About Advocacy

The Scottish Independent Advocacy Alliance Magazine *Spring 2015*

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Editorial

Welcome to the Spring edition of the About Advocacy Magazine which is packed with a range of interesting and relevant articles.

Lucy Arnot and Kate Herbert from MECOPP write about accessibility and Self-directed Support for South Asian and Gypsy Traveller communities. Find out more about the development of loans to small businesses in Scotland from the Grameen Foundation and hear from the Scottish Recovery Network on their innovative new initiative *Making Recovery Real*. Dunfermline Advocacy discuss the challenges facing citizen advocacy for adults with learning disabilities detained in a Regional Forensic Unit.

Check out the article on the research into the impact of advocacy for people accessing Self-directed Support as well as an article on the similar themes emerging from the advocacy impact research conducted in 2014. Finally on the back page you will find all you need to know about voter registration for the May elections.

Muriel Mowat and Kiren S. Zubairi

Next issue:
Please contact enquiry@siaa.org.uk if you have content for a future edition.

Thank you:
The SIAA would like to thank all the individuals who have contributed to this magazine.

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Scottish
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SIAA News

Research

In January Karolina Johannesson joined the SIAA staff team as Research Intern. Karolina will be with us until June while she conducts research into the impact of collective advocacy on individuals, communities and services. Collective advocacy groups in many different areas have expressed interest in this latest research project and at time of writing Karolina has begun meeting with those groups. Look out for an update on progress in the summer edition of About Advocacy.

We have had much interest in the three previous studies into the impact of advocacy since publication of the reports. The findings of the impact research for older people were presented to the Scottish Parliament Cross Party Group on Older People, Age and Ageing and we will be presenting the findings of other research to the Cross Party Group on Learning Disabilities.

Families at Risk

The current phase of this project is also coming to an end and an independent evaluation of the project is underway. The next phase will begin in early April; watch out for more news in the coming months.

Communication and Marketing

Also in January we welcomed Vincent Milligan to the staff team. Vincent has joined us as Communications and Marketing Intern and will be helping in the development of a Communications and Marketing Strategy.

As with previous interns both have been recruited through Third Sector Internships Scotland.

Advocacy and Self-directed Support

The current phase of the SDS project is coming to an end. Training has been delivered to staff and volunteers from many advocacy organisations all over Scotland. The Advocacy and SDS Guidelines have been published and distributed to all advocacy organisations and other relevant stakeholders. If you have not received a copy or would like additional copies we will be happy to send one or more so please let us know.

The SDS Project Manager Kellie King has now left the project to return to her home in Australia. We wish Kellie all the best for her future. The project will be supported by Mary Weir, Project Officer, until the end of March.

Shaben Begum, Director

Challenges for citizens advocacy provision in a Regional Forensic Unit

Ewan Masson, Development Worker, Dunfermline Advocacy

I joined Dunfermline Advocacy in April 2012 as a Development Worker providing citizen advocacy for adults with learning disabilities who are residents of a Regional Forensic Unit in the grounds of Lynebank Hospital.

There are many hurdles to overcome when introducing ordinary local citizens as advocates in such a challenging environment.

Our work with vulnerable adults in the communities of West Fife involves establishing a long term relationship. When working with adults who are subject to restrictions under the Mental Health Act, this introduces boundaries and challenges that would not exist in the community. While we always try to match our partners with an advocate who will share common interests and compatible personalities there has to be clearly established boundaries within which the relationship forms.

> ***"Although challenging, the benefits of citizen advocacy can be huge. For someone who is surrounded by authority figures on a daily basis to be introduced to someone who will visit regularly and will do so because they want to and not because they are paid to do so can be hugely empowering."***

Trust can build up over time allowing the partner to feel confident enough to confide in their advocate to a degree that they otherwise might not want to with another professional.

As well as the ongoing relationship building our citizen advocates provide support in all other areas like Mental Health Tribunals, CPA meetings and any other meetings that their partner requires support in.

This is where the benefits of a trusting citizen advocacy relationship are no different to those of all our partnerships where this "dual role" of relationship building as well as supporting someone to voice their opinion is what makes citizen advocacy unique in the community as well as a forensic setting.

