

Manual on HIV/AIDS for Social Welfare Personnel

- a synopsis

社會福利工作人員愛滋病手冊

-撮要-



AIDS Services Development Committee
Advisory Council on AIDS
Hong Kong

香港愛滋病顧問委員會
轄下
愛滋病服務發展委員會

1995

Preface

Hong Kong has entered the second decade of the HIV/AIDS epidemic. From past local and overseas experience, it has become evident that AIDS prevention and care programmes are closely interrelated, and are inseparable components of a sound and effective AIDS strategy. The immense physical and psychosocial implications of HIV/AIDS to the infected people demand good prevention work as well as dedicated health and social services. Despite an apparently low prevalence of HIV infection presently in Hong Kong, its impacts call for an enhanced effort in strengthening service input in the near future.

In order to provide social welfare personnel with relevant information and readily accessible reference material to better serve clients with or at risk of HIV/AIDS, the “*Manual on HIV/AIDS for Social Welfare Personnel*” was prepared by the AIDS Services Development Committee of the Advisory Council on AIDS. This synopsis is an abridged version of the Manual. It contains a total of 35 paragraphs which summarises the essential principles and issues described in the Manual. It is hoped that the booklet gives an overview of the subject for easy reference of social welfare professionals. Readers are however urged to refer to the mother document whenever necessary.

Editorial Board
July 1995

Manual on HIV/AIDS for Social Welfare Personnel

- a synopsis

Background

1. AIDS is the acronym for acquired immunodeficiency syndrome. It represents the late stage of a disease caused by the human immunodeficiency virus (HIV). There exists three major routes of HIV transmission through exchange of body fluid: (1) sexual, which can be either homosexual or heterosexual contact; (2) exposure to contaminated blood; and (3) perinatal i.e. mother-to-infant. Day-to-day social contact does not result in transmission.
2. HIV infection can be diagnosed by an HIV antibody test conducted in two steps - screening and confirmatory. A positive screening test must be confirmed before one can be diagnosed HIV positive. The window period represents the initial time interval after infection before the body generates enough antibody for detection by conventional testing. It is usually within three months.
3. Generally, HIV infection has a long incubation period during which the infected person remains completely well and apparently healthy. On average, it takes ten years for 50% of the infected people to progress to AIDS. However, HIV can be passed on from symptom-less HIV-infected people to others through its usual modes of transmission.
4. HIV infection results in a spectrum of disease manifestations, ranging from a

completely asymptomatic phase to full-blown AIDS with serious opportunistic complications. The infection carries much social implications such as stigmatisation, prejudice, inacceptance, rejection, and isolation. The physical and psychosocial needs of patients vary from one person to another and are generally greater in later stage. The psychosocial impact can also be considerable when the diagnosis is first disclosed. Care of people with HIV/AIDS requires a multi-disciplinary approach with attention on disease management and access to psychosocial support.

Local AIDS Scenario, Programme and Strategy

5. The cumulative number of reported HIV and AIDS cases in Hong Kong was 573 and 148 respectively as of the end of June 1995. The estimated number stood at 3000 and 250 at the end of 1994. The projected number in the year 2000 is 8000 to 12000 for cumulative HIV infections and 1650 to 1800 for AIDS patients. The resultant case load will demand much resource (both financial and manpower) input for providing optimal medical and social service support.
6. Hong Kong has experienced three phases in AIDS programme development since the reporting of the first HIV case in 1984. The initial phase started with the establishment of the Expert Committee on AIDS within the then Medical and Health Department. Major achievements in that period were the safeguarding of blood and blood products, setting up of an AIDS counselling clinic and hotline, and provision of HIV antibody tests to at risk people. The intensification phase spanned from 1987 to 1989 with focus on community AIDS education and publicity. The consolidation phase started from 1990 with the establishment of the Governor-appointed Advisory Council on AIDS which overlooked the

policy and strategic planning of the local AIDS programme. Community participation increased in this phase. The AIDS Trust Fund was established in April 1993 to provide ex-gratia payment to people infected through transfusion of blood and blood products before 1985, and to fund AIDS care and education projects. The new AIDS Services Development Committee was set up in 1994 under the Advisory Council on AIDS and a review report was released in mid-1994.

