Support Circles

What they are and how can they contribute to people living a well supported ordinary life.

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How did this come about?

- An Associate Director of Commissioning felt confident and open enough to reach out for help about a person that kept coming back into a hospital setting
- Brought peers together, had lots of discussion but it didn't address the issues
- Robert Ferris NHSE Midlands Director asked if there was anything we could offer to support the area
- Thinking simply about a complex issue led to an exploration of our experience using Solution Circles - developed by Pearpoint and Forrest in the 90's - and how we could utilise the principles to support action

https://inclusion.com/change-makers-resources-for-inclusion/training-tools/solution-circle/

What is a Support Circle?

- A one day, structured, facilitated, action planning workshop, based on Solution Circle methodology
- It provides an opportunity for a local MDT/s to think differently about the barriers in the system preventing a person leaving hospital or getting the right support…
- …where the system has got 'stuck' in their support for a person and become overwhelmed or there are conflicting views.
- It incorporates *Allies** who bring expertise, experience, understanding and insight of 'system' barriers and organisational challenges.
- Built on independence, skill, support and challenge *'…the grit in the oyster …'*
- Introduces knowledgeable, different and wider perspectives

*Allies are external people from other organisations often outside of the delivery area, giving their support to the area throughout day. Allies have included leaders of care providers, BIHR leaders, Noelle Blackman (Psychotherapist), ICB, LA and therapeutic professionals (SaLT, OT, Physio) Advocates, People with living experience

What does the day look like?

- Identification of each persons fear or greatest concern for the person (the person is the lens in which we are looking at the issues in the system and organisations)
- The journey so far for the person – told by 1 or 2 people who know the person well. They are uninterrupted
- Points of clarification – where people may add information or ask questions to clarify things about the persons journey
- Ideas storming in groups alongside *Allies* who can provide supportive challenge in thinking – all documented as actions. These are actions to create change or movement for the person and actions to create change in the system to prevent others getting stuck or experience this again
- Clarification of accountability and who will monitor actions and chase people - who will hold the action plan?
- Moving from ideas to action – as a whole group ideas are taken and actions created to make them happen are captured as well as who will be responsible for making it happen. *Allies* often contribute possibilities from their experience where people may be overwhelmed or not be able to see what the outcome would look like.

What's the Purpose?

For the person's journey to drive the people and organisations to build a vision and pathway which prevents inappropriate admission to hospital or enables discharge by:

- Identifying the tricky issues impacting on the person.
- Identifying the system issues and barriers which compound or create those difficulties
- Developing and *together* constructing a meaningful action plan, which directly addresses those barriers and challenges for both the individual and the system

What are the Values & Principles?

- **Do no harm**
- Everything through the lens of a person
- Their journey
- Their Human Rights
- Actions hard wired for connection and relationships
- Focus on lives which flourish and grow
- No collusion or passivity
- Shaped by a focus on O'Brien, Forrest, Pearpoint and Duffy.
- Not an alternative to other approaches people are entitled to that are embedded in policy or legislation e.g. C(E)TRs
- Must be invited in by open and honest leaders

Variety of People whose journeys were considered

- Ministry of Justice involvement
- Heritage of people varied – e.g. Caribbean, Traveler
- Female and Male
- In mental health hospitals and in community settings e.g., nursing home community referral via LA Safeguarding lead, acute hospital setting
- Long length of stay and repeated admissions
- People who identified as other genders
- Significant health issues
- People known to children's services into adult services
- Trauma in all the people's lives
- Mainly adults over 18

What have we learnt about support circles?

- **Imposing a Circle does not work!** Leaders must be open and curious, recognising a gap and wanting the whole system to address it
- Teams must be driven by **getting it right for the person**
- **Building the team of Allies based on the persons journey** is critical
- **The person and their family should not be there**. It is potentially harmful as barriers are the about the system and never the person
- BUT **the person's journey must be the focal point**.
- **Leadership** – formal and informal **makes all the difference**
- There must be **constructive openness and frankness** – but **a Circle is not a substitute for good management**, nor a solution for inter-team and organisation dysfunction
- **Commitments made, must be commitments kept**. A senior leader must own & ensure the plan is delivered.
- **People's contribution should be valued** e.g. lunch/refreshments in a comfortable environment. It is a long, hard-thinking day

What have we learnt from support circles?

- People's **Human Rights** were being **breached** in **<u>every</u>** situation.
- Notable that **knowledge** and understanding of **culturally appropriate care and support** was **often a gap** in hospital and community teams, for people who are from the *global majority and others. Intersectionality was rarely recognised.
- **Identifiable trauma was part of every person's journey**
- **Great people trying really hard** to provide great support **in systems that don't work for them or the person**
- Professional, clinical and collective **perceptions of 'the system' are the most common barriers**
- Lack of evidence of therapeutic support for many people

**The term 'global majority' attempts to empower minority groups by emphasising that people of non-European descent make up most of the world's population.*

How can local areas use them?

- The **'model'** is adaptable
- But there are non negotiables
  - The person's journey must be heard in the room and be the centre of the day
  - the principles and values must be adhered to
  - The lessons learned must be applied
  - Independent expertise must be included – *people with no stake other than the values of inclusion and citizenship*
  - Independent facilitation
- Develop a reciprocal arrangement with other LAs, NHS Trusts, provider and 3rd sector or advocacy organisations
- Accountability – identify a lead for ensuring the actions are delivered - and escalated where this doesn't happen

Questions…..
Reactions & Challenges!