

# WRAP AROUND SERVICE

## Lauren Johnston describes Scotland's Circle of Care support programme

Circle of Care (CC) originally developed as a recommendation from Melting the Iceberg of Scotland's Drug and Alcohol Problem: Report of the Independent Enquiry (2010). A CC can be described as a group of people who meet together to support the individual achieve what they aspire to in life. Within the setting of drugs and alcohol, the circle acts as a community around the person to support them in their recovery and aims to maximise the potential of family, social networks and community resources. The term focus person is used to distinguish that individual who is seeking support from those other individuals who make up the circle.

Circle-based approaches have a successful track record in other health and social care settings including homelessness, sex offending and learning disabilities. It is important to note that the CC approach is not an intervention but an approach to improving the existing framework. A circle should above all make sense to the focus person who is in charge of deciding who to invite to be in the circle and also in the direction of the circle's energy. Circle members can include family, friends, peers and other community members who wish to make a positive contribution to the focus person.

Professionals are included in the circle to develop and sustain treatment

and interventions. A facilitator is normally chosen within the circle to take care of the work required to keep the circle functioning.

CC is being delivered in six drugs and alcohol organisations in Scotland and the 'proof of concept' phase has seen a number of circles being developed. The aim of the 'proof of concept' phase is to demonstrate the strengths of CC in the field of drugs and alcohol and what can be improved for future practice.

The following case study will demonstrate how CC can be practically delivered.

Dave (not his real name) is a 30 year-old father who has been intensively involved with the host organisation for 2 years. He had a long-standing history of poly-drug use which spanned 11 years and became involved in the organisation to make changes to his life following a number of harrowing life events.

Dave is currently on 100ml of methadone and is now not using any illicit drugs. He is trying to maintain abstinence for the first time in 11 years. As a result of his long-standing drug-use, Dave had an extremely negative and poor identity, was very isolated from his family and had little positive role models. The organisation has spent time trying to change his identity, raise efficacy and self-esteem.

The concept of the CC was introduced

to Dave who liked the idea.. The circle was, in some way, naturally already in place. Dave was given another chance at fatherhood and became the sole carer of his baby. Dave's family members started to become more involved in his life because he was clearly making steps through recovery and was making attempts to improve both his own and his child's life.

The circle currently involves Dave's sister who was providing practical child-care help and emotional support. She has now been formally invited into the circle and is willing to be part of the CC. This circle member had little previous contact with Dave; now she has contact and is a pillar of support for him. Dave's father is also involved in the circle and he provides love and positive support.

The child's foster carer was already in contact with Dave prior to the circle being developed and provided child-care help and support. Dave went to the foster carer's house with the child for a weekly dinner. A positive and helpful relationship had already developed and therefore it was natural to formally invite this individual into the CC. The foster carer is involved in the circle and is also committed to supporting the aims and objectives of the circle.

The circle also involves a father from the community. This father has been abstinent from alcohol for 4 years