7. Hong Kong' AIDS strategy has four components : (1) prevention of HIV transmission; (2) care of people with HIV/AIDS; (3) surveillance and control; and (4) partnership in HIV/AIDS prevention and care. They are built on the key principles of non-discrimination, commitment at operational and policy levels, integration into existing health and social structures, sustained effort and solidarity. In providing service for clients with HIV/AIDS, the principles of a community-based approach and end-user participation are advocated.

Policies/Principles on AIDS for Social Workers

8. Social workers should be actively involved in the following aspects of the AIDS programme: provision of direct prevention and support services, including education, counselling, resource material support, information and referral; training and support of service providers including volunteers; community organization including resource identification and development, institutional mobilization and networking; programme planning and development; advocacy; and data collection, research and evaluation.

9. The rights of all people, including those living with HIV/AIDS, their families and partners should be upheld. They are:
- a) the right to self determination
 - b) the right to meaningful occupation and a domicile
 - c) the right to good health and welfare services
 - d) the right to work and earn a living
 - e) the right to the respect and esteem of the society around them
 - f) the right to travel freely within and between countries
 - g) the right to education
 - h) the right to confidentiality
 - i) the right to protection against discrimination in all its forms
 - j) the right to accurate information
 - k) the right to pre- and post-test counselling on AIDS

Psychosocial Impacts of and Responses to HIV/AIDS

10. Psychosocial impacts on HIV positive people vary among individuals. People commonly go through stages of ups and downs. They often have to struggle towards the acceptance of being diagnosed HIV positive. Their life priorities are disrupted, especially when they progress to AIDS. Besides having to deal with the physical discomfort, they experience fear of uncertainty, future pain, debilitation, death and social isolation. Psychological support has to be tailored to the individual's unique needs, based on good interviewing and listening.
11. Negative attitudes of discrimination, labelling, complacency, denial and panic towards HIV/AIDS is still prevalent in many societies, including Hong Kong. They are related to the infective, debilitating and incurable nature of the

disease, as well as the disease's association with some marginalised groups, such as drug users and people with multiple sex partners. These societal responses not only affect care for clients with HIV/AIDS but are also themselves detrimental to the overall prevention and control of AIDS. The Disability Discrimination Bill offers legal support towards extending societal acceptance to people with disability, including those with HIV/AIDS.

Issues relating to the Care of People with or at risk of HIV/AIDS

12. HIV testing is useful for (1) detecting HIV infection when indication arises; (2) epidemiological surveillance of the infection in the society; and (3) safeguarding supply of blood, blood products and donated organs. Under no circumstances should mandatory HIV testing be undertaken. Voluntary testing with informed consent should be performed instead, with pre-test and post-test counselling. Risk assessment, information on HIV/AIDS, meanings of the test, and its implications should be covered in the pre-test counselling. Protective measures e.g. correct use of condom to prevent future HIV transmission should be re-emphasized during post-test interview.
13. Confidentiality of one's HIV status should be strictly maintained on the ground that everyone has the right to privacy. Furthermore, it is in accordance with the code of ethics for workers of medical, social and psychological fields that the client's personal information be kept in strictest confidence. The information should only be released on a need-to-know basis, with consent of the client. Confidence of clients in the local health and welfare system and their care providers is of utmost importance to the effective control of

HIV/AIDS.

14. Social welfare personnel working with people infected with or at risk of HIV inevitably have to face the issue of sexuality, which could inadvertently affect the working relationship with the client, if handled inappropriately. The workers should acknowledge the biological, psychological and social aspects of human sexuality. Through self-reflection on their values and attitudes towards sex (on matters like multiple sex partners and homosexuality), they can better appreciate their limitations and improve accordingly.
15. Most HIV infected clients eventually come to the stage of dying and death from the disease. Carers should help the clients to come to terms with dying, examine the meaning of death, ease the sufferings, plan for death, and fulfil significant tasks before death. Effective practitioners have to be able to handle their own emotions in facing death. Also, they have to understand person with AIDS in his/her context of death and dying and help him/her to resolve the ethical and philosophical issues relating to death, relieve sufferings and pains, and possibly make a plan of going through this terminal stage.

Roles & Tasks of Social Workers

16. Social workers may have multiple roles and tasks in the AIDS prevention, care and control programme. Some act as educators in delivering AIDS prevention messages to the public. Accurate knowledge on HIV/AIDS, positive attitude towards infected people, and emphasis on the practice of measures to prevent HIV infection should all be stressed. They should help clients to understand that AIDS is everybody's concern and not just restricted to certain groups with

known risk behaviours. Clients should know that prevention of HIV infection is possible, through consistent change of risk behaviours. The messages have to be infiltrated gradually and persistently.

