for open-ended discussion in order to establish your views and get a picture of your perspective on the development of this concept.

Confidentiality and disclosure of information

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. Individuals involved in the consultation session will remain anonymous and will not be acknowledged in any further MHCC publications.

In our report we may want to quote a participant's comments, in which case we would first seek your permission. By signing this consent form you are agreeing to participate in this consultation process. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Feedback to participants

Prior to publication a draft report of the analysis will be emailed to you for feedback and comments. Any questions or concerns that you may have regarding this study may be directed to:

Corinne Henderson
Principal Advisor / Policy and Legislative Reform
Mental Health Coordinating Council
PO Box 668, Rozelle NSW 2039
E: corinne@mhcc.org.au T: (02) 9555 8388 x 101.

You will be given a copy of this form to keep.

Appendix C

Participant Consent Form

'Circles of Support' Consultation

You are making a decision on behalf of your organisation and/or yourself whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

.....
Signature of Research Participant (Please PRINT name)

.....
Signature of Interviewer (Please PRINT name)

.....
Organisation Date

Recording of Consultation

With your permission, we would like to record the consultation session to enable us to accurately analyse the feedback you provide. We will destroy all recording after use and will only use identified quotes with your permission.

If you agree to this, please sign below.

.....
Name Signature

Appendix D

Consultation Discussion Questions

Development of 'Circles of Support'

10. What do you see as the benefits of circles of support for people living with mental health conditions?
11. What do you see as the challenges of establishing 'circles of support' to support mental health recovery?
12. What do you see as the values underlying 'circles of support'?
13. Who should facilitate 'circle of support' gatherings?
14. Who do you see as being potential members of 'circles of support'?
15. Can you think of ways to identify people that may benefit from circles?
16. How might the idea of circles of support be communicated to people and the community in general?
17. What are the likely barriers to involvement that people with lived experience might experience?
18. What kind of resources for facilitators and supporters on Circles of Support would be useful? (For example: training, e-learning, online resource, handbook, factsheets etc.)