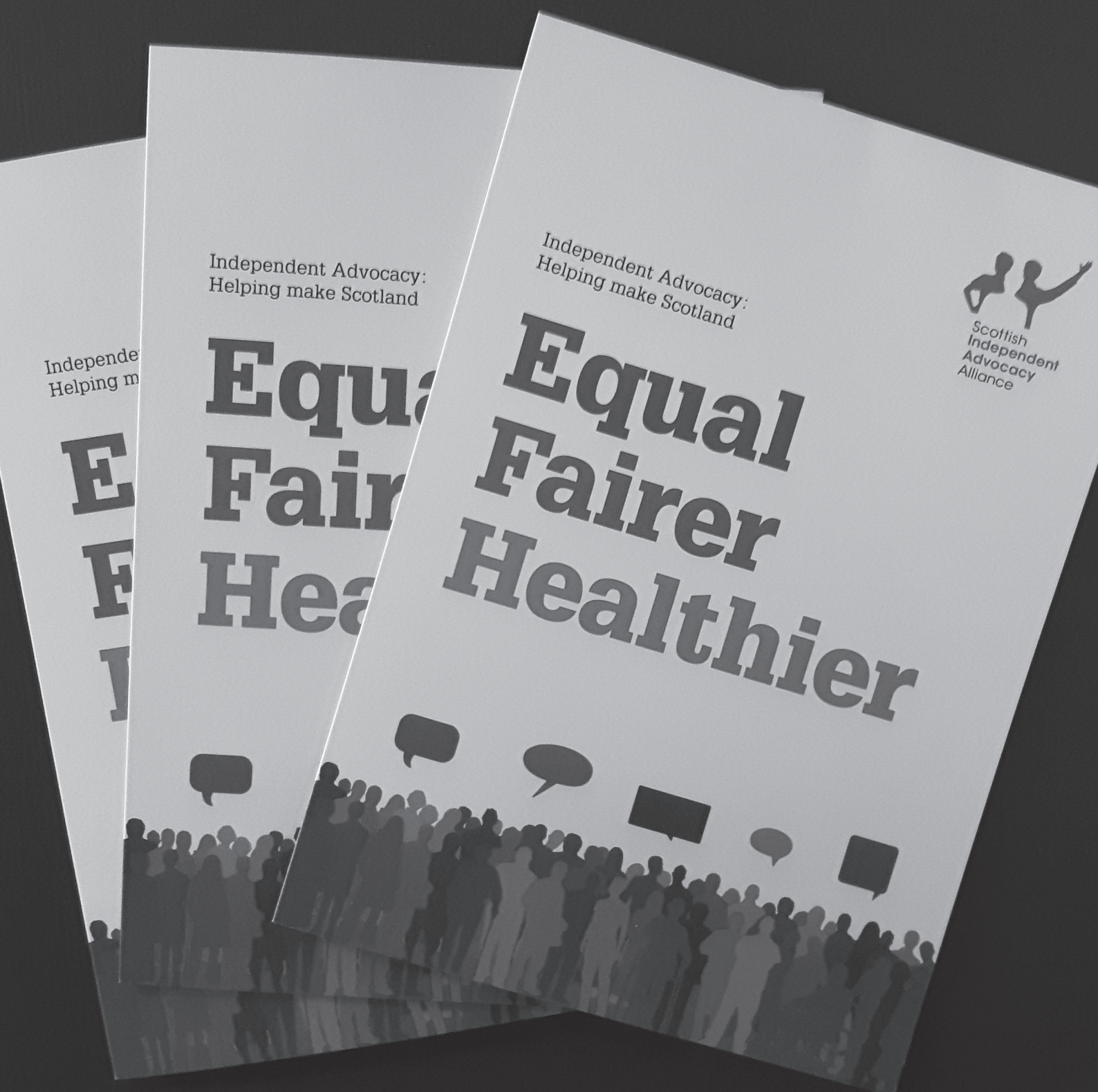


# About Advocacy

*The Scottish Independent Advocacy Alliance Magazine*

*Spring 2016*



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## Editorial

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The Spring Edition begins with an article by the Nursing and Midwifery Council explaining their revalidation process. We also learn about the importance of sibling contact from Child Clanlaw who launched their publication "Promoting Sibling Contact for Looked After Children" last year to raise awareness and support for the issue.

Don't miss the article discussing the collaborative research project "Listening to Voices: Creative Disruptions with the Hearing Voices Network", which aims to better understand the experience of hearing voices.

The Health & Care Professions Council explain their Standards of conduct, performance and ethics. Professor Jill Stavert discusses how Supported Decision Making can help enhance legal capacity and avoid or delay the need for interventions. The charity Mindsroom share their vision for 2020.