17. To counteract social stigmatisation and discrimination towards HIV/AIDS, social workers should advocate for a non-discriminatory attitude and policy. Carers should realise the potential of themselves being a source of social discrimination and every effort should be taken to avoid a judgemental attitude. They can directly work to protect the rights of the infected people in their specific social work settings. Clients should also be empowered as far as possible, through identification of strengths and acquisition of specific skills. Active mobilisation of professional support and community resources, and promotion of public education will all enhance the development of a non-discriminatory policy.
18. Social workers, by virtue of their professional training, are in a good position to offer counselling in the context of HIV/AIDS. The objectives are to prevent HIV transmission, provide psychosocial support especially in time of crisis, and assist in decision making and problem solving. Specific skills may be needed in the provision of counselling. Specific issues requiring attention in counselling HIV positive clients include safer sex, personal responsibility, course of the disease, positive lifestyle and behaviour, coping with psychosocial, financial and legal impacts, normal social life, acquisition of supporting network, confidentiality, procreation and death.
19. In offering psychological intervention, several important tactics can be used to help clients face their problems positively. The clients should realise that

physical changes do generate alterations in emotions, behaviours and relationships. They should however preserve a satisfactory self-image, respond to negative changes and regain their sense of control and hope. Their feelings should be expressed appropriately. Important relationships should be sustained or re-established. They are helped to prepare for an uncertain future by living positively in the present.

20. Group work is an approach of attaining care, support and development of communities affected by HIV/AIDS, through sharing of feelings, information and experiences. Social workers can be a leader, facilitator or member of a group on HIV/AIDS. The groups may be objective-specific (e.g. HIV education and prevention, self-help group) or target-oriented (e.g. support group for homosexuals or haemophiliacs). It is important to have appropriate grouping of clientele, as well as careful assessment of potential clients for suitability of going into specific groups. Confidentiality is always a matter of concern. Currently, some groups for people affected by HIV/AIDS are run by the government and non-governmental AIDS organisations in Hong Kong.
21. Social workers are involved in providing care to people with HIV/AIDS in various settings, either directly or indirectly via supervision of staff. In this regard, AIDS education, correction of misconceptions, allay of irrational fears, advocacy for supportive attitude, establishment of guidelines for achieving universal precaution, and promulgation of professional codes of ethics are all indispensable. Optimal care should be ensured for HIV/AIDS clients, as is the case for other service recipients.
22. In Hong Kong, input of the social welfare field in AIDS prevention and care

has so far been rather limited. This may be related to a relatively low local HIV prevalence. Social workers shall act as resource mobiliser to improve the welfare of their HIV/AIDS clients. This may encompass financial and housing assistance, legal advice, support network services and others. Liaison, mediation and networking are the principal strategies in this regard, both at the executive and operational levels.

23. Social and behavioural research is important to enhance our understanding of HIV/AIDS for the purpose of developing appropriate intervention models. However, local studies in this area have so far been scarce. Social welfare agencies and personnel should provide more input in this regard, as allowed by practical constraints. Priorities of research include household and community responses to HIV/AIDS, contextual factors affecting HIV-related risk behaviours, sexual negotiation, and determinants of discrimination and stigmatisation relating to HIV/AIDS. Research can take the form of qualitative or quantitative approach, depending on the circumstances and resources available.

Working with Specific Clientele

24. Drug abuse is epidemiologically linked to HIV infection and is one of the most important risk factor for rapid spread of the disease both among the drug users and the wider community. Compulsory HIV testing for drug users is not ethical and is not warranted. The same principle applies to routine testing prior to admission to drug rehabilitation and treatment centre. HIV prevalence among local drug users is low. The situation can best be maintained by providing preventive education, accessible and non-judgemental drug treatment service,

offering voluntary HIV tests to consenting clients, and providing optimal health care for HIV-infected drug users.

