

#### Youth Participation

CHIVA Youth Committee gives a voice to young people with HIV, ensuring their participation in CHIVA's work and engaging with the media, policy makers and public to raise awareness of HIV.

@Freedom2spk

#### Arts Engagement

CHIVA develops projects which engage young people in creative arts through which they explore and share their experiences of growing up with HIV. Working with professionals they gain creative and technical skills.

#### Resources, Information and Clinical Care

CHIVA produce the Standards of Care for the Treatment of Children with HIV, clinical guidelines and resources. Information for wider professionals, children and their families through the CHIVA website.

#### Direct Support

Reaching children through direct work with clinics, and family outreach work, to support children and young people with HIV and their families, in more critical need.

## CHIVA

## Enhancing the health and social wellbeing of children and young people with HIV.

Working across the UK and Ireland improving awareness and understanding of HIV in childhood and challenging stigma.

#### Website for children and young people with HIV

CHIVA produce the 'If only you knew' secure website for children and young people with HIV. Providing information on growing up with HIV, audio clips and films and sharing experiences.

#### Professional Support

Ensuring children with HIV in the UK have the optimum health care provision through a professional membership network, national conferences, education meetings and engaging with commissioning and consultations.

#### Support Camp

An annual 5 day support camp for children and young people with HIV providing knowledge and understanding of living well with HIV and peer support. Enabling the development of peer networks and addressing social isolation.

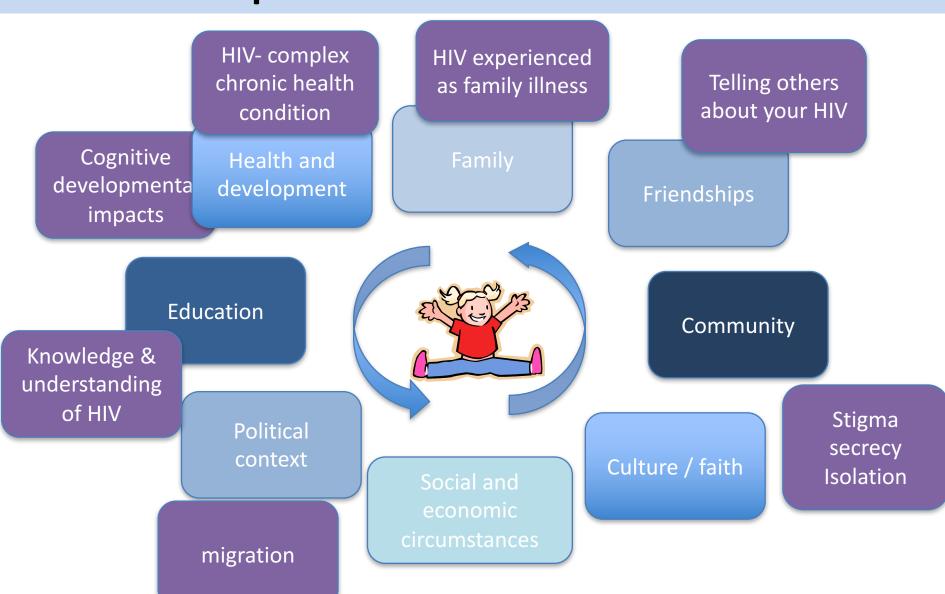
Transition is defined as "a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child centred to adult orientated health care systems" (UK Department of Health 2004)

- CHIVA Guidance on transition say should begin around the age of 11
- Process not event
- Can feel like a 'loss', but also a 'new opportunity

Transfer is the physical event of the young person moving from paediatric to adult services and if unsupported by the process of transition has been associated with increased morbidity and mortality in other chronic diseases of childhood"

(Watson AR. Non-compliance and transfer from paediatric to adult transplant unit. *Pediatr Nephrol* 2000; 14(6): 469-72.)

## **Child-centred practice**





Intended
Stigma
(Experienced)

**HIV & Stigma** 

**Unintended Stigma** 



Self-stigma



Intended Stigma (perceived)

## CHIVA Guidance on transition for adolescents with HIV (Foster, C 2010)

Family Clinic	Adolescent Clinic	Specialist services work together
Can offer opportunity for adult services to be integrated into the family service so adolescents begin to be seen on their own	Separate 'youth clinic' created tailor made specialist clinic only for adolescents with HIV. Transition to adult services needed at a future point	Without a family or adolescent clinic planning a careful and comprehensive transition still possible. Requires good collaboration and flexibility to meet individual needs of adolescents

## Transition in practice: the simpliest way

Done as a 'Team'

