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| --- | --- | --- |
| Well-being statement | Possible barriers | Reason for advocacy |
| I know and understand what care, support and opportunities are available and use these to help me achieve my well-being. |  |  |
| I can access the right information, when I  need it, in the way I  want it and use this to manage and improve  my well-being. |  |  |
| I am treated with dignity and respect and treat others the same. |  |  |
| My voice is heard and listened to. |  |  |
| My individual circumstances  are considered. |  |  |
| I speak for myself  and contribute to the decisions that affect my life, or have someone who can do it for me. |  |  |