The project has been a success because of the relationship we have with the staff at Lynebank as well as the fantastic dedication of the good people of West Fife. The staff at Lynebank recognise the importance of advocacy and the unique role that a citizen advocate plays. We have worked closely together in order to provide training, information and support to our advocates as well as Lynebank staff to ensure that everyone is working towards a shared goal of helping the patient's voice be heard.

For more information on the work of Dunfermline Advocacy please visit **www.dunfermlineadvocacy.org.uk**

Community Integrated Care

Margaret Hay, Regional Manager for Scotland, Community Integrated Care

Community Integrated Care is one of the biggest health and social care charities supporting over 5000 people with learning disabilities, mental health concerns, autism and age-related needs. In Scotland, we work for around 1000 people from Stranraer to Banff, Dunbar to Glasgow and everywhere in between.

Founded 25 years ago, we had the vision of helping people with support needs to live as full and independent lives as possible. This vision remains in our recently launched strategy in which we aim to become the UK's leading health and social care charity. Last year we re-branded, re-launched and refreshed our values:

We Respect individual choice and promote inclusion, rights and independence
We Enable Individuals to meet their needs and fulfil their aspirations
We Aspire to be the best at what we do
We Deliver the best possible outcomes for the people we work for and the partners we work with
We Include the people we work for, our staff, the communities we have a presence in, and our partners in decision and policy making.

We celebrate the ordinary and sometimes amazing things that the people we work for achieve; how overcoming barriers to live full and complete lives in your own community is something we all have a right to do, and should expect. Perhaps finding friendships, renewing old friendships, or gaining employment is the dream for some people — we at Community Integrated Care are committed to facilitating ordinary life experiences.

Self-directed Support and the Keys to Life are at the heart of our support to people across Scotland. In May 2014, we launched our Personalisation Project. This group is instrumental in policy change throughout the organisation and has produced a truly person centred set of standards for us to work towards. Our first Pledge set in June 2014 was "Every person we work for and every person who works for Community Integrated Care will have a profile page by March 2015", a total of around 10,000 profiles. We are confident that we will reach that target.

Running simultaneously with the Personalisation Group is The Voice group where our Peer Audit Team was born. People we already work for made it clear that they would like to have more of a say in how their support is delivered.

A pledge from this group was "Every person supported will have the opportunity to choose who supports them, when they are supported, and what activities they wish support in". An example of this is removal of terminology such as "Staff Rota" this is replaced with other wording of the person's choice.

Our promise of promoting the rights of the people we work for extends nationally. We're particularly proud to be working with the Association for Real Change (ARC) in their National Involvement Network, which sees people who access support directly share their views with care providers.

Whilst we will always advocate for people we work for, it is clear that more independent advocacy is required.

Grameen Foundation founder, Nobel Laureate Prof Yunus with Grameen's first customers.

The Grameen Foundation

Kevin Cadman, Chief Executive, Grameen

An organisation that pioneered micro-credit loans in the developing world is now up and running and supporting communities in the West of Scotland.

Grameen in the UK offers financial support by providing small business loans to those people who are currently not served by most financial services providers, mainly because they will have never met the credit criteria of the mainstream UK lenders.

Grameen worldwide has reversed conventional banking practices by creating a lending system based on mutual trust, participation, shared accountability and creativity.

All the loans offered by Grameen in the UK are carefully considered and provided for the sole purpose of running a small business to generate income and build a longer term stable economic future for the client and their family.

Their goal is to encourage and support individuals to improve their life, leave poverty and potentially welfare reliance behind thereby encouraging their economic and personal development and that of their family and community.

The Grameen system of microcredit was started by Prof Muhammad Yunus in Bangladesh in 1976 with the launch of a 'Research Project' near to Chittagong University where he was a Professor and Head of the Rural Economic Programme. Yunus identified with his students that there were individuals nearby who wanted to set out in business for themselves and needed, in total, less than US$27.00 to break out of the cycle of debt through moneylenders charging high rates of interest. Yunus loaned them the money himself and thus started the foundations of the Grameen Bank which has gone on to help millions of people worldwide to fight poverty.