You can also find everything you need to know about voter registration in time for the Scottish Elections in our article. Finally find out more about our manifesto and how independent advocacy can help make Scotland Equal, Fairer and Healthier.

*Kiren S. Zubairi, Editor*

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### Next issue:

Please contact [Kiren.Zubairi@siaa.org.uk](mailto:Kiren.Zubairi@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.

Printed in Scotland using FSC certified paper and vegetable-based inks. Cover image: **SIAA**

### Disclaimer:

The views expressed in this magazine are those of the individual authors and should not be taken to represent those of the Scottish Independent Advocacy Alliance.

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An electronic copy of this magazine can be downloaded from our website: [www.siaa.org.uk](http://www.siaa.org.uk).





## SIAA News

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### Opening Doors Film Premiere

Phase 2 of the Families at Risk project is now reaching its conclusion with the premiere of our animated film 'Opening Doors' on the 4th of March.

Opening Doors is based on real stories of actual families in Scotland and is the fruit of a two-year 'Families at Risk' project funded by the Scottish Government Third Sector Early Intervention Fund managed by the Big Lottery.

The animation aims to raise awareness about the power of advocacy for families in difficult circumstances who are at risk of having their children taken into care.



The script for the film was written by Martin McCardie who also writes for River City and Shameless. A number of Scottish actors such as Maureen Carr, Cora Bissett, Sarah MacCardie and Atta Yaqub lent their voices to the animated characters. Lindsay Kinloch plays the character Laura who has a learning disability.

Lindsay is a Learning Facilitator with SCLD (Scottish Commission for Learning Disability) and has a learning disability. She is not a professional actor but has done voice-overs for NHS Scotland.

We would like to take this opportunity to thank all the advocacy organisations and families who let us use their stories. We would also like to thank the multi-award winning Media Co-op who have helped develop the film and all of the writers, actors and voice artists involved.

### New Intern



We would like to welcome our new research intern Caitlin Macaulay. Caitlin is in her final year at Stirling University and she will be creating a report on the history of the SIAA. We know that there are many who have had longstanding careers and connections with Scottish independent advocacy and with the SIAA. We hope that some will be willing to help us with this project by agreeing to speak to Caitlin.

*Shaben Begum*  
Director

# Nursing and Midwifery Council Revalidation

Donna O'Boyle, Professional Regulatory Adviser, Scottish Government

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*The Nursing and Midwifery Council (NMC) is the professional regulator for Registered Nurses and Midwives (registrants), and it will introduce a new model of revalidation for all registrants from April this year. Revalidation will bring changes that build upon the current Post-Registration Education (PREP) requirements, and whilst it is the professional responsibility of an individual registrant to maintain professional activities to achieve revalidation, it is likely to have implications for employers too. Revalidation is a welcome development in helping to assure professionalism and excellence in care. This article describes the progress to date and the unique approach taken in Scotland to support employers and NMC registrants.*

You may have heard that the Nursing and Midwifery Council (NMC) is to implement a new system of revalidation in April 2016. Revalidation is a process by which registered nurses and midwives will be required to demonstrate, on a regular basis, that they remain fit to practise and to maintain registration with the NMC; and therefore will support the demonstration of professionalism and enhance the delivery of care. If a registrant does not revalidate, then he or she cannot work as a Registered Nurse or Midwife. This may affect the ability to deliver services and have adverse consequences for individual registrants, so it is important that employers and registrants understand the new requirements and start to prepare now.

'The Code: Professional Standards for Nurses and Midwives' was published in its revised form in March 2015 by the NMC.

It lays the foundations of good nursing and midwifery practice and sets out how registrants should conduct themselves in every area of their practise.

Revalidation seeks to promote professionalism and encourage reflection on the values and principles enshrined within the code.

Revalidation builds on the current PREP requirements and aims to improve public protection by requiring nurses and midwives to regularly affirm and develop their practice and professionalism. Whilst the elements of revalidation will have to be met and formally confirmed once every three years, the preparation that it requires should be an ongoing process and not about a 'single moment in time'.

The PREP standards have been subsumed within the new revalidation requirements. Revalidation requires a registrant, over a three year period, to:

- Undertake a minimum of 450 hours of practice over 3 years (equates to approx. 12 weeks for a full-time worker) (pre-existing PREP requirement)
- Complete a minimum of 35 hours of Continuous Professional Development
- 20 of the 35 CPD hours should be 'participative' (learning with others)
- Gather 5 pieces of practice-related feedback (this can be from a wide range of sources including team meetings, feedback from a patient or their family, complaints, compliments)
- Write 5 reflective accounts, based on the feedback, to demonstrate how this has helped an individual improve their practice and fulfil the requirements of the NMC Code, and discuss these with another NMC-registered nurse or midwife
- Make a health and character declaration (pre-existing PREP requirement)

- Confirm professional indemnity arrangements (if registrants are employed by an organisation this will most probably already be in place) (pre-existing PREP requirement)
- Receive confirmation from a third party – to demonstrate that a registrant has met all of the above requirements - most likely this will be via a line manager at an annual appraisal.