25. Commercial sex workers (prostitutes) are often blamed for spreading sexually transmitted diseases and HIV, though their precise role in this regard has never been thoroughly examined. Prevention of HIV transmission in the sex industry has to be conducted through preventive education, of which promotion of condom use among sex workers and their clients is of utmost importance. Health and social welfare agencies (both the government and non-governmental organisations) shall be providing readily accessible services appropriate to sex workers. Support should be rendered to those sex workers who choose to quit the sex work.
26. In Hong Kong, 63 haemophiliacs have been reported HIV positive, through transfusion of HIV-contaminated blood products before August 1985. They suffer from the double blow, both physically and psychologically, of two devastating chronic diseases. Many aspects of normal social life, including making friends, schooling, and employment are affected. They and their family require much psychosocial and practical support. Community resources should be mobilised, public education and acceptance strengthened and rights of haemophiliacs (HIV-infected or not) protected so as to help them lead a positive life.
27. Homosexuality is one form of sexual inclination in the society. Homosexuals should not be discriminated, nor should they be labelled as synonymous to AIDS. Better understanding of the social environment and psychological make-up of the individual facilitates effective and professional health programmes. In

providing service to HIV-infected homosexuals, their heightened stress resulting from stigmatisation (from both homosexuality and HIV infection) should be taken into consideration. Conveyance of acceptance and non-judgemental attitude is vital. A target-oriented approach should be taken for conducting AIDS prevention education to the homosexual community. Advice and assistance from the local homosexual community should be sought whenever necessary.

28. Woman is biologically and socially more vulnerable to HIV infection. Their risk is growing with the rising trend of heterosexual HIV transmission. HIV prevention among women will also protect perinatal transmission. Health education and counselling on HIV/AIDS, safer sex and contraception are important - in a way conducive to the women in the community. The need for empowerment should be stressed. HIV-infected children should be allowed to have a normal physical and psychological development as allowed by their disease. Necessary psychosocial support to HIV infected children and their family should be available, based on the adoption of a non-discriminatory policy.
29. Adolescents and youth are at risk of HIV infection, through practice of high risk sexual and drug-using behaviours. Besides mass media publicity, target-specific education in schools and community are crucial in attending to their needs. AIDS educational activities should be integrated into relevant health and social education programmes. Efforts should be made to examine young people's interpretation and reflection on HIV/AIDS, with intervention instituted as appropriate.

30. There exists an intimate interaction between HIV infection and the family relationship. Family members of people with HIV/AIDS are faced with the stress of accepting the diagnosis, protecting from infection, changes of family relationships, providing care and psychosocial support to the infected family member, and facing discrimination from the society. Their needs should be met by such approaches as information-sharing, counselling, crisis intervention, and mobilisation of community resources.
31. Offenders and ex-offenders are more vulnerable to HIV infection if they have HIV-related risk behaviours. A non-discriminatory policy applies equally to these clients, regarding right of receiving AIDS prevention education and acquiring adequate protection. At risk or HIV-infected offenders has the right to have voluntary HIV testing and health care services. Confidentiality has to be carefully and strictly observed under such situations.

Preventing HIV Infection in Social Welfare Settings

32. In rendering social services, it is often impossible to differentiate clients who are HIV positive from those who are not. Universal precaution, the standard for the prevention of transmission of HIV in health care setting, is equally applicable in social welfare settings. Based on this principle, precautionary measures should be taken whenever exposure to blood or body fluid is anticipated, irrespective of the HIV status of the client or worker. Barrier should be used to avoid direct contact with wound and body fluid. Contaminated areas should be properly decontaminated and waste disposed of according to established protocol.

33. In the case of occupational exposure (via penetrating injury or mucosal contact) to blood or body fluid with the likelihood of transmitting blood-borne diseases, first aid procedures should be instituted as soon as possible. Further advice and management of blood-borne diseases, e.g. HIV, hepatitis B infection should be sought from medical practitioners or institutions. The incident of injury should be reported to the head or supervisor. Information have to be kept confidential and only released on a need-to-know basis.
34. Social welfare agencies should establish their policy on HIV/AIDS prevention and care according to their unique needs, based on the principle of non-discrimination and in line with their mission. This should include such issues as staff education and training, management of HIV-infected employee, provision of service to HIV-infected clients and application of universal precaution to protect both the staff and service recipients.
35. Staff training should consist of imparting accurate knowledge and positive attitude on AIDS, and teaching skills needed to provide care for the clients. It may be integrated into existing training programmes or that designated courses could be developed. Training should be conducted on an on-going basis, and updated as need arises. Full organisational support for the staff should be available, to enable delivery of quality and non-discriminatory care to all service recipients, including those affected by HIV/AIDS.