Professor Yunus is now one of the best regarded social entrepreneurs in the world, receiving a Nobel Peace Prize in 2006 for his work in the alleviation of poverty.

Grameen in the UK uses the core principles of this lending model — a self-selected group of five members of similar economic background may take out individual loans with the group meeting thereafter weekly for sharing of experiences and making loan repayments.

These weekly centre meetings play a very important role by allowing clients to interact with each other, exchange ideas and find solutions for personal, community and institutional issues. The location and time of these meetings are agreed with the clients at the outset, ensuring they are easily accessible and convenient for the members to attend.

Kevin Cadman, Chief Executive of Grameen in the UK, said:

"I am proud to be leading a small team drawn from both Bangladesh and Scotland, which has such great knowledge of both Grameen methodology and the UK financial marketplace. We have made our first loans in Glasgow and are already helping families to improve their lives"

"This however is not the end of our story, but the beginning. We aim to offer our services to more and more families across the rest of Scotland and hopefully the UK, over the coming weeks, months and years."

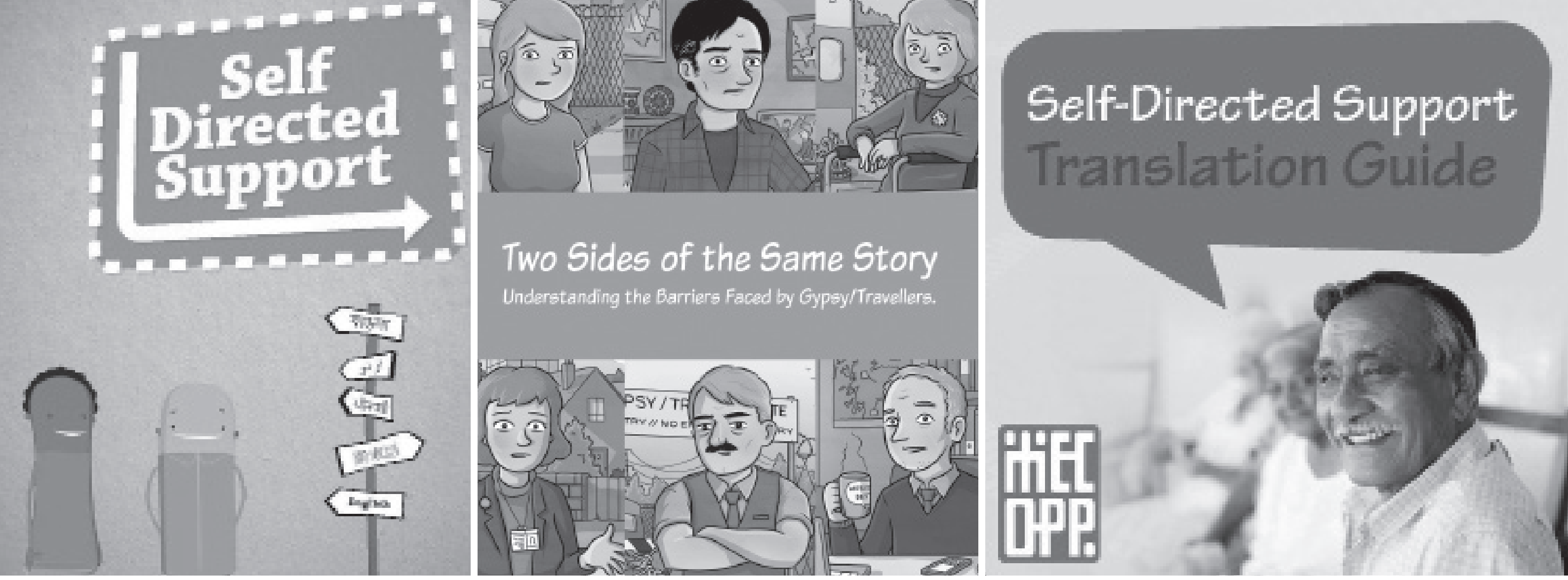
Jacqulyn Ferguson, a hairdresser from Parkhead, Glasgow who received one of the first Grameen in the UK loans, said:

"I received a thousand pounds which has helped me to expand the stock in my business. I'll be able to pay that back in easy weekly instalments over 46 to 52 weeks. Grameen has helped me in a big way."

