NATIONAL AIDS TRUST

Securing rights
Stopping HIV

HIV and the police

Case studies exploring local responses to HIV stigma in the police

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1. Introduction

This report explores how local community organisations and police forces in Merseyside and Avon and Somerset worked together to improve understanding of HIV and address HIV stigma in the force.

National AIDS Trust (NAT) held two roundtable discussions with a mix of local police representatives, the Police Federation, National LGBT+ Police Network and UNISON, as well as local HIV organisations, people living with HIV, and HIV clinicians.

Relationships between people living with HIV and the police are influenced by a range of intersecting factors including preconceptions about HIV and communities disproportionately affected by it. It is widely recognised that there is a need to improve practice, with discriminatory or stigmatising behaviour unfortunately still commonly reported when interacting with the police as well as a high level of undue concern about risk of HIV transmission in the police. We wanted to gain a better sense of barriers to progress in these two areas and how to overcome them.

The roundtable discussions took a collaborative approach, recognising what has and has not worked in the past. They were intended to provide an opportunity for respectful conversations between different stakeholders which we hope will also be beneficial as they continue to work on this issue in their areas. The outcomes of the roundtables are contained within this report so that other police forces can learn from the experiences of Merseyside and Avon and Somerset.

This report was partly researched and written during the COVID-19 pandemic. The first roundtable with Merseyside stakeholders took place over a full day in early March 2020 at Sahir House in Liverpool. The second roundtable with Avon and Somerset stakeholders took place via video call for an afternoon in August 2020.

We hope that police forces across the UK will use this report as a springboard to review their own practice on HIV and prevent HIV stigma and discrimination in their own forces. The report provides the two case studies with findings and recommendations from each. A summary of key recommendations can be found in section 1.3.

The case studies explore the initiatives each force has taken, whether they were successful and why. This report is designed to facilitate knowledge sharing and collaboration between forces and to encourage new localised action on this issue between the police and community to reduce HIV-related stigma in other areas. Senior officers in all police forces should review the key recommendations and look to implement them in their own area, with consideration of their local context and community.

We hope that police forces across the UK will use this report as a springboard to review their own practice on HIV and prevent HIV stigma and discrimination in their own forces.

1.1 HIV

HIV (Human Immunodeficiency Virus) is a virus that, when untreated, damages the immune system. There are more than 105,000 people living with HIV in the UK and 94% of these people are diagnosed. This means that around 1 in 17 people living with HIV in the UK do not know that they have the virus.

HIV can be passed on through some bodily fluids such as semen, vaginal fluids, blood, breast milk and rectal secretions. It cannot be passed on via saliva, urine or faeces. It is an unstable virus which does not survive for long outside the body. The most common way HIV is transmitted is through sex without a condom or other form of protection (such as PrEP or if one partner is on treatment for HIV). HIV can also be transmitted via sharing needles or other injecting drug equipment; however, HIV prevalence amongst people who inject drugs is very low in the UK due to effective harm reduction programmes.

HIV treatment is extremely effective and most people now start treatment as soon as they are diagnosed. Someone living with HIV, diagnosed in good time and on treatment can lead a full, active life with a normal life expectancy. Treatment reduces the level of HIV in the body to what is called an 'undetectable viral load'. People living with HIV with an undetectable viral load cannot pass the virus on to sexual partners. This is known as U=U (Undetectable = Untransmittable). This is the case for the vast majority of people diagnosed with HIV in the UK. HIV transmission is more likely to occur when people are unaware of their status. It is recommended for anyone who is sexually active to know their HIV status through regular testing and to consider options for reducing risk of transmission with sexual partners such as by using condoms and/or taking PrEP.

Occupational risk for emergency workers is extremely low and often misunderstood. There has never been a case of a police officer acquiring HIV through the course of their duty in the UK. There is no need for additional precautions if a person tells the police they are living with HIV. Universal precautions, for example, when administering First Aid, are sufficient to protect from HIV and other blood-borne viruses (BBVs). These should be used for everyone to protect both the person administering and receiving the First Aid from infections.

People living with HIV are protected from discrimination under the Equality Act 2010. HIV is defined as a disability from the point of diagnosis under the Act, which means it is a legal requirement to treat people living with HIV fairly and with respect.

Occupational risk for emergency workers is extremely low and often misunderstood.

1.2 HIV and the Police

The police have a role in the effort to reduce HIV stigma in the UK and to achieve the goal to end new HIV transmissions by 2030. Police interact with the public every day, including people living with or affected by HIV. They are an influential public institution, featuring heavily in the media. What the police say about HIV and the way people living with HIV are treated by the police, has broader impact. There are also people living with HIV working in the police force who may or may not have decided to share their status with colleagues. They have a right to a working environment free from HIV stigma and prejudice.

There remains poor knowledge about HIV among the public and understandably this is often also the case with members of the police force. There is no requirement for police officers to have knowledge about HIV and so often practice is based on preconceptions and incorrect or outdated information.