Appendix I

The Editorial Board

Editor-in-chief:	Dr. SS Lee - Consultant, Department of Health
Editors:	Mr. Billy CO Ho - Lecturer, Division of Humanities & Social Sciences, City University of Hong Kong
	Mr. Fung Cheung Tim - Senior Project Officer, Hong Kong Council of Social Service (up to 31.3.95)
	Miss Chan Suk Yan - Project Officer, Hong Kong Council of Social Service
	Dr. Wong Ka Hing - Senior Medical Officer, Department of Health
	Miss Chan Siu Kuen - Nursing Officer, Department of Health
	Miss Jennie NY Chow - Nursing Officer, Department of Health
	Miss Ophelia Chan - Chief Social Work Officer, Social Welfare Department
	Miss Rene ML Ko - Medical Social Worker, Social Welfare Department
Contributors:	Dr. Peter WH Lee - Senior Lecturer & Consultant Clinical Psychologist, University of Hong Kong

Miss Shirley Tsang - Nursing Officer, Department of
Health

Miss Melanie Orhant - Project Manager,
Action for REACH OUT

Mr. Leung Tsang Wing - Social Worker,
The Society for the
Rehabilitation of Offenders,
Hong Kong

Mr. Samson KW Chan

Mr. Mok Hon Fai - Centre-in-charge,
The Hong Kong Federation of
Youth Groups

Dr. Mak Ying Wai - Senior Medical Officer,
Department of Health

Dr. Kwan Suk Wah

Mr. Michael Lee - Hong Kong Haemophilia
Association

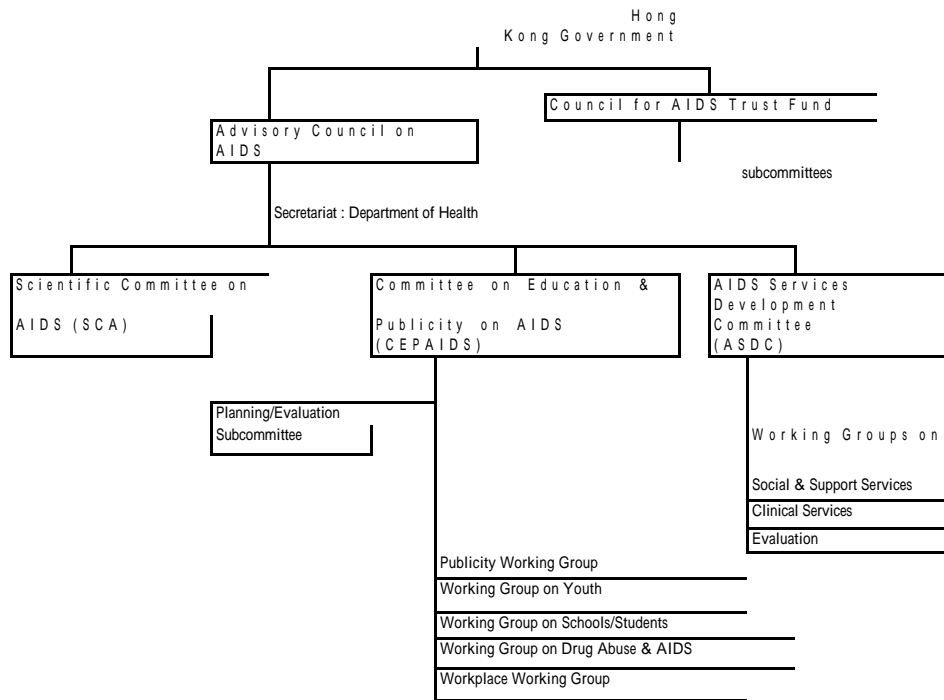
Advisory Board: Professor Nelson Chow MBE, JP
Department of Social Work & Social Administration
University of Hong Kong

Mrs. Pamela Chan, Chairperson
Hong Kong Council of Social Service

Mr. Ian Strachan, JP
Director of Social Welfare

Mrs. Agnes Yeung,
President, Hong Kong Social Workers Association

Organizational Structure
of Hong Kong AIDS Programme



Operational government departments
and public organizations

(major ones) :