Dr Martin Cheyne, Chairman of the Grameen Scotland Foundation, the charitable body which directs Grameen in the UK, said:

"The idea to introduce the Grameen model of microfinance was first mooted in 2010 and, since then, it's been a remarkable journey for all involved. There have been many obstacles to overcome but we have persevered and are now celebrating the progress made. We live in a time where unfortunately there is still great hardship for so many in our society and any support that can be provided within communities to encourage enterprise, build individuals self-esteem and reduce reliance on welfare must be seen as a move in the right direction."

Further information is available at **www.grameenfoundation.org.uk** or by calling the Grameen offices on **0141 331 8941**



MECOPP resources

Making SDS Accessible

Lucy Arnot and Kate Herbert, Minority Ethnic Carers of People Project (MECOPP)

Self-Directed Support (SDS) represents the biggest change in the delivery of social care in decades, offering individuals greater choice and control over their support and their lives.

However, through our work with South Asian and Gypsy/Traveller communities, we have found that SDS is not always accessible to everyone. Some information and attitudes can actually prevent those from minority ethnic communities from exercising this choice and control. So why is this the case and what is MECOPP doing to change that?

First off, there's too much jargon – say the words 'resource allocation system' and 'co-production' to anyone outside of the social care sector and their blank looks say it all. For minority ethnic communities where English is often not the first language, literacy levels are lower, and there are fewer numbers accessing support services, this can be a huge barrier to understanding SDS. To overcome this, we produced a SDS Translation Guide, which translates 'SDS-speak' into every day English, Bengali, Chinese, Punjabi and Urdu (the languages most commonly spoken by people who use our services).

It is intended primarily for use by translators and interpreters to ensure consistency in the translation, but we know that some English speakers have found the guide useful too (including practitioners who use the guide to keep themselves right!).

However, given the lower literacy levels, including in community languages, translation alone does not necessarily make information accessible to minority communities. There is also an over-reliance on text in information materials; some even end up using words on-screen to explain what is going on.

Recognising the need for a visual information resource, we produced a short animation in each of the same community languages explaining what SDS is, how it works and what you can do with it. As well as screening the animation in information workshops, DVDs are also being shared with local authorities and independent support organisations, and given to community members to watch in their own time and to share with others in their community.

Word of mouth is a key way of spreading information for many in minority ethnic communities. However, a lack of positive stories of community members directing their own support means that many people just aren't hearing about how SDS can work for them. We've often struggled to come up with examples when community members have asked us how others in their community are using SDS.

In collaboration with Diversity Matters, we're currently running a pilot project to create 'stories' of community members directing their own support. Community members are being offered small budgets with which to meet a personal outcome, which we will then capture on film with the aim of sharing it among the wider community and generating conversations about Self-directed Support.

Many community members, regardless of their literacy levels, have told us of their preference for receiving information through conversations with people. This is not to say that written materials are redundant entirely; rather, that such materials work best when they are supported by face-to-face conversations, which suggests the need for greater outreach work. Sometimes the attitudes of service providers can prevent this outreach work from happening, meaning information just does not reach some communities. Our research has uncovered a number of unhelpful assumptions and attitudes among some service providers which mean that many in minority ethnic communities have never heard about SDS. Comments such as, "they're hostile", "they don't engage", "they look after their own", are frequently offered as reasons for a lack of engagement with, for example, Gypsy/Travellers.

To challenge some of these attitudes, we put together a satirical cartoon book, Two Sides of the Same Story, which uses humorous images to show the impact such comments can have on individuals. It's a light-hearted way of getting a serious message across: that such attitudes can prevent those who need it from accessing support.

There is undoubtedly a role for independent advocacy to play in challenging some of these attitudes and ensuring that the needs of minority ethnic communities are given a greater voice. Part of the problem is the tendency to treat minority ethnic communities as 'someone else's responsibility': in our work, we've often been directed to the 'equalities person' or the special health worker, for example. But SDS is for everyone and it is the responsibility of all of us to ensure that everyone can access it, regardless of ethnicity.

We hope that our resources will prove to be valuable tools in giving people the knowledge and confidence to access SDS, and helping them to have as much control over their lives as possible.