Step One: Talk about it, make a plan

Step Two: Visit the adult clinic, meet the staff

Step Three: Supported appointment (s) and shared care between

paediatrician and adult doctor

Step Four: Support to get to clinic, appointment with adult doctor

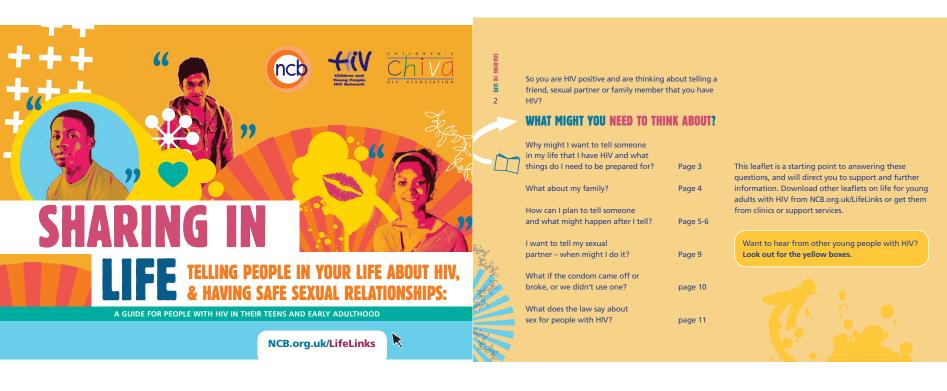
Step Five: A call to see how the YP is managing at the adult clinic

## 'Your Life' transition project

National Children's Bureau project:

- Looked at broader challenges in late adolescents
- •Produced 'Yoour Life' leaflets 13-25 year olds covering growing up, work, careers, education, rights and talking to others.

http://www.chiva.org.uk/resources/young-people-information/





So you're thinking about leaving home to live independently, or have already left, and you have HIV?

#### WHAT MIGHT YOU NEED TO KNOW?

Do I have to change my hospital or GP if I move to another area? page 3

How can I find somewhere to live? page 4

How can I cope with sharing accommodation and being independent? page 5

How might HIV affect getting a job and working? page 7

Where can I find work opportunities? page 8

What kind of welfare benefits

might I be able to get? page 8

Who might I want to tell about

pages 5 + 7

my HIV, and how can I do this?

This leaflet is a starting point to answering these questions, and will direct you to support and further information. Download other leaflets on life for young adults with HIV from NCB.org.uk/LifeLinks or get them from clinics or support services.



Want to hear from other young people with HIV? Look out for the yellow boxes.





So you're thinking of going to university or college and you have HIV? Great. Lots of young people with HIV have done this.

#### WHAT MIGHT YOU NEED TO KNOW?

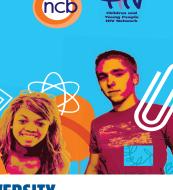
Do I tell my uni or college I have HIV? page 3
What will it feel like
living away from home? page 5
Do I have to change my hospital
if I move to a different area? page 7
How can I remember to take my meds? page 8
What support and money can I get while
I study? page 9

Do I need to tell sexual partners I have HIV? page 10
Does HIV affect what or where I can study? page 11

This leaflet is a starting point to answering these questions, and will direct you to support and further information. Download other leaflets on life for young adults with HIV from NCB.org.uk/LifeLinks or get them from clinics or support services.

Want to hear from a young person with HIV who is at uni? Look out for the yellow boxes.







GOING TO UNIVERSITY OR COLLEGE:

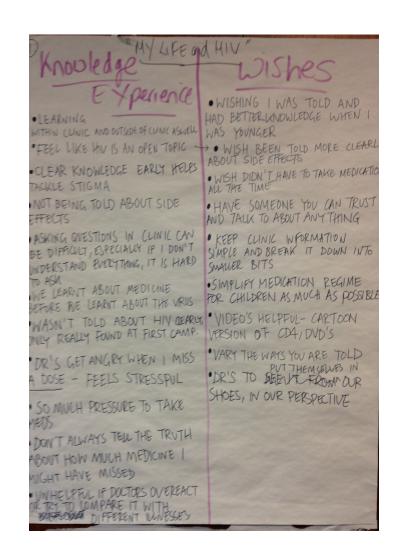
A GUIDE FOR PEOPLE WITH HIV IN THEIR TEENS AND EARLY ADULTHOOD

NCB.org.uk/LifeLinks

## Treat Me Like This

# CHIVA Youth Guidelines Group Project 2015

- How they wanted to receive information on sexual health and how these conversations are held in clinic.
- Information and support on medication adherence, and transition



"It's not just taking a pill" – empathy around adherence issues is critical

Avoid pressure, threats, and creating stress

Open conversations about HIV really matter, and when children are younger this is easier and helps to tackle stigma. The scientific information can come later.

Personal and medical information needs to make sense to the YP- understanding it is very difficult. Needs repeating, given in small chunks and using different resources.

**KEY THEMES** 

To feel able to talk openly there needs to be trust established-changes in relationships with professionals is really difficult.

Top worries were "I will die young" "I will pass HIV onto my children," and "Having to tell other people that I have HIV"

#### Guidance for Clinics on Transition Amanda Ely: July 2015.

This guidance on transition was provided by young people living with HIV as part of the "Treat me like this" Youth Guidelines Group Project.