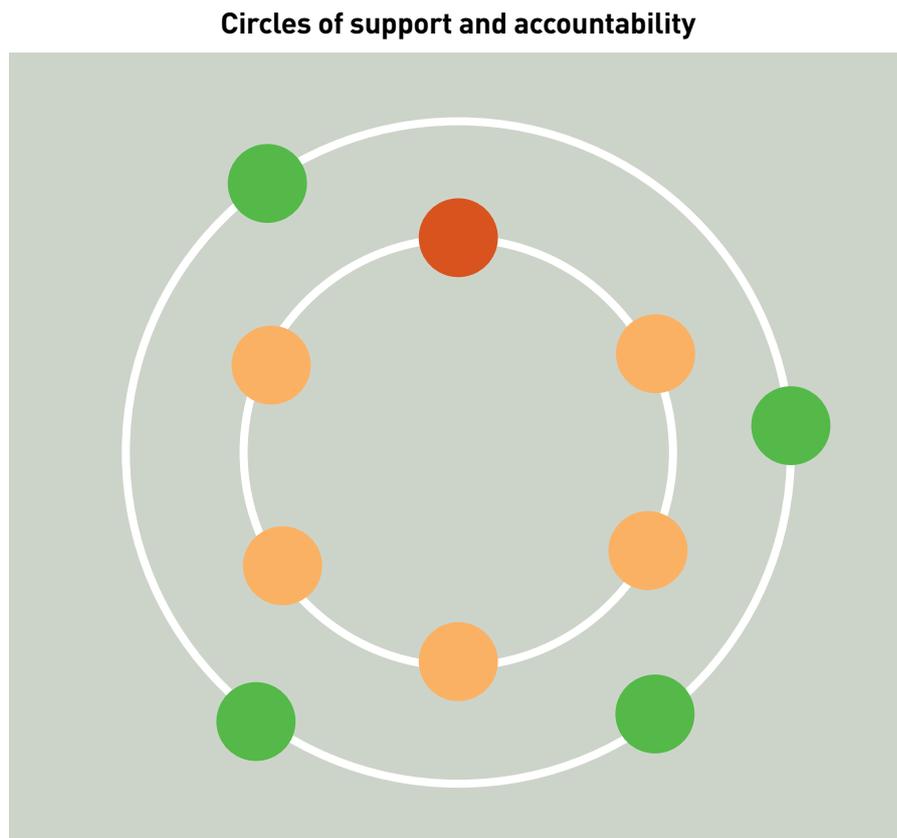
and has two children. He has gone through similar life events as Dave who identified him as a positive role model and someone who he could relate to. The facilitator made contact with the father and he was very eager about being involved in the circle. Dave and this circle member take their children on outings, like swimming. The circle member provides social and peer support, positive gender roles and practical support; if Dave feels he is going to relapse or is tempted to use substances, he can turn to this circle member.

The facilitator has worked hard to strengthen broken relationships and bring Dave to a place where he can identify his strengths as a father but to also ask for help and support from those people around him. Dave had little or no recovery capital but now has a strong network which he can use throughout his recovery. This circle is a good example of how recovery capital can be strengthened and built from virtually nothing and how new relationships can be identified and made.

The facilitator meets Dave weekly. Initially, meetings spent most time interacting with the baby and therefore other conversation about the circle's aims and objectives was difficult. However, this circle's focus is predominately on parenting; most of the circle members are there to support Dave in his new role as a father and so this is just a natural process of this particular circle. The circle is different from others because of the naturalistic development of the circle and because the focus is on parenting and perhaps not solely on recovery – although these two cannot be separated.

At one point Dave said he wanted to reduce his methadone prescription. Part of the circle's work might be to help him prepare mentally, physically and emotionally for this process. This crucial support is in what is missing from the recovery process. The circle can and may provide a pillar of strength at a time that is stressful for Dave, who is also taking on a complex and important role as a father for the first time.

The next stage for this circle is to formally establish the ground rules,



The circle comprises vounteers from the community who are supported by professional staff

● Professionals
 ● Core member
 ● Volunteers

responsibilities and expectations. This can be done through a meeting that is organised by the facilitator or through home visits to each circle member by Dave and the facilitator. Dave will lead this – explaining what he wants to gain from the circle and what he needs from each circle member.

One of the challenges that came to head when developing this circle was how to record the progress of a circle which works quite well without much facilitating support. The CC coordinator suggested the use of node-link or mind maps. However, the facilitator noted that these might not be suitable for the circle at this particular stage. Dave is getting to grips with his role as a father, new identity and maintaining abstinence. This is currently a complex circle with Dave having to manage a number of

critical agendas. Extra paper-work may not be suitable at this stage. The maps can be used as topics and themes for discussion between the circle members, Dave and the facilitator at meetings and to progress the circle.

CC is an innovative and imaginative concept which is concerned with those individuals who are at the margins of society, bringing them out of isolation through building stronger communities of support around them. The concept aims to encourage inclusion, connection and integration; something which is certainly lacking and appears to be much wanted and needed.

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