

Introducing *Circles of Friends*

By Peter Bates

On June 2nd my friend Marsha Forest finally lost her fight with cancer and died peacefully at her home in Canada. Along with Judith Snow and Jack Pearpoint, Marsha discovered an approach which she called *Circle of Friends* and which I would like to describe in this article.

Back in the late 1970's, Marsha was teaching at York University in Toronto when she met Judith, who was founder and Director of the Centre for Handicapped Students. In addition to her master's degree and prestigious job, Judith has severe physical disabilities and so has required daily assistance from others all her life. A friendship grew and Marsha discovered that Judith was living in unsuitable accommodation and her health was deteriorating rapidly. Slowly a *Circle of Friends* was born and they worked together to arrange independent accommodation where Judith employed her own care staff and from which she could develop her international role as a trainer and consultant. In the years since then, the approach has been copied around the world and taken up by adults and children, people with disabilities and people with mental health problems.

What is distinctive about a circle? There is no rule-book for circles, no restrictive criteria which say that one group qualifies as a proper circle, while another does not. Like gourmet chefs, circle builders combine some essential ingredients in original and unique ways in order to suit each situation. Here are three of the key ingredients.

Firstly, the circle can only form around a person who wants it to happen. This means that circles can never be adopted by statutory agencies as their standard approach to support. Whilst a social services department or an NHS trust will need to review their service arrangements from time to time whether the client gives consent or not, a circle simply cannot function without the active participation of the focus person. The purpose of the circle is to support the individual to achieve his or her ambitions, rather than to identify or treat faults and deficits. So if the person says that he or she wants a job, a life in the community and a home, then that is the agenda for the group. Through discussion with the facilitator about keeping everybody safe, the person decides what personal information is shared with circle members, and so problems with confidentiality simply do not arise.

Secondly, members are not paid to be there. Circles are largely made up of family members, friends and associates from the wider community. If staff from the mental health system (or anywhere else) are invited to become involved, then they participate in their own time, as people who care about the focus person. The circle meets in someone's home, a quiet corner of the bar

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at the local pub or over a meal table in the restaurant. Meetings look nothing like traditional committees or case conferences but involve food and fun, celebration and shared struggle. Each participant offers a specific contribution to working towards the goal - achieving the dream of the focus person. One person may open their home for meetings, while another might play badminton each week, and a third could write letters to the Housing Department. Sometimes a circle member hits their own personal crisis and the circle will spend some time providing support to that member, or create a new circle around that individual if the need is great. Because the circle is based around love rather than the provision of specific services, there is the potential that a circle could last for a lifetime.

Thirdly, the dream usually involves a life in the community. Circles work best when the focus person has a change agenda, something he or she wants to do. Sometimes that ambition has been buried by years of disappointments or discouragement (perhaps from professionals), and so the circle usually begins by spending a lot of time finding out about the dream - what the person really wants - and about the nightmare too. Personal goals often include a job, friends outside the service system, hobbies and one-off targets, like travelling by air or doing a parachute jump. These goals mean that the circle needs to include people who are well-connected to the community, who have access to employers or know people who jump out of aircraft on Sundays. When the focus person is settled and content with life, the circle will have nothing to do.

The idea of *Circles of Friends* is simple and profound. It builds support at the interface between the service system and the informal community. By forming a group, problems which have defeated the individual can be tackled and overcome, or members can draw the strength to endure. Family members, friends and colleagues, who often feel excluded and blamed by traditional services, say that circles provides a way of valuing and harnessing their commitment to the person they love. There is a simple, almost naïve optimism that assumes that the reason that many people are not involved in supportive relationships is that nobody has asked them.

David attends a day centre run by the local NHS Trust. He has been part of the psychiatric system for as long as anyone could remember, but a staff member spent time finding out about his past life. During the war, David had been a farm hand and also spent time looking after the farmer's young children, but after the war he had lost touch with the family. Three years ago, David and the staff member worked on a letter to the family farm... just in case. The young children, now grandparents, were delighted to invite David over and rekindle the friendship after all these years. It is true that many people we have known over the years will have moved away and some of those we meet will have all their 'relationship vacancies' full, with no space in their lives for new people. Others will give a farmhouse welcome if we only ask.

Circles of Friends seem to reach towards the things that really matter for most of us - friendship, love, our dreams for a better future. But are these things the province of mental health services? They do not have much to do with the Mental Health Act, with symptoms and medication, with hospital beds.

Practitioners in the modernised NHS ask for the evidence base which will demonstrate that feeling loved affects suicide rates. The risk people want to know how all these unpaid people can be assessed, governed, and sanctioned. The efficiency people want to reduce the number of meetings that will be needed to get to know somebody properly. Multi-disciplinary team members can't decide if circles should be part of social work, occupational therapy or psychiatric nursing; part of advocacy, care co-ordination, day or residential services. While the discussions go on in statutory services, unpaid people in the community are setting up circles anyway.

Even if mental health staff did want to get involved, what could they do? Developing circles is an untidy business. It offers an immediate attraction to service users who have a wide range of contacts, who are good communicators and are eager to change their lives. Users and staff may wish to obtain some further training on circles and then discuss the possibility of starting one, perhaps with an external facilitator. What about the person who knows nobody outside mental health services, has communication difficulties and seems content with his or her lot? The circle could form anyway on a trial basis, with an interim membership. Paid staff might have to lead the process at first, but their task will be to find out if the focus person wants the circle to continue and to build contacts with others who might be invited to join the circle next month or next year. The danger here is that the interim circle will establish a pattern of power relationships that newcomers will quietly absorb as they join the circle. This could result in the creation of an imitation of the service system and its case conference style of meetings, and so the whole circles approach would be subverted.

The only answer here seems to be ensure that circle members are constantly checking what they are doing to make sure it is right for the focus person and satisfies the core values of the circles approach. Circles will never be the right thing for everyone and, while we should guard against a 'one size fits all' mentality, the circles concept is popular with many mental health service users. Like swimming, it is better to learn by doing and better to learn from those who have been circle members for some time.

This weekend, Marsha Forest retired from Judith's circle, but others will take her place. Marsha has left us an approach which offers structure with creativity. She has challenged the rhetoric of 'combating social exclusion' with the simplicity of friendship.