



## FACT SHEET: Children and HIV

Children, who are HIV positive, should be responded to in the same way as any other child. HIV in itself is not a reason for considering safeguarding services. Decisions should be made to promote the child's welfare and best interests. Consideration should always be given to providing services to the child or young person as a Child In Need.

### Disclosure of information

The information may relate to the child's HIV status, to the presence of HIV infection in the child's family or the HIV status of an alleged abuser.

Before disclosing information the following criteria should have been fulfilled:

- The child and/or the child's parents have given their written consent to the transfer of information
- The disclosure would be in the best interests of the child, would benefit the welfare of the family in a specific way or would protect an individual from risk of infection
- The person(s) / agencies receiving the information are aware of its confidential nature and are able to maintain the confidentiality of the information provided.

If consent is withheld, this should only be overruled in the following circumstances:

- The child is at risk of significant harm if a disclosure is not made
- There is a legal requirement for the information to be disclosed
- Public interest requires disclosure in order to prevent others from risk

Consideration should always be given to providing services to the child or young person as a Child In Need.

For further details see chapter 3.1 in the Sheffield Safeguarding Children Board Child Protection Procedures.

### HIV testing

The test for HIV infection may be necessary or requested by the child or family in a number of situations such as

- Where another family member may have tested positive
- In antenatal care where a young person is pregnant
- Where a child or young person has been the victim of sexual abuse

A sensitive approach and counselling should always be offered.

### Consent:

Where a young person is aged 16 or over they must give consent and the Fraser guidelines should be adhered to.

Where a child is under 16 it will be necessary to determine, who has the authority to give consent, for example, who has Parental Responsibility and whether the child is accommodated or subject of a Care Order.

And

If the child is of sufficient age and understanding to be capable of giving consent, their permission must be sought.

Testing is recommended through the paediatric services to avoid repeat interviewing and examination.