In June 2014, NAT created a guide for police forces when we found that a lot of their occupational health policies were significantly out of date. Still now, many police officers experience needless worry about the risk of acquiring HIV through their work, particularly if they are the victims of assault. There are common misconceptions that HIV can be transmitted through spitting or biting, for example. However, it is not possible for HIV to be transmitted through saliva. There has never been a case of a police officer or emergency worker acquiring HIV after being spat at or bitten, even when blood is present in the mouth.

We also know that understanding amongst medical professionals without expertise in HIV is sometimes poor. Emergency departments frequently prescribe courses of Post-Exposure-Prophylaxis (PEP) to prevent HIV transmission when not needed or not clinically indicated. Officers may be given PEP at the hospital, only to be then told they can stop taking it when they see a specialist for follow-up. This contradictory advice can be confusing.

In 2018, we successfully challenged a proposed law that would have allowed the police to require those accused of assaulting an emergency worker to take an HIV test if they thought there was a transmission risk. As well as significant human rights concerns, we challenged this because it was not necessary to protect victims of assault from infections (there is no HIV risk from the assaults commonly cited) and it would have fuelled misunderstanding about HIV risk. Critically it served only to increase anxiety police officers and other emergency workers experience after they have been assaulted. Providing correct information about the risks of HIV transmission is essential to reduce the anxiety following already traumatising events such as assaults.

Acknowledging the high level of concern amongst police officers, we are working with the Police Federation to reduce unnecessary fears and to address stigma. Together we secured commitment from Government to improve guidelines for those working in emergency services, resulting in the publication of Guidance on management of potential exposure to blood-borne viruses in emergency workers by Public Health England (2019). But there is still more to do.

Misinformation around HIV has devastating effects for people living with HIV, contributing to stigma. HIV stigma stops people from accessing HIV testing and treatment, hindering public health efforts, and significantly affecting the wellbeing of people living with HIV. When the police are perceived as perpetuating myths, it generates a lack of trust in the police among people living with HIV. It further marginalises an already marginalised group within society, making them less likely to engage with the police in times of need.

Misinformation around HIV has devastating effects for people living with HIV, contributing to stigma.

1.3 Summary of key recommendations

Below is a summary of the key recommendations from both case studies. More detail and insights on these recommendations are provided within the case studies in sections 2 and 3.

Involvement of people living with HIV

- The involvement and engagement of people living with HIV and communities affected by HIV, are critical to achieving all of the following recommendations. Initiatives should be co-designed with the community.

Leadership and accountability

- Senior leadership should engage with the local community, listen to the experiences of people living with HIV and respond with meaningful action where things have gone wrong.
- Senior leadership must clearly demonstrate their support for, and allocate sufficient capacity to, initiatives to improve practice and reduce HIV stigma.
- Senior officers should work with colleagues in other police forces to share knowledge and improve practice on a national level.
- Learn from mistakes. Poor practice is an opportunity to learn, improve and build stronger relationships with the community.
- Appoint someone with accountability and ownership of efforts to address HIV stigma (such as an HIV Champion) but ensure that the role is well supported by resources and a wider team.

Training

- Involve people living with HIV. It is important recipients understand the lived experience of people living with HIV and can apply this learning to their work.

- Collaborate with specialist HIV organisations. Training delivered by external organisations consistently receives the best feedback and facilitates a safe space for learning. This training should be tailored to the police.
- Accessible training is key. Training should be arranged to accommodate shift patterns and take place in easily accessed locations to ensure attendance is high.

Communicating about HIV

- HIV is an equalities issue. Living with HIV is a protected characteristic under the Equality Act 2010. HIV should not only be considered from the perspective of health and safety but should be discussed and understood in the context of equality.
- Internal policies and guidance must be up to date and reviewed regularly. This will support education and training and ensures access to accurate information when needed.
- External communications should demonstrate support for people living with HIV. This includes but should not be confined to interacting on social media with local HIV organisations and showing support for World AIDS Day on 1 December.

Data management and confidentiality

- HIV status is confidential medical information and should only ever be recorded securely, with consent, to meet health-related needs.
- An individual's HIV status should not be recorded on the Police National Computer or local databases that feed into it.
- Data information teams should be supported to schedule checks to find and delete erroneously stored data regarding HIV status.
- Guidance on the importance of confidentiality when conducting investigations involving one or more people living with HIV should be made accessible so investigating officers can be confident they are adhering to the law.

"Acknowledging the high level of concern amongst Police Officers, we are working with the Police Federation to reduce unnecessary fears and to address stigma.

2. Case Study: Merseyside

2.1 Local HIV prevalence and key populations

Merseyside is a metropolitan county in the North West of England with a large urban population. Over one third of the population of Merseyside live in Liverpool. Approximately 650 people in Liverpool alone are living with HIV, with an estimated 100-105 people undiagnosed. In 2018, Liverpool became the fourth UK city to join the Fast Track Cities Initiative. The initiative seeks to help cities end new HIV transmissions by 2030, end HIV-related stigma and discrimination and improve the health, wellbeing and quality of life of people living with HIV.

