

**Aim(s)/objectives** The aim of this study was to explore experiences and strategies of married African-born women who are living in the United Kingdom in prevention of HIV.

**Methods** Eighteen in-depth Interviews were conducted with married African-born women who were aged between 25 to 55 years old in three Scottish cities: Aberdeen; Edinburgh; and, Glasgow.

**Results** Women's reports suggest a false sense of security amongst married women in regard to HIV prevention. Contrary to the daily exposure to the lived realities of HIV in Africa, HIV is rarely mentioned in media or discussed by health professionals. Condom use and asking husbands to get HIV tested was deemed unnecessary and therefore often neglected.

**Discussion/conclusion** Policies and interventions for HIV prevention amongst married African-born women should transcend multiple levels: individual-level; couple-level; and, structural-level.

### P253 REGIONAL AUDIT OF TESTING CHILDREN OF HIV POSITIVE MOTHERS

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**Background** In 2009, the "Don't forget the children" report recommended that all new HIV-positive patients attending adult HIV services should have any children identified, tested and the information clearly documented. In our clinic, HIV diagnosis in a child was delayed due to lack of a robust testing protocol despite regularly engaging with the mother for her care. We aimed to survey our clinic's testing practice before and after publication of this report to assess impact.

**Method** A retrospective case note review on all HIV positive women registered at the Solent adult HIV service. The population will be divided into 2 groups: (a) pre guidelines (n = 81), and post guidelines (n = 61). Details of children, their ages, country of residence, testing status, outcomes and timescales were recorded.

#### Results

	Pre-guidelines (2000–2009) n = 81	Post-guidelines (2010–2014) n = 61
Number of children <18, UK resident, at risk	36	33
Number of children for whom HIV testing was discussed and documented in maternal notes	22 (61%)	33 (100%)
Testing initiated by HIV service	10	15
Time scale for children to be tested (range)	3 months – 9 years	3 months – 3 years

**Conclusion** Testing of children at risk of HIV has significantly improved in our service since the publication of "Don't forget

the Children". However this audit identified some children who continue to remain untested or status unconfirmed. We have implemented a robust protocol to chase up outcomes of children tested outside of HIV service and to proactively negotiate testing when parents initially decline consent. Since January 2012, Southampton has been integrated with 3 other clinics to form Solent Sexual Health Service. We plan to extend this retrospective audit to include HIV positive women attending 3 other clinics, which may result in identification and testing of more children at risk.

### P254 SAFEGUARDING CHILDREN IN SEXUAL HEALTH SERVICES – A GROWING CONCERN

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**Background** Additional focus on child sexual exploitation (CSE) and high profile safeguarding cases within the media has impacted on workload within sexual health services. Our trust has established pathways for sharing information about the most vulnerable children in the form of named nurse (for safeguarding children) notifications (NNN). These facilitate the triangulation of information and senior review of cases. Following integration in 2011 we have emphasised the need for all clinical staff working across different sites to recognise children at risk and notify cases.

**Aim** To quantify the NNN made from our integrated service as a measure of safeguarding children workload.

**Methods** Numbers of safeguarding referrals in the form of NNN initiated by our service over 3 years were obtained from the NNN database.

#### Results

Year	January–March	April–June	July–September	October–December	Total
2012	0	0	2	1	3
2013	3	4	6	7	20
2014	11	19	18	23	71

10 database entries were undated: 5 closed in 2012; 5 in 2013.

**Discussion** The workload in managing children at risk has increased as demonstrated by the large rise in NNN. It is important that the additional workload falling upon teams is recognised and particularly the disproportionate burden falling upon health advisors who may be supporting the young people in addition to advising colleagues. The marked increase may have resulted from community staff gaining more experience in recognising the signs of children in need. Further training, supervision and the use of a standardised proforma across all sites may also have contributed.