



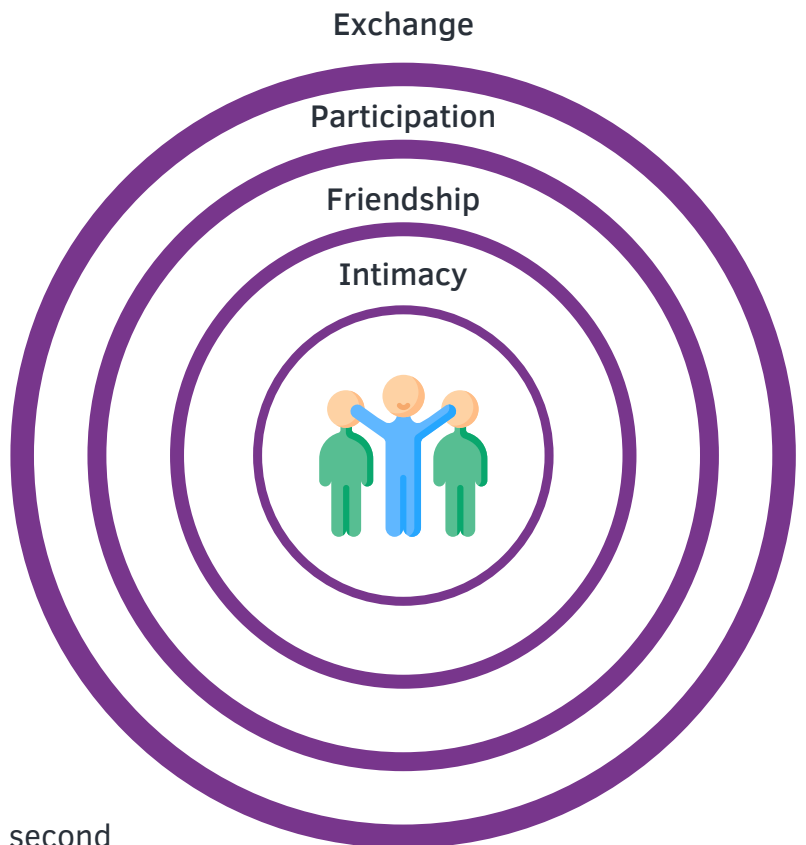
Circles of Support

Duty and Decision (7)

The previous blog explored the links between risk and proximity. Key messages were that proximal people are often in a privileged position to observe, assess, and mitigate risk to a person’s wellbeing. However, it was also noted that proximity does not guarantee a full and accurate perception of risk. This blog continues with the theme of proximity and risk.

Research suggests that people’s wellbeing is generally safer when they are surrounded by a network of supportive people. The diagram to the right illustrates circles of support broadening out from intimate relationships, to friendships, to people who participate in areas of the community shared by the person identified in the middle of the circle. These include work colleagues, and people who belong to the same clubs, community etc. The people in these proximal circles are not professionally responsible but do have a common law duty under the ‘good Samaritan’ principle.

What's on a circle of support?



The first circle is the circle of intimacy. The second circle is the circle of friendship. The third circle is the circle of participation. The fourth circle is the circle of exchange.

Professionals belong outside of these circles in the exchange circle. This circle consists of people who are paid to be in the life of the person in the centre. To maximise positive impacts (i.e. good) to minimise adverse impacts on autonomy or opportunity costs (i.e. harm), and to

comply with requirements for informed consent, professionals should only consider becoming involved when they are alerted to risks that cannot currently be managed by more proximal circles of support. This alert typically comes in the form of a request for help presented as a referral. When triaging referrals after establishing the presence of foreseeable risk, they need to ask themselves whether they or their service can meaningfully contribute to enabling the identified person, and/or the people in their participation, friendship, and intimacy circles to recognise, understand, prevent, stabilise, resolve, improve, and/or lessen the discomfort caused by risks to and impacts on their wellbeing.

Once they have entered, professionals should not hang around in a person's circle of support. After facilitating the person or their network to self-manage risks and impacts they should exit. They should also seek to return to the edge if it becomes clear that their best efforts are not contributing to a person's wellbeing outcomes. Before doing this they need to have made sure that any outstanding risks and impacts have been handed over and that this hand over of duty has been accepted by the appropriate recipient.

When considering moving from the outside further into a person's circle of support professionals should identify where from within a person's circle the request for help is coming from. This should be their first port of call. This principle is explored more fully in the next blog.