Should a nurse or midwife fail to meet the requirements of revalidation, or fail to pay their annual fee instalment, they will lapse from the register. This means they will no longer be able to work in their professional capacity until they have been restored to the register, and that can take between 2 – 6 weeks. Clearly this will have a personal financial impact for the employee, but it may also affect an employer's ability to provide services.

The first step is for registrants to find out when their date of revalidation is due. For employers it may be helpful to be aware of the revalidation dates of any nurses or midwives they employ to provide support in preparation for revalidation, and also to maintain internal governance procedures. Employers will be expected, wherever possible, to support registrants to maintain their registration, which will of course enhance professional practice and should improve care.

For most registrants their revalidation date will be the three year anniversary of the month from when they first registered. But really, it's important to be sure and so a registrant should:

- register at NMC online to find out their revalidation date
- visit the NMC website regularly to keep track of the latest information all sorts of help is

to be found there including guidance and presentations can be downloaded and shared with a team

- Note that a revalidation application has to be completed and submitted by the last day of the month prior to the revalidation date (i.e. for a revalidation date in the month of April the application should be completed by 31st March)

In Scotland the Scottish Government engaged with the NMC at every stage of the process to influence testing of the proposed model for revalidation to ensure it was fit for purpose, to recognise risks, and to plan for implementation. To do this we established a Scottish Government Programme Board, chaired by the Chief Nursing Officer, with a wide range of representative members. Five work-streams supported testing of the implications for finance, workforce, education, communications, and additionally we undertook a pilot to test the proposed model. This was hosted by NHS Tayside who invited representation from all non-NHS bodies resident in the Tayside geographical area, including Care Homes, Nursing Agencies, General Practice Nurses, Dundee University, Prisoner Healthcare, Care Inspectorate to mention a few! The pilot demonstrated that it is possible, with appropriate preparation and support, to successfully revalidate; however, a word of warning - several people did not manage to complete the revalidation process as they left it to the last minute and email or internet failures intervened!

For more information visit:  
[www.nmc.org.uk/standards/revalidation/](http://www.nmc.org.uk/standards/revalidation/)  
 or contact: [donna.o'boyle@gov.scot](mailto:donna.o'boyle@gov.scot)

# Promoting Sibling Contact for Looked After Children

Laura Porter, Learning and Development Solicitor, Clan Childlaw

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*There are currently more than 15,000 looked after children in Scotland, with over 10,000 in placements away from the family home<sup>1</sup>. Many face the possibility of being separated from their siblings, either by being placed separately from each other in foster placements or residential units or because one sibling is in a care placement and the other remains at home. For children and young people whose lives have already been disrupted by being removed from their family unit, maintaining bonds with siblings can be hugely important.*

At Clan Childlaw, our aim is to improve outcomes for children and young people by contributing to policy development in relation to the realisation of their rights across Scotland. We are uniquely placed to base our policy work on the evidence gathered from our direct legal representation of children and young people.

We use our legal knowledge, skills and expertise to advance policy and its implementation. We provide free legal advice and representation to children and young people, around three quarters of whom are or have been 'looked after children' - children who are in the care of their local authority.

We represent many children and young people who have lost touch with their siblings and we are acutely aware of the devastating impact this can have.

We launched, **Promoting Sibling Contact for Looked After Children**<sup>2</sup> on 27th November 2015 to raise awareness and generate support around this hugely important subject.

*"Siblings provide our longest lasting relationships, often extending throughout our lifetimes. Children growing up apart from their brothers and sisters, lacking contact or knowledge about their siblings may be deprived of family support in adult life. Much more should be done to foster sibling relationships for children who are separated from their families"<sup>3</sup>*

While the benefits of sibling contact are widely recognised, children and young people often encounter barriers when trying to keep in touch with family members after they are taken into care. There is a legal duty on local authorities to promote relations and direct contact on a regular basis between looked after children and any person with parental responsibilities, so long as that is consistent with the child's welfare, but there is no equivalent legal duty in relation to contact with siblings. As a result, contact with parents or those with parental responsibilities is often prioritised over sibling contact however many young people consider their relationship with their siblings as being equally important if not greater, than their relationship with their biological parents.