All of our resources are available free of charge on MECOPP's website: **www.mecopp.org.uk**

Making Recovery Real: a programme for sustainable change in Scottish mental health services

Lucy Mulvagh, Network Manager, Scottish Recovery Network

The Scottish Recovery Network (SRN) is actively seeking partners for an exciting and innovative new initiative to help improve mental health services across Scotland.

Making Recovery Real: a programme for sustainable change

Making Recovery Real is a programme for sustainable change that will generate ideals of recovery focused practice in mental health.

Adopting a recovery approach demonstrates a commitment to person centeredness, fully informed by the lived experiences of people in recovery. It is a rights and strengths-based approach that seeks to foster empowerment and improve personal outcomes.

SRN are now actively seeking partners to work co-productively with us and others to help achieve these goals.

Why get involved?

Making Recovery Real is happening against a backdrop of significant policy shifts, including Health and Social Care Integration and Self-directed Support. With these comes an expectation of new ways of working. We firmly believe that recovery offers a common language and a unifying philosophy to help inform change.

At SRN we recognise that health practitioners and services are being asked to do more with less. We are very aware of the intense pressure that practitioners are frequently under, sometimes dealing with crisis after crisis. We further appreciate that this does not lend itself easily to reflective practice or having the time or resources to undertake developmental work.

By getting involved in Making Recovery Real, organisations will be showing their commitment to change. Partners will be provided with expert and tailored support from the SRN team to develop and implement a recovery change programme.

Our team members are trained and experienced in the use of facilitative techniques that take an empowering approach to supporting complex change.

Who is it aimed at?

We want to work collaboratively with partners to co-produce a strategic plan for making recovery real and sustainable in an identified setting.

Making Recovery Real will include an agreed set of activities backed by facilitative support from the SRN team. Learning and evidence generated through this process will be used to inform wider efforts to improve outcomes and experiences.

Making Recovery Real partner sites might be defined along geographic, organisational or professional lines.

Examples could include:

- A group of different interests and organisations in a specific geographical area.
- A single organisation working across geographical boundaries.
- An existing or emerging health and social care partnership.

Potential partners who wish to be involved in Making Recovery Real will demonstrate that they are fully committed to:

Making recovery real

- Working in partnership with us and a range of partners to co-produce changes to deliver better recovery focused outcomes for individuals.
- Listening to and acting on different perspectives and seeking solutions that build on the strengths of individuals and the communities they come from.
- Changing the balance of power from professionals towards the individual and the community.
- Sharing experiences, progress and challenges to promote wider learning, knowledge and understanding about developing recovery focused policy and practice.

About us

SRN was formally launched in 2004 as an initiative designed to increase awareness and understanding of recovery from mental health problems.

Since then, interest in the concept of recovery has grown considerably in Scotland. We now understand more about what recovery means to people and are thinking carefully about the implications for the way we support people with mental health issues.

Over the past ten years SRN has built a highly respected reputation as a catalyst, bridge-builder, facilitator and collaborator.

We work with a wide range of individuals and organisations across Scotland and beyond to promote and support recovery.

Our vision is a Scotland where mental health recovery is a reality for all: we believe that people who experience mental health problems and those around them should expect recovery.

About mental health recovery

SRN base our understanding of recovery on the views and experiences of people affected by mental health issues, with whom we have worked closely since our formation.

We know that people can and do recover from even the most serious mental health problems. For us, recovery means being able to live a good life, as defined by the person, with or without symptoms.

Evidence demonstrates that the adoption of recovery approaches in mental health services can lead to significantly improved outcomes. Our ten years' experience suggests that although there is a substantial commitment towards recovery values, putting this commitment into practice can be complex and challenging.

We know that having access to external support can help services facilitate and encourage this change process, and that is exactly what SRN can provide with Making Recovery Real.

Find out more

If you want to find out more about Making Recovery Real, or SRN then please visit our website: **www.scottishrecovery.net**

To contact SRN call **0141 240 7790** or email **info@scottishrecovery.net**

A summary of three studies exploring the value of Independent Advocacy

Muriel Mowat, Operations Manager, SIAA

Earlier editions of this magazine have included articles on the three reports on research into the impact of advocacy for people with mental health problems, those with learning disabilities and older people. Reported findings from all three studies bear some marked similarities.

