

CHILD PROTECTION AND HIV

HIV is not in itself an issue for Child Protection. If issues and concerns arise about the risk of HIV during an investigation, it is important that workers have access to information, training and support.

Agencies must adopt a balanced and consistent approach in considering whether HIV is a factor in any investigation or work with children and families.

The issues require careful consideration and workers must take time to seek specialist advice and guidance.

When should HIV be a consideration?

Transmission

HIV is transmitted by the transfer of material infected with HIV (such as blood, semen, vaginal fluids or breast milk) from one person's body into another person's body.

- ❖ HIV can be transmitted through unprotected penetrative sex. (The risk from Oral Sex is very much lower).
- ❖ Re-use of needles or syringes can lead to the exchange of small quantities of blood, leading to transmission of the virus from one person to the next. Injecting drug users who share 'works' can transmit the virus in this way.
- ❖ Perinatal transmission from mother to baby is possible. Estimates are that in industrialised parts of the world, such as Europe, around 1 in 5 or 6 of the children born to mothers with HIV will themselves be infected. (N.B. with anti-retroviral treatment, such as AZT, the figure will be markedly reduced).
- ❖ Infection can be possible via breast milk and, in countries where there are safe alternatives, women are advised not to breast-feed.

HIV IS NOT TRANSMITTED through intact skin or by normal domestic contact, e.g. holding hands, kissing, cuddling and sharing crockery and kitchen utensils.

Where children and parents have concerns about HIV risk there should be sensitive discussion of the reasons for concern. The child and/or parents may require specialist advice and counselling to help weigh up the potential risks and to make future decisions. It needs to be borne in mind that the child may not be able to talk about the full extent of their abuse.

Where workers themselves believe a child may have been placed at risk they must make an informed decision before raising their concern with the child or the parents. They must seek advice and counselling themselves to ensure this would be appropriate action. In doing so they should provide no identifying details.

Where a number of children are involved, a consistent approach is important and must be agreed amongst workers. In cases of suspected organised abuse a specialist worker should be asked to advise the strategy meeting how best to proceed.

In extremely rare cases a perpetrator may be known to be HIV positive. It may be felt in the child's interest for this information to be shared. It is crucial that time is taken to consider how to react and specialist advice and legal opinion must be obtained without prior identification of the persons concerned. If a decision is taken to reveal the perpetrator's HIV status a full written explanation should be given to him explaining what is being shared and why.

Testing

HIV The antibody test will only show that a person has been infected by HIV and has developed antibodies to it. It is not a test for AIDS and cannot be used to predict when and if AIDS will develop.

Testing will only be done after counselling and specialist advice. This must address the needs of the individual child arising from race, gender, religion, language and disability.

Consent for testing will normally be sought from the child's parent and this must be obtained if the Local Authority Accommodates the child. Should the child be subject to a Care Order consent must be obtained from the Divisional Manager or above.

Confidentiality

Confidentiality is extremely important in relation to HIV, both ethically and legally. Agencies have a duty to ensure the protection of information about all parties in relation to HIV - any breach of confidentiality can have very serious social, psychological and financial implications.

IT IS ANTICIPATED THAT ONLY IN EXCEPTIONAL CIRCUMSTANCES WOULD SUCH INFORMATION BE SHARED AT A CHILD PROTECTION CONFERENCE.

No information about anyone's known or suspected HIV status should be shared without their written consent. The child's consent should be sought where they can understand the implications of doing so, otherwise, this should be obtained from a person with parental responsibility.

It is not considered appropriate to make a written record of a person's HIV status. Exceptionally where this is deemed necessary this should be held within the "Confidential" section of a case record.

Specialist Advice, Support and Guidance

In taking time to carefully consider all the issues surrounding HIV and the possibility of AIDS, workers will require access to specialist advice and support.