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The United Nations has issued Guidelines for the Alternative Care of Children to enhance the implementation of the United Nations Convention of the Rights of the Child regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so. Guideline 17 acknowledges the importance of sibling relationships, stating that siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child.

*In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests.*

Clearly, there will be situations in which sibling contact is not in the best interests of a child or young person. It is therefore essential that robust assessments are carried out before recommendations and decisions are made about sibling contact.

In our publication we set out the current legal framework and tools to enable the promotion of sibling contact by those involved in making assessments, recommendations and decisions about looked after children.

The launch of the publication provided an opportunity for those working with children and young people to get together to share ideas and

perspectives, with a view to making positive changes in the approach taken to promoting sibling contact for looked after children.

We were delighted with the enthusiasm and drive amongst those professionals to address this sensitive and essential subject.

*Sibling contact is one of the most important issues our clients confront and as such, is an area in which we intend to drive forward change for the better.*

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**1** Statistics as at 31 July 2014 - [www.gov.scot/Topics/Statistics/Browse/Children/TrendLookedAfter](http://www.gov.scot/Topics/Statistics/Browse/Children/TrendLookedAfter)

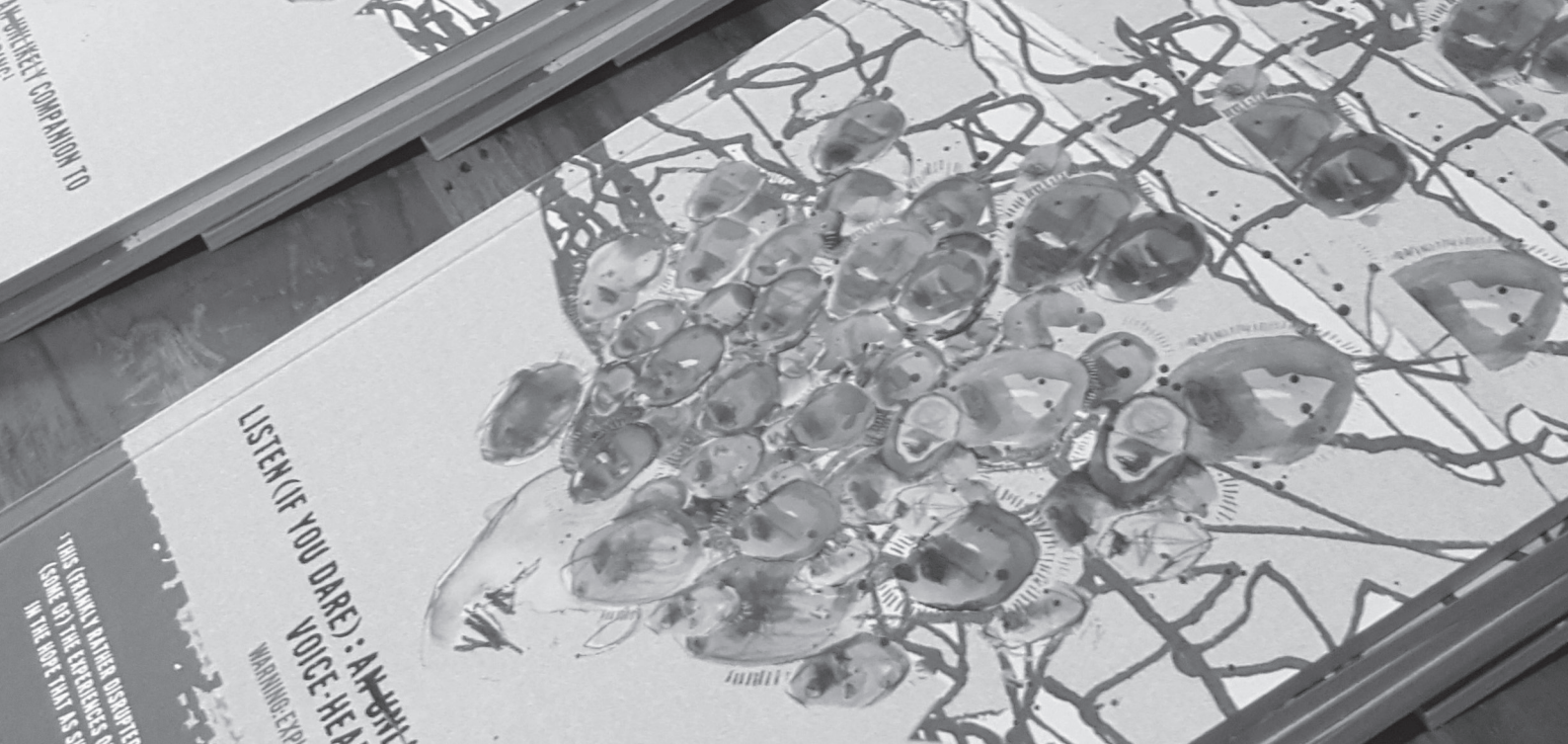
**2** [www.clanchildlaw.org/app/uploads/2015/11/Promoting-Sibling-Contact-for-Looked-After-Children.pdf](http://www.clanchildlaw.org/app/uploads/2015/11/Promoting-Sibling-Contact-for-Looked-After-Children.pdf)