Although the three studies each focused on separate groups findings show that individuals, regardless of circumstances or condition faced many of the same challenges. The reports also demonstrate the similar impacts of advocacy support for all.

Not being listened to or taken seriously

All three reports highlighted the struggle that participants in the three studies had in putting their views and wishes across and being taken seriously. Participants reported that they were sometimes considered to be unable to understand or make choices, were not listened to or were not given access to information to allow them to make informed choices.

"They didn't give me any choices. They took a lot of control over me and wouldn't just listen to my point of view. Just put me up in a care home. I didn't like it. Just didn't deal with me right at all."

Some highlighted a power imbalance between themselves and professionals who have the authority to administer treatments and make decisions which affect their lives. Many reported feeling apprehensive when dealing with professionals, many also reported a reluctance to raise concerns or issues for fear of being seen as 'trouble makers' which may have resulted in them losing services.

Participants from all three studies reported that having an advocate to support them at meetings helped to address the power imbalance and the anxiety they felt when dealing with professionals. Many felt that just having someone with them helped to make them more confident and they were able to speak up for themselves, when previously they would not have felt able to do so.

"I can speak up more and my advocate is helping me learn how to stand up for myself and do things myself."

Some participants reported that having an advocate beside them meant that they were taken more seriously in certain situations.

A lack of awareness of rights

Another common theme across all three groups was lack of information about their rights. For some, the lack of awareness of rights was due to difficulties accessing or understanding information. Participants from all three groups described how having an illness, disability or a cognitive impairment can make it difficult to know where to access information and how to make sense of it.

"It would have been impossible for me to face the bureaucratic minefield and hurdles on my own to get the things that I'm meant to be entitled to."

Some described a struggle navigating their way through the Welfare and other Government systems, and keeping up to date with the latest developments.

For others, a loss of confidence in their own abilities made accessing and understanding information about their rights a daunting task.

Participants reported that often they were not provided with clear explanations from social services or other professionals about things which affected them. As a result they believed that they had been considered unable to understand what was going on or make choices. They reported that they felt that decisions were made for them and that they had no control.

Many reported feeling disempowered by the processes, often as a result of lack of clear information and a lack of knowledge of their rights.

> *"I had the point of view that you went into hospital, you did as you were told … For quite a few years I never realised I had any rights whatsoever."*

Participants across all three groups consistently reported that with the support of their advocate, they were able to access information about their rights. Having this information and the support to make their voice heard and make decisions was an empowering experience for many of the participants, and in many cases, it resulted in a better outcome for the person.

Loss of confidence

One of the most significant themes which came from all three reports was a loss of confidence. Participants spoke about perceived or actual inability to make decisions resulting in a loss of confidence and a lack of faith in their own abilities. The participants also talked about experiencing a loss in confidence as a result of old age; a general loss of confidence in their capabilities (physical and cognitive) and especially in their ability to stand up for themselves and make decisions.

Participants across all three groups reported that their experience of advocacy had led to a renewed sense of self-confidence. For some, having an advocate on board who listened to them and helped them to access information about their rights gave them the confidence to speak up for themselves.

> *"Advocacy changed my life dramatically. I gained in confidence throughout the whole year, lots of issues in my life that I could have on a day to day basis got a lot better. I got more confident with it, it gave me the drive, the determination."*

The evidence from all three reports shows how advocacy was effective in addressing challenges. Being listened to and taken seriously, being made aware of rights and being supported to feel more confident and empowered to speak up for themselves were truly valued by all who participated.

Copies of all the Research referred to in this article can be found at **www.siaa.org.uk/resources/publications-category/research-and-reports/**

A Directing Your Own Support – a study of the impact of independent advocacy in relation to Self-directed Support

Kiren S. Zubairi, Development Officer, SIAA

Self-directed Support (SDS) aims to give individuals more flexibility choice and control over their health and social care support and is based on five key principles: respect, fairness, freedom, safety and independence.

