



WORKING WITH CHILDREN

Polokwane, 2013

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World Health

Organisation (2011)

- Cognitively ready for disclosure 8-11 years
- Children of school going age should know status
- Younger children should be told incrementally
- A process orientated and developmental approach





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- Why disclose?
- Children's right to participation in decision making about their own lives, including health care
- Right to information, including asking questions and having them answered
- Right to overall health, including mental health (impact of suspicion)



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The benefits out-weigh the negatives

- Crucial to long-term disease management
- Promotes adherence
- Improves psychological adjustment
- Gives control over disclosure
- Improves relationships
- Communicates respect
- Child can take responsibility for own healthcare (transition)

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- Recognises the rights of the child
- Demonstrates respect
- Ensures accurate information given
- Builds self esteem
- Facilitates access to psychosocial support



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Given the benefits, why is it such a challenge?

- Fear child will tell others
- Stigma and discrimination
- Concern for child's emotional/physical health
- Belief child is too young or unready



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- Parents and clinicians traditionally made decisions on behalf of children
- Growing awareness of child's capability for involvement
- Adult models assume mature cognitive skills and a stable sense of self



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- These are undeveloped or under-developed in children
- How can disclosure be approached in a manner that
 - Recognises developing autonomy of child
 - Affirms responsibility of parent/caregiver





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Role of the HCP:

- Build respect for the rights of the child
- Strengthen support
- Respect wishes and views
- Start the conversation early on
- Educate and provide skills
- Jointly consider possible approaches and outcomes
- Talk about confidentiality and disclosure to others
- Develop a plan (where, when, and by whom)

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- Talk about the health of the child
- Talk about the future of the child
- Be patient (cycling)



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As part of the disclosure process:

- Are we allowing children to participate to the extent possible?
- What does this picture suggest?
- What would child participation look like





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For children to participate:

- Have a solid understanding of the stages of development
- Involve children at level commensurate with their development
- Convey full and accurate information to extend that understanding allows
- Use materials that address the different needs of children at different ages



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Disclosure of Parental Status:

- PMTCT may make disclosure by HIV positive parents to negative children more common
- Need to:
 - Identify and address the emotional needs of children with positive parents
 - Identify and respond to psychosocial support needs
 - Help negative children to understand their parents status and what it means
 - Help parents understand developmental needs of children



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- Build communication skills, especially with young children
- Ensure that accurate information, advice and guidance is given to adults and children about HIV

KEY MESSAGES





KEY MESSAGES

- Disclosure is complex
- Often presents the HCP with ethical dilemmas
- Human rights and ethics in healthcare are complementary
- Together they maximise protection of the child or adolescent
- Circumstances and needs are different for different children and adolescents
- The best interests of the child is paramount in any decision

THANK YOU