**3** Kosonen, M 1996, "Maintaining Sibling Relationships – Neglected Dimension in Child Care Practice", British Journal of Social Work, 26:809-22

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For more information visit the Clan Childlaw website:  
[www.clanchildlaw.org](http://www.clanchildlaw.org)





# Listening to Voices: Creative Disruptions with the Hearing Voices Network

Dr Gail McConnell, Queen's University Belfast

*Listening to Voices: Creative Disruptions with the Hearing Voices Network is a research project that tries to understand how we can listen to voices that we find difficult, disruptive challenging and whether these seem to come from inside or outside ourselves.*

It has been created by voice-hearers, academics and independent artists who are interested in asking why and how we silence voices in ourselves or others and how we might help increase understanding about the experience of hearing voices. Launched on 12th January 2016, the project has now released a number of innovative resources that explore the experience of voice-hearing, including an immersive audio work, a booklet and an interactive website.

*“We’re not the scary ones - we’re scared”*

Listen (If You Dare): An Unlikely Companion to Voice-Hearing is a radical new booklet about voice hearing.

It explores what it is like to hear voices and attempts to help the reader experience something of that too.

The companion has been created with those who provide support to voice-hearers in mind, be they community psychiatric teams, psychiatrists, mental health workers, friends or family.

*“Once you get a label stuck on you by a doctor, even the closest of friends will sometimes treat you differently. You try to tell them something you’re experiencing or hearing and they’ll say ‘Oh no, you’re just being paranoid’. But you’re not, I’m real. I’m here. I’m always here. I’ll get you later. The diagnosis is just a way to dismiss what you said, whatever it was. It’s a label to dismiss you.”*



Listen (If You Dare) is the fruit of a unique process of collaboration. It was co-authored by members of Time and Space Hearing Voices group (Glasgow), Hearing Voices Belfast, Hearing Voices Ireland, the project researchers (Dr Gail McConnell, Lecturer in English at Queen's University Belfast; Dr Jo Collinson Scott, Lecturer in Commercial Music at the University of the West of Scotland; and Dr Deborah Maxwell, Lecturer in Interactive Media at the University of York), sound artist Pedro Rebelo and designer Sara Nevay. They met together at a weekend retreat to reflect on, share and broaden their experiences of listening and being listened to.

This retreat and the follow up discussions resulted in the production of text, which was subsequently given back to participants who 'disrupted' it using their own voices, and representations of the kinds of voices experienced by voice-hearers. These additions and alterations have been represented in the final booklet using creative typography, making a highly original representation of the disruptive, exciting, challenging and productive nature of listening to voices. Listen (If You Dare) is free to download from the project website.

The booklet is accompanied by an immersive audio work featuring members of the voice-hearing community. The work introduces the listener to the experience of listening to voices through short narrative fragments, descriptions articulating how voices relate to the acoustic world and enacted performances of voice-hearing. It can be experienced via the project website, designed by Hadi Mehrpouya, where there is also an interactive version of one section of the Listen (If You Dare) text.

*"This companion invites you to listen to some of the experiences of voice-hearers as experienced by three Arts and Humanities researchers in the hope that as support providers, families, friends and individuals we might begin to risk listening."*

On 12th January 2016 Listening to Voices launched the publication of these works at a public event in the Centre for Contemporary Art, Glasgow, attended by many from the voice-hearing community, with special guest Rachel Waddingham of the Hearing Voices Network England and ISPS UK.

All the resources referenced in this article can be accessed via the project website:  
[www.listeningtovoices.org.uk](http://www.listeningtovoices.org.uk)

The quotes in this article have been taken from the resource Listen (If You Dare) which can also be found on the project website.

The project is funded by the Arts and Humanities Research Council as part of their Connected Communities Programme.