The Scottish Government has provided funding to some 40 independent support organisations, including Scottish Independent Advocacy Alliance, to build the capacity of support and information over the last three years. If people have access to good quality information and support; it is likely they will have a better understanding of their choices and will be able to make better decisions.

One element of the SIAA Self-directed Support Project was to produce research on the impact of the role of independent advocacy in relation to Self-directed Support.

This study was conducted over 6 months from April 2014. Data was gathered; by survey, by telephone and by face to face interview, from people who use or were planning to use health and support services, advocacy organisations and health and social care professionals. Here are some of the findings from the research.

While the principles of Self-directed Support aim to offer people choice and control over the care they receive responses from participants suggested that, in practice, the extent of such choice and control varied between Local Authority areas. Participants spoke about how their advocate supported them to speak up, make their wishes known and in some cases, challenge Local Authority decisions.

“My advocate, Lorna helped me to write a letter to the Social Work Department explaining how I feel, saying that I want my freedom, I want my independence back and I’ve got a right to speak up for myself.” John

Participants also reported that advocates were effective in making sure that they had accurate information about Self-directed Support and the four options. Some felt that before their advocate was involved they were being directed towards a particular option, support from their advocate meant that they had all the information they needed to make an informed choice about their care.

“It wasn’t as easy as that to start with but Frances made that go a wee bit smoother. They were saying we can get this cheaper. But it’s not what I wanted. I wanted to choose. I wanted to have a choice. So I did, after Frances got involved.” Denise

In addition to achieving positive outcomes for their care and support many participants also spoke about additional outcomes which they felt contributed to improvements in feelings of wellbeing and had a lasting positive effect.

Most participants spoke of their stress and anxiety about the whole process of Self-directed Support. They reported that having advocacy support helped to clarify the process and alleviate some of their anxieties. As a result, some felt more optimistic about the future.

> "Going to these meetings its quite anxiety producing. Anxiety can cause blocks.. I just feel like recovery from mental health is flying without a safety net and Henry is like a safety net, having him there, going through things to start the process or investigate the process with a safety net." Anna

> "It was getting really frustrating and at one point I thought about packing it in. Just scrap it because it's just taking too long…because of all this carry on I've had its just been a pain…
> I really was so close to just saying forget it. Then after I met Frances I was feeling confident."
> Denise

Participants felt that independent advocacy had been effective in upholding the core principles of Self-directed Support by helping them to access information, to consider options and to make informed choices. This helped to ensure that they had more control over their own care and support.

Furthermore advocacy had a positive effect on these individuals by helping to reduce some of their anxieties around Self-directed Support and by helping them have the confidence to speak up for themselves and have their voices heard.

The findings of the research suggest that having an advocate at the beginning of the Self-directed Support journey can be valuable in helping people to access the right information and make informed choices right from the start.

