CONSULTATION QUESTIONS

The Carer's Assessment: Carer's Support Plan Question 1: Should we change the name of the carer's assessment to the Carer's Support Plan?		
⊠ Yes	□No	
Comments:		
order to better communicate a per a high quality of life. In addition, ch more carers to access the support	e name of the carer's assessment to the Carer's Support Plan in son centred approach, whereby the carer is supported to have hanging the name is this way could be beneficial in encouraging they need, especially where people may feel stigmatised by the we had negative experiences of assessments when applying for	
	all and the control of the control o	
	e the substantial and regular test so that all carers will ort Plan?	
be eligible for the Carer's Supp		
be eligible for the Carer's Supp	ort Plan?	
be eligible for the Carer's Supp	ort Plan?	
be eligible for the Carer's Suppose Yes Comments: HIV Scotland believes that removing	ort Plan? No In the substantial and regular test would better account for the in have on people's lives, and enable more people who would	

Question 3: Should we remove that part of the existing carer assessment process whereby the cared-for person is a person for whom the local authority must or may provide community care services/children's services?

provided is appropriate and tailored to individual needs.

⊠ Yes	□ No		
Comments:			
process whereby the cared receive support. People livi	elcomes proposals to remove parts of the existing carer assessment for person must be receiving community care services for the carer to ng with HIV have a wide variety of needs and don't necessarily receive his change would mean that all carers of people living with HIV would they required it.		
	Question 4: Should we introduce two routes through to the Carer's Support Plan – t the carer's request and by the local authority making an offer?		
Yes	□ No		
Comments:			
Question 5: Should we r provide care?	emove from statute the wording about the carer's ability to		
Yes	□ No		
Comments:			
	ntroduce a duty for local authorities to inform the carer of the o take to receive the Carer's Support Plan and if it exceeds of the reasons?		
⊠ Yes	□ No		
Comments:			
how they will receive supportakes to process a claim consupport. The proposed dut	eople must be fully informed of both their rights and the process of ort. Ensuring that people are fully informed about the length of time it uld help to minimise the anxiety and stress associated with applying for ty could also help to improve accountability and transparency. Carers old local authorities to account if they fail without reason to deliver a time period.		
Support Plan has been rule equality of access across Sc	possibility of introducing timescales for the undertaking of the Carer's d out on the grounds that this must be determined locally. To ensure cotland, HIV Scotland believes that there should be a defined timescale dertake an assessment and also to provide services that carers are		
Question 7: How signific and carers?	ant an issue is portability of assessment for service users		
Comments:			

Question 8: Should the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment?		
	Yes	□ No
	Comments:	
I	nformation and Advice	
а	Question 9: Should we introduce a duty for local as service for providing people with information and Support Plan and support for carers and young ca	d advice relating to the Carer's
	⊠ Yes	□ No
	Comments:	
	HIV Scotland supports proposals to place a duty on appropriate advice and information. Information can be them to make more informed decisions about what Furthermore, easy access to information could help pot plan for support which they might need in the future.	pe empowering for carers as it can assist support would be beneficial for them.
	It is estimated that by 2015 50% of all people living with of ageing and HIV 1 (50 Plus) finding that this group repconditions as people who are not living with HIV. It is the in the number of carers for this group who require communication and advice services are established.	ort twice as many other long term health erefore likely that there will be an increase
	The consultation document notes that information for way which carers can easily access or understand. HIV effectiveness of information provision will require an enot just an increase in the number of information redesigned in partnership with carers, to ensure that the them. It must also be made clear that Local Authorities the third sector and carer support services to provide duplication and make best use of resources.	Scotland believes that strengthening the evaluation of information sharing formats, esources available. Resources should be ey best fit the needs of the people using es should seek to work in partnership with
	It will also be important that information provision for 2012 Ofcom Communication Market report found that did not have access to broadband at home. This figure income below £17,000	approximately 30% of people in Scotland

Question 10: Should we repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer information Strategies to Scottish

¹ A national study of ageing and HIV (50 Plus), Joseph Rowntree Foundation, 2011

d		e continuation of funding to Health Boards for support to carers		
] Yes	□ No		
	Comments:			
S	Support to Carers (other than information and advice)			
	Question 11: Shou o an eligibility fram	ald we introduce a duty to support carers and young carers, linked nework?		
	☑ Yes	□No		
	Comments:			
	discretionary power eligibility framework restrictive it could gr	is that a <i>duty</i> to support carers would be greatly preferable to the existing to support carers and young carers. However, the introduction of an a does raise some concerns. For example, if the eligibility criteria is too reatly undermine the extent to which the proposed Carers Legislation will who would benefit from support to access it.		
HIV Scotland understands that the eligibility framework would be set out in regulations or guidance rather than in primary legislation. As such, we would expect that the eligibility consult be developed through consultation with carers, communities and carers organisation criteria should be specific to the needs of carers and account for factors such as the carer and employment status.		n in primary legislation. As such, we would expect that the eligibility criteria through consultation with carers, communities and carers organisations. Any ecific to the needs of carers and account for factors such as the carer's health		
		carers and young carers is introduced, it will be vital that local authorities have er to support carers and young carers where they do not meet the criteria for work.		
	Question 12: Alteri upport carers and	natively, should we retain the existing discretionary power to young carers?		
	Yes	⊠ No		
	Comments:			
C	Question 13: Shou	Ild we introduce a duty to provide short breaks?		
	☑ Yes	□No		
	Comments: See po	pints pertaining to eligibility criteria provided in response to question 11.		