# Health & Care Professions Council

Edward Foster, Stakeholder Communications Officer, Health & Care Professions Council

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## Who we are

*The Health and Care Professions Council (HCPC) is a UK-wide, statutory regulator, set up to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their training, professional skills, behaviour and health. If a registrant does not meet our standards, we can take action against them, which might include stopping them from practising.*

We currently regulate 16 professions across the UK, including physiotherapists, paramedics, occupational therapists, practitioner psychologists and social workers in England. In Scotland, we regulate over 21,000 professionals.

All the professions we regulate have at least one professional title that is protected by law. This means, for example, that anyone using the titles 'physiotherapist' or 'dietitian' must be registered with us.

It is a criminal offence for someone to claim that they are registered with us when they are not, or to use a protected title that they are not entitled to use. We will prosecute people who commit these crimes.

## What are the standards of conduct, performance and ethics?

The standards of conduct performance and ethics SCPE are the standards we set for all the professionals on our Register, stating in broad terms our expectations of behaviour and conduct of professionals on our Register.

They are important because they help us make decisions about the character of professionals who apply to our Register and we use them if someone raises a concern about a registrant's practice. Importantly for service users they outline what the public should expect from their health and care professional.

## Reviewing the standards

The journey began in late 2012 with a number of commissioned projects seeking views from a wide range of stakeholders including: engagement with service users and carers, focus groups and interviews with registrants and employers.

A working group was then formed comprising a range of stakeholders including service users and carers, professional bodies, employers and registrants. The group reviewed the evidence gathered and suggested a number of changes, particularly relating to how the standards could be made more accessible, practical and useable for service users. We then consulted on the proposed draft standards between April and June 2015 and the final revised Standards were published on Tuesday 26 January 2016.

## What changes have we made?

We have made general changes to the overall structure of the standards. These include the reduction in the number of standards from fourteen to ten, as well as an easier to follow format.

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However, a number of changes have been made to the standards which impact directly upon service users.

### ***Be open and honest when things go wrong***

Importantly, the revised standards of conduct, performance and ethics include a new standard about registrants being open and honest when things go wrong.

This new standard is a response to increased emphasis being placed in recent years on the Duty of Candour following on from the Francis report of 2013.

The language chosen was designed to reflect the desire for greater accessibility across the revised standards. Included in this standard is the requirement that registrants apologise and ensure that the service user receives an explanation of what has happened. This trust and mutual respect is crucial for service users who have to build long-term relationships in order to work constructively with health and care professionals.

### ***Report concerns about safety***

Changes have also been made introducing a requirement of registrants to report and escalate concerns they might have about the safety and wellbeing of service users. Registrants must, for example, ensure that the safety and wellbeing of service users always comes before any professional or other loyalties.

Our aim is that this dedicated standard will help contribute to a culture that is supportive of raising concerns. This is very much in keeping with recent moves by the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison MSP to appoint whistleblowing champions in each NHS Scotland Board.

### **In conclusion**

The standards of conduct, performance and ethics are, of course, directly relevant to health and care professionals regulated by the HCPC, as well as those aspiring to join the Register.

However, they are also of particular interest and importance to service users, carers and the general public. We use these standards if someone was to raise a concern about a registrant's practice and therefore are vital in performing our primary function of public protection. They also help service users know and understand what to expect from a health and care professional.

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For more information about the HCPC's Standards of Conduct, Performance and Ethics, visit:

[www.hcpc-uk.org/publications/standards/index.asp?id=38](http://www.hcpc-uk.org/publications/standards/index.asp?id=38)



# Supported Decision Making

Professor Jill Stavert, Professor (Law) and Director, Centre for Mental Health and Incapacity Law, Rights and Policy, Edinburgh Napier University

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*Possessing legal capacity means being able to make decisions concerning ourselves and have these respected under the law. It is an expression of our autonomy. We all have legal capacity but on occasion exercising it may be difficult. This can occur, for example, where someone including a person with mental disorder, has difficulty making decisions.*

The Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 allow for decisions to be made and actions taken for an individual provided certain criteria are fulfilled. Under the 2000 Act this includes where the adult is assessed as being 'incapable' of acting, or making, communicating, understanding or retaining memory of decisions by reason of mental disorder or an inability to communicate because of physical disability. Under the 2003 Act it includes where the patient is found to have significantly impaired decision-making ability because of their mental disorder. However, the principles that underpin both Acts specifically require that, where reasonable and practical, the individual must be allowed to participate in decisions made concerning them (both before and during any interventions) and that, amongst other things, their wishes and feelings are taken into account. The 2000 Act also requires that where reasonable and practical the adult must be encouraged to exercise their skills in relation to their property and financial affairs and personal welfare. The principles of both Acts are guided and reinforced by certain European Convention on Human Rights (ECHR) rights which must be complied with in all devolved Scottish legislation and actions of the state and state bodies.