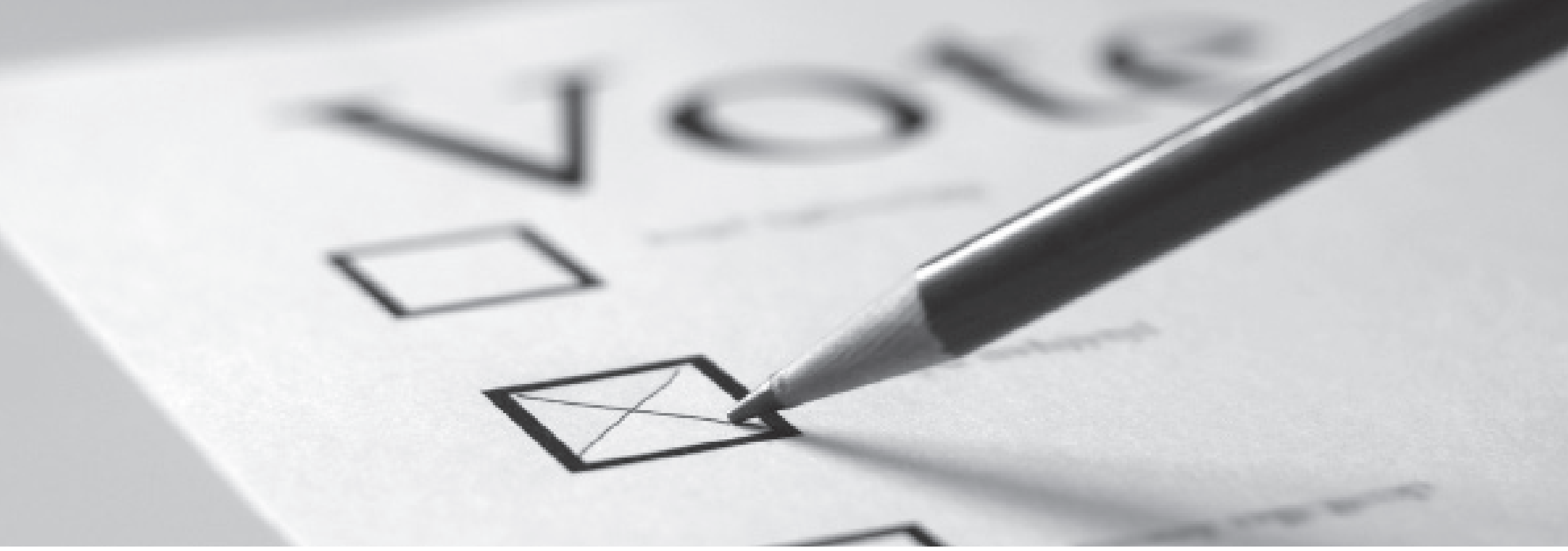
However advocacy organisations reported that only 21% of referrals were made for those beginning their 'SDS Journey'. Furthermore, 75% of participants were not told about advocacy by their Social Worker or Care Manager at the beginning of the process. Instead, they had accessed advocacy because a problem arose, and they had made contact through a friend, family member or other professional, or referred themselves, because they had prior knowledge of advocacy.

Indeed, evidence from the survey shows that almost 50% of referrals in respect of Self-directed Support were self-referrals and only 25% were referred by a Social Worker or Care Manager.

The findings of this study support the belief that for some there is a need for independent advocacy support throughout the Self-directed Support journey, to help people access information and understand the process, and to help address anxieties or misunderstandings.

What is also clear is that having an advocate at the beginning of the journey can be effective in helping people to make sense of the process, ensure they have access to the right information in order to make informed choices and have someone on their side to support.

Read the guidance and research report on the SIAA website on **www.siaa.org.uk/wp-content/uploads/2014/06/Advocacy-and-SDS.pdf**



Registering to vote for the May 2015 Election

Kiren S. Zubairi, Development Officer, SIAA

Everyone who is eligible to vote should have a say about electing people to their local council to be; a Member of Parliament, a Member of the Scottish Parliament or a Member of the European Parliament. By the time this edition of About Advocacy is published there will only be two months until 7th May 2015, the date of the next UK General Election.

To vote in this election people need to be on the Electoral Register.

If you're not registered, you won't be able to vote. A significant proportion of the Scottish population who are eligible to vote are already registered however, some are not. The way people can register to vote has changed. Previously, the head of a household was responsible for registering everyone who lived at their address. Now individuals can register online at www.gov.uk/register-to-vote or they can complete a downloaded version of the form and post it to the Electoral Registration Officer at their local Council. The deadline for registering to vote is the 21st of April 2015.

What if I have a learning disability or mental health condition?

There is no bar on people with learning disabilities or mental health conditions registering to vote. However, the decision as to whether and how to vote at an election must always be made by the voter themselves and not by any other person on their behalf. Carers may not make decisions on voting and no type of power of attorney has any power in connection with voting rights.

What about if I am detained under the Mental Health Act?

Patients staying in mental health units, both as voluntary and detained patients, are entitled to register to vote unless they are also detained offenders. Depending on their circumstances, they will have a number of options when it comes to registering to vote. Their local electoral registration office can give more advice about options for registering. Detained patients may vote by post, by proxy, or in person if they have permission to leave the hospital.

Different ways to vote

There are three ways of voting:

In person on 7th May: Most people vote in person at their polling place which are open from 7am to 10pm.

By post: Individuals can apply to vote by post. Information on this can be found at local electoral registration offices.

By proxy: Information on this can be found at local electoral registration offices.

Information can be found on the website
www.aboutmyvote.co.uk