Young People described the positive aspects of their experience of attending paediatric clinics, which included:

- · Being able to access clear information on medicine
- · Friendly staff /seeing familiar faces each time
- · Being rewarded for taking medicine
- Staff being protective over your health, feeling looked after
- · Having extra time in appointments
- · Working with you and your parents
- Booking your appointments for you
- Understanding your problems and being able to give advice
- · Being in colourful and inviting environment

Those who had transferred to adult clinics described some key differences:

- You are expected to be more independent
- . The clinic is less noisy and calmer
- It is less fun!
- There is no food!
- · More people your age
- It can feel uncomfortable and awkward
- Doctors rely on you to look after yourself -the responsibility for your health changes
- You have less appointments, the advice is different, you can be seeing different doctors
- · Rooms are not colourful
- · It is more 'medical'

Young people have come up with some ideas on how clinics can support the transition of a young person from peadiatric to adult clinic.

- People should be asked first if they feel they are ready to move on to adult clinic
- Try to ensure a parent or carer attends the first appointment with the young person in the adult clinic
- · Try to keep support from the children's doctor going for a while
- Transfering to adult clinic with a friend, where possible, can be helpful.
   It may be possible to make a peer link who can attend appointments with the young person.



- Have a leaflet for the young person which is a guide to the changes which will take place when they move clinics
- Doctors need to be friendly to new people, have someone talk to people who have just transferred to adult clinic
- Offer young people a transition letter including a treatment chart which identifies the medicine they have taken, so they can take this to the adult clinic with them.
- Adult clinics should continue to offer topical anaesthetics before taking blood.

#### **Transition:**

http://chiva.org.uk/files/1014/5079/3341/Guidance\_for\_Clinics\_on\_Transition.pdf

#### Sexual health:

http://chiva.org.uk/files/7414/5207/6372/Guidance\_for\_Clinics on Conversations about Sexual Health.pdf



## What Young People say is unhelpful at clinic

- When my doctor gets angry with me if I miss a dose it
  is really stressful, telling me I am going to die.....
- I will lie a bit about how many doses I have missed. I have had to because I feel under pressure from my doctor.
- They need to put themselves in my shoes
- They don't really appreciate how difficult it is to take medicine every single day.
- When I take my tablets it's the only time I really think about HIV
- When my doctor asks me if I have any questions I always say "no" even though I have loads.

**UK YPLHIV** 

#### Check list for clinic consultions:

This checklist was suggested by young people who took part in the CHIVA Treat Me Like This patient engagement project. To be used in clinic consultations to ensure that patients are able to decide what happens in their consultation.

HIV Knowledge and Understanding:		No
What does viral load mean		
What does CD4 count mean		
How HIV is passed from one person to another		
How do children like me get HIV		
How HIV affects other people in my family		
How does my immune system work		
Medicine:		
How do HIV medicines work		Т
What does resistance to HIV medicine mean		$\vdash$
Side effects from medicine		
Changing the time I have to take my medicine		
Tips to help me with taking my medicine		

I'm finding taking medicine really difficult at the

moment





### Friendship and relationships:

How to tell a friend or partner about my HIV

Having safer sex

How to use condoms

Whether I have to tell someone I'm having sex with about my HIV

HIV transmission in different sexual activities

STI's

How to have a baby without passing on HIV to the baby

Having a sexual relationship with someone else who has HIV

#### **Emotional and Social well being:**

Feeling low and worried

Finding it difficult to be motivated

Feeling angry and upset about having HIV

Wanting to harm myself

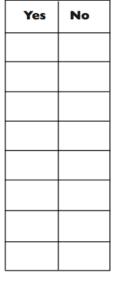
Feeling worried about my future with HIV

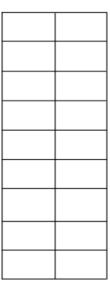
How to meet other young people with HIV

Struggling with my school or college

Unhappy at home

Not feeling safe







What ?

## • REALITY CHECK: What stops young people-centred healthcare property of the stops are property o

What stops young people-centred healthcare provision where you come from?

- •Countries have varied ages in which a young person can consent to, or access, medical treatment without parental consent.
- •In small cohorts, rural setting, resource poor setting, it may not be possible to have adolescent clinics and one-stop shop services.
- •In some cultures, it may not be seen as acceptable for under 18 year olds to access care independently.
- •YOU CAN ADD TO THIS LIST.....

#### **HOW CAN THIS CHANGE?**

Produce a 'national charter for YPLHIV' with simple, achievable, rights-based requests and ask key health care providers and politicians to endorse this

Produce simple outlines of making a clinic YP friendly.

Example: If there's no youth clinic, have one day a month which is mainly the youth clinic day. On that day, put up some 'youth' posters.

Transition: **gather experiences**, including those who moved to adult services and were lost to follow up, stopped ART. Written up, recorded. This is evidence and given to people who can influence changes in healthcare.

Lobby for law change on the age of **consent to treatment**. Work with key national children's organisations – this is not just an HIV issue, but a sexual health and human/children's rights issue.

#### **CULTURES DO CHANGE**





Thank you!

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www.chiva.org.uk