The European Court of Human Rights has emphasised, particularly in relation to the rights to respect for private and family life (Article 8 ECHR) and to liberty (Article 5 ECHR), that an individual's ability to exercise their autonomy or legal capacity, must be assessed on a functional basis and that any restrictions are lawful, proportionate and must only occur in certain specified situations. The Court has also stated that even where a person is considered to lack capacity this does not mean that they are unaware of their circumstances and have views about this.

The requirement for support in the exercise of legal capacity is specifically mentioned in Article 12 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Article 12 reminds us that the right to legal capacity and its exercise is universal and that states must provide access to such support for the exercise of legal capacity as is required by persons with disabilities so that their rights, will and preferences are safeguarded. This is strengthened by the UN Committee on the Rights of Persons with Disabilities in its General Comment interpreting Article 12.

The Committee's interpretation, although it does not have legally binding effect, is radical and certain aspects of it - such as its direction that substitute decision-making be abolished as must the linking of limitations on the exercise of legal capacity with mental capacity assessments - will require ongoing serious consideration by states. The UK has international law obligations under the UNCRPD and the European Court of Human Rights should have regard to it.

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However, the UNCRPD does not have the same legal effect within Scotland as the ECHR and we therefore must look first to the ECHR for guidance. The ECHR, as indicated above, does allow for substitute decision-making arrangements, such as guardianship and involuntary psychiatric treatment, but in limited situations.

Supported decision-making can take many forms. It can be delivered within formal frameworks or informally, can involve one or a combination of methods of support and should be tailored to an individual's specific needs. It may, for example, include the support of a trusted person or persons (professional, family, peers, etc) and communication and information that is easily understandable and appropriate to the individual concerned and advance planning (such as advance statements and, possibly, powers of attorney). Significantly, it may also include advocacy (including self-advocacy) which clearly plays an integral role here. What is important is that such support assists the person to make decisions, does not substitute the views of the supporter for those of the individual, that no undue influence is brought to bear on the individual and that it is entirely in the individual's discretion as to whether or not they access and use support for their decision making.

*What is essential is that the individual's rights, wishes and feelings (or 'will and preferences' in UNCRPD terminology) are central to any decisions made concerning their lives.*

More research and clarity is still required regarding the effectiveness and extent of supported decision-making.

However, it is certainly arguable that supporting a person in exercising their legal capacity may delay or remove the need for substitute decisions.

Moreover, the better someone is supported to make decisions and exercise their legal capacity the more likely it is that their wishes and feelings will be central to in any decisions concerning their lives. This is the case even where these are substitute decisions arrangements.

Our legislation in Scotland allows for, as mentioned, participative decision-making but support for decision-making ensures that the individual is a more equal partner in such process.

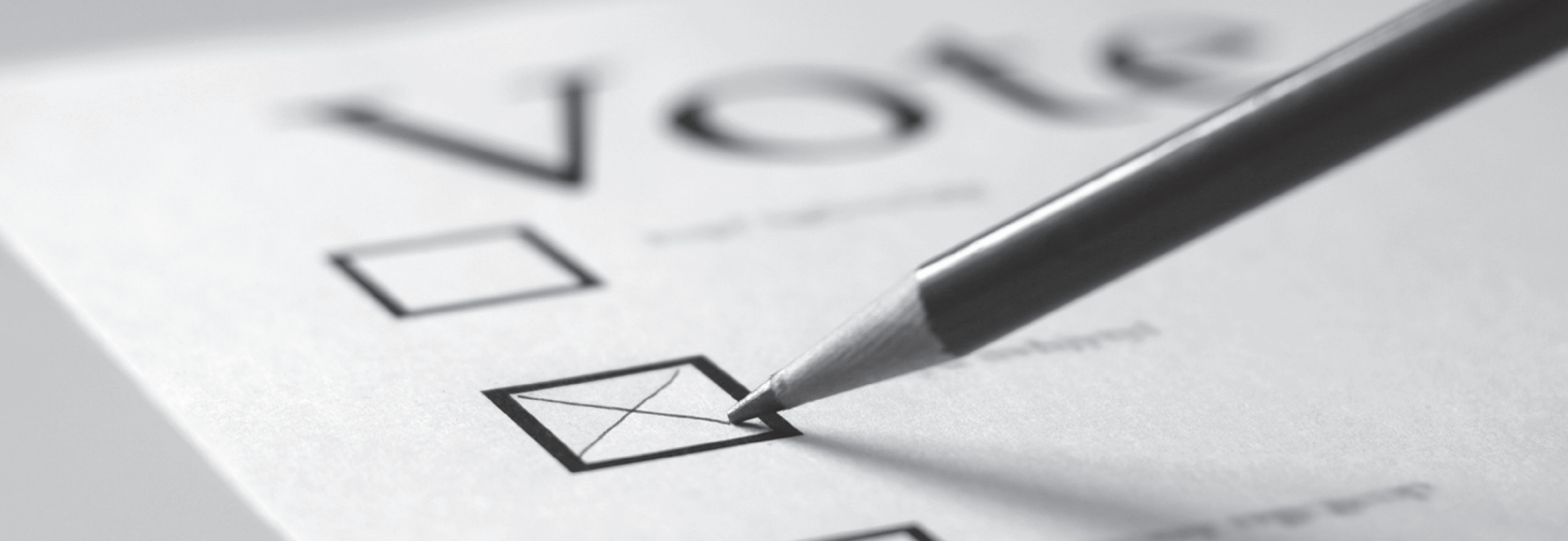
*The potential benefits of supported decision-making cannot be denied.*