Stages and Transitions

Question 14: Should we issue statutory guidance on the Carer's Support Plan which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring? This would apply to adult carers only. (For young carers, practice guidance will be developed to support management of a Child's Plan through the stages of caring).		
☐ Yes	□ No	
Comments:		
Carer's Support Plan if they se	ers' legislation provide for young carers to have a eem likely to become an adult carer? Any agreed s Support Plan would be put in place after the young t carer.	
☐ Yes	□ No	
Comments:		
Carer Involvement		
	carer involvement in the planning, shaping and ople they care for and support for carers in areas n?	
of services. However, we believe people living with HIV and when should not be prioritised over the There are some of examples of g For example, there is a very succe Glasgow. HIV Scotland also we	rinciple that carers should be involved in the shaping and delivery that HIV services should be focussed on the best interests of planning health and social care services, the needs of the carer use of the person being cared for. The proposed involving people living with HIV in service planning. The essful patient involvement group based at the Brownlee Centre in the elcomes proposals in the Scottish Government's Community	
empowerment Bill to better enga	ge with communities in the planning and delivery of services.	
Question 17: Should we make		
Question 17: Should we make in the planning, shaping and d	ge with communities in the planning and delivery of services. e provision for the involvement of carers' organisations	

ir	Question 18: Should we establish a principle about carer and young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation?			
\triangleright	☑ Yes	□ No		
	Comments:			
ir	Question 19: What are your views on making pront the planning, shaping and delivery of services oung carers?	• •		
	Comments:			
Р	Planning and Delivery			
Question 20: Should we introduce statutory provision to the effect that a local authority and each relevant Health Board must collaborate and involve relevant organisations and carers in the development of local carers strategies which must be kept under review and updated every three years?				
	☐ Yes	□ No		
	☐ Yes Comments:	□ No		
a p		ision to the effect that local ensure, in so far as is reasonably		
a p s	Comments: Question 21: Should we introduce statutory provuthorities with Health Boards must take steps to racticable, that a sufficient range of services is a	ision to the effect that local ensure, in so far as is reasonably		
a p s	Comments: Question 21: Should we introduce statutory provuthorities with Health Boards must take steps to racticable, that a sufficient range of services is a upport to carers and young carers in the area?	ision to the effect that local ensure, in so far as is reasonably available for meeting the needs for No Ill be essential that its implementation is vices. The consultation document oviders to support carers with counselling,		
a p s S	Comments: Question 21: Should we introduce statutory provuthorities with Health Boards must take steps to racticable, that a sufficient range of services is a upport to carers and young carers in the area? Yes For the proposed Carers Legislation to be effective, it wis supported by resources and the provision of quality servidentifies that there is an underdeveloped market of proadvocacy, short breaks and other forms of support. A state of the provision of supports and the provision of supports.	ision to the effect that local ensure, in so far as is reasonably available for meeting the needs for No Ill be essential that its implementation is vices. The consultation document oviders to support carers with counselling,		
a p s s lc	Comments: Question 21: Should we introduce statutory provuthorities with Health Boards must take steps to racticable, that a sufficient range of services is a upport to carers and young carers in the area? Yes For the proposed Carers Legislation to be effective, it wis supported by resources and the provision of quality servidentifies that there is an underdeveloped market of proadvocacy, short breaks and other forms of support. A state of the provision of t	ision to the effect that local ensure, in so far as is reasonably available for meeting the needs for No Ill be essential that its implementation is vices. The consultation document oviders to support carers with counselling, tatutory duty could therefore potentially		

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	Comments: HIV Scotland believes that placing a duty on GPs and local authorities to maintain carers register could be beneficial in helping more carers to access the support they are entitled to. However, for this to succeed it will be important that best use is made of existing processes and that the maintenance of the register is not time-consuming or onerous for GPs.
	Furthermore, a register will not in itself mean that more carers are supported. Any register would have to be accompanied by guidelines around how to better identify carers and encourage people who have previously not wanted to be identified by support services to come forward. It can be particularly difficult for third sector organisations to identify young carers who may need support and a register might allow GPs and local authorities to refer these young people on to further services more easily.
	While carers should be encouraged to identify themselves, it is paramount that the privacy of carers is maintained and that any system safeguards against the unwanted disclosure of a person's caring status or information about the health of the person being cared for. Preventing unwanted disclosure can be of particular importance to people living with HIV because of the stigma associated with the condition.
	More detail is required with regards to who might have access to the carers register, how it would be used to point carers to particular services and assurances as to how people could maintain control over their information.
sp	uestion 23: Should the Scottish Government ensure that good practice is widely bread amongst Health Boards about the proactive use of Registers of Carers within P practices?
] Yes
	Comments:
	uestion 24: Should the Scottish Government ask Health Boards to monitor ompliance with the core contractual elements of the GP contract?
] Yes
	Comments:
С	arer and Cared-for Person(s) in Different Local Authority Areas
uı	uestion 25: What are the views of respondents on the lead local authority for ndertaking the Carer's Support Plan and agreeing support to the carer where the arer lives in a different local authority area to the cared-for person(s)?

Question 26: What are the views of respondents on which local authority should cover the costs of support to the carer in these circumstances?

Comments:

Comments:		
Question 27: Should the Scottish Government w local authorities?	ith COSLA produce guidance for	
☐ Yes	□ No	
Comments:		