Department of Health
Information Services Department
Education Department
[Hospital Authority]
Social Welfare Department
Council of Social Service

Non-governmental organizations :
(on AIDS) :

Hong Kong AIDS Foundation

AIDS Concern
AIDS Memorial Quilt Project
Society for AIDS Care
HIV Information & Drop-in Centre

Appendix III

Useful addresses and telephone numbers

Action for REACH OUT

P.O. Box 98108, Tsim Sha Tsui Post Office

Tel: 110 9318 394

2770 1002 (Monday & Thursday, 7:00 to 10:00 pm)

Fax: 2770 1065

outreach work, provision of information on AIDS and legal support for women working in commercial sex industry, referral service, counselling, community education, research on related issues

AIDS Concern

Block F, 17B, 3, Lok Man Road, Chai Wan, H.K.

Tel: 2898 4411

AIDS Helpline: 2898 4422

Fax: 2505 1682

Services include offering information, emotional and practical support through drop-in centre, helpline and buddy system, volunteer training and community education on AIDS, talks, video nights and discussion groups

AIDS Project, The Hong Kong Council of Social Service

11/F, Duke of Windsor Social Service Building,

15, Hennessy Road, H.K.

Tel: 2864 2963

Providing support to social welfare personnel of its member agencies to enhance service delivery to people with HIV/AIDS. Main activities include: regular publications, training/education activities for social welfare personnel and research activities.

AIDS Unit, Department of Health

5/F, Yaumatei Jockey Club Polyclinic,
145, Battery Street, Yau Ma Tei, Kowloon.

Office: 2780 8622

Hotline/Counselling: 2780 2211

Recorded message: 2359 9112 (Tagalog, Vietnamese,
Thai)

Needle-stick injury hotline: 2359 9115 (English),
2770 1147 (Chinese)

Fax: 2780 9580

AIDS Hotline, telephone enquiry and counselling, face-to-face counselling, HIV testing, clinical care with monitoring and treatment, psychological support, support group and social assistance for people with HIV/AIDS. Other types of service are: AIDS education for different community groups, development of educational resource materials, running of a resource centre, and operational and secretarial support to Advisory Council on AIDS and its committees/working groups.

Central Health Education Unit, Department of Health

7/F, 130, Hennessy Road, Southorn Centre,
Wanchai, H.K.

Tel : 2572 1476

With AIDS tel. hotline: 28330180; and providing education and resource materials on AIDS

HIV Information & Drop-in Centre

St. John' s Cathedral, 4-8 Garden Road, Central, Hong Kong

Tel : 2501 0653

Fax: 2523 1581

drop-in centre, support to people infected and affected by HIV/AIDS, information on HIV/AIDS, referral service

Hong Kong 10% Club

Tel : 2314 8726

Enquiry on safer sex and AIDS

Hong Kong AIDS Foundation

5/F, Shau Kei Wan Jockey Club Clinic, 8, Chai Wan Road,

Shau Kei Wan, H.K.

Tel : 2560 8528

AIDS Helpline: 2513 0513

Fax: 2560 4154

Services include providing information and support through AIDS Helpline, support groups, face-to-face counselling, HIV testing, referral service, and PWA Support Fund, resource centre and community publicity and education on AIDS, publications and volunteer training.

Hong Kong AIDS Memorial Quilt Project

P.O. Box 5083, Central Post Office, Hong Kong

Tel & Fax : 2866 1887

A unique memorial to people who have died of HIV. Services include providing help on making quilt ; volunteers welcomed.

Horizons Gay and Lesbian Hotline

Tel: 2893 0208 (every Tuesday and Thursday,
2893 0209 7:30-10:30 p.m.)

Enquiry on safer sex and making referral

Religious, Ethical and Sex Education Resource Centre,

Education Department

19, Hok Yuen Street, 5/F, Hung Hom, Kln.

Tel: 2765 8420

Providing resources and materials on sex education

Sex Education Resource Centre, Education Department

Rm. 213, 2/F, 4, Pak Fok Road, North Point, H.K.

Tel: 2563 6492

Providing resources and material on sex education

Society for AIDS Care

Shop 1, G/F, Tung Fai Gardens, 17 Po Yan Street, Sheung Wan.

Tel: 2559 5205

Fax: 2559 5237

home nursing care for people with HIV/AIDS, aims to set up hospice service.