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For more information contact:

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Centre for Mental Health and Incapacity Law,  
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# Registering to vote for the May 2016 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 5th May 2016, the date of the Scottish 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](http://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 by midnight by the 18th of April 2016.

## **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 5th 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.



# Mindroom 2020 Vision

Christine Carlin, Chief Executive, Mindroom

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*Mindroom is a small Scottish charity with a big Vision - to ensure that by 2020, every child and young person with learning difficulties in this country will receive the recognition and help that they need. For over 15 years Mindroom has been supporting the families of children and young people with learning difficulties.*

Our Direct Help and Support team work with hundreds of families every year to help them receive the right support at the right time and to ensure that both children's (and parental) rights are upheld.

***Mindroom's focus is always on keeping the child or young person at the centre of our work, in line with the principles underpinning Getting It Right For Every Child. However, for many of the families who contact us each week, there is a worrying gap between policy, statutory rights and practice.***

Being the parents or carers of a young person with learning difficulties can bring huge stresses. They must navigate a maze of issues in order to access services in health, social care, education and voluntary agencies.

If the needs of these children and young people are not being met effectively, this may result in behavioural challenges, whether at home or at school.

In turn, this can impact upon school attendance, possibly even refusal to attend in some instances.

Mindroom supports families by working collaboratively to build positive working relationships with a range of professionals to ensure each child can reach their potential.

It is a serious concern that individual advocacy can be very difficult to access, depending on geographic location. Some local authorities appear to have no provision whatsoever.

We have some excellent examples of good practice where young people are being supported well by a multidisciplinary team.

***In these cases, the work of an independent advocate can be pivotal in ensuring that the needs and views of the child/ young person are understood.***

Without this understanding, it can be especially challenging to address existing barriers to learning. Mindroom will continue to promote the involvement of independent advocacy for the families they support.

Further information is available at:  
<http://www.mentalhealth.org.uk/>

# Independent Advocacy: Helping make Scotland Equal, Fairer, Healthier

*SIAA Manifesto for 2016*

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*"Life has changed, I can smile again.  
I don't think I'd be alive without  
advocacy"*

*Callum, older person*

*"Discovering that what I have to say is  
valid, that it has value means that I also  
have value"*

*Shona, collective advocacy group member*

The Scottish Independent Advocacy Alliance (SIAA) believes that, in order to create a Scotland that is fair and equal, we need to uphold the rights of marginalised people and listen to their views, opinions and voices. To ensure access to independent advocacy current legislation and policy needs to be fully implemented. The right to access independent advocacy needs to be included in relevant future policy and legislation.

The SIAA would like to see:

## Increased access

- Those with a statutory right to independent advocacy having access to it when they need it.
- Advocacy being available to more people without a statutory right when they need it.
- People having access to different types of advocacy; collective and individual to meet their needs.

## Robust provision

- Local needs assessments carried out and strategic plans for advocacy put in place in all LA and NHS Board areas.
- Groups and individuals being involved in planning both locally and nationally.
- All advocacy organisations having a minimum three years funding cycle.

## Benefits of independent advocacy

### Fairer

People who use independent advocacy are more likely to be aware of their rights.

Independent advocacy ensures people's rights are upheld and they get the support they need.

### Healthier

Independent advocacy supports people to participate and have more control. Higher levels of participation and control lead to better health outcomes, improved confidence and self-esteem.

When people are involved in decisions about their care and treatment they are more likely to get the best outcomes.

### Equal

Collective involvement and participation enables people to influence policy, legislation and services that better meet their needs.

Individuals having increased control over their lives and circumstances increases levels of fairness and equality in our society.

The manifesto is available at [www.siaa.org.uk](http://www.siaa.org.uk)