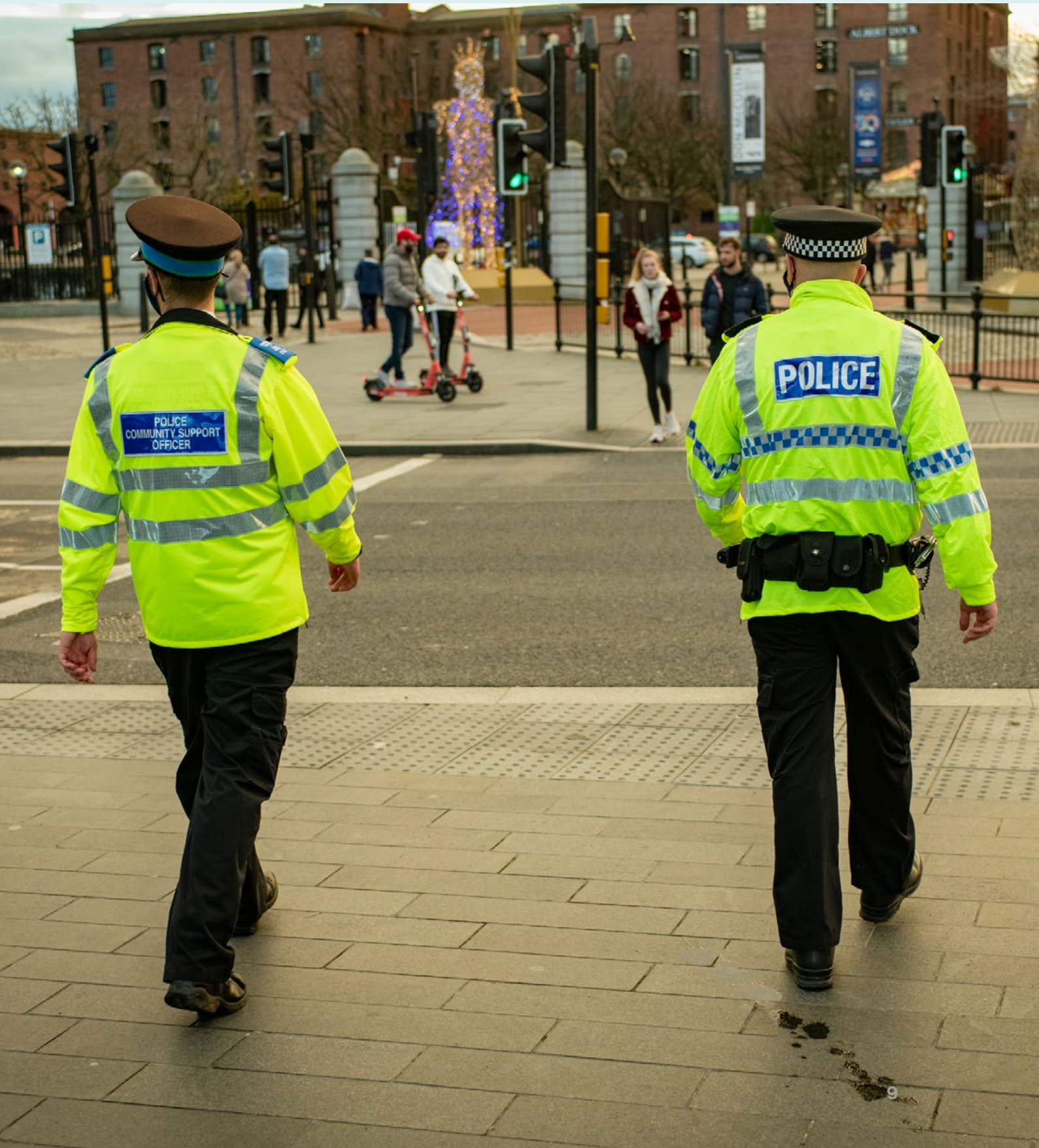
Late diagnosis is higher than average in the North West of England (five counties including Merseyside); in 2017 it was 44%, compared to 41% across England. Those diagnosed late have poorer health outcomes. Later diagnosis also increases the likelihood of HIV being passed on when a person is unaware of their status.

47% of those living with diagnosed HIV in the North West in 2017 were aged between 35 and 49 years. 34% were aged 50 years and over which is an increase of 17% since 2008 reflecting improvements in HIV treatment. The impact of HIV is unequal in the North West, with a disproportionate impact on Black, Asian and other ethnic minority groups. People of Black African ethnicity account for less than 2% of the total population but 24% of people living with HIV. Of new HIV diagnoses in 2017, acquisition is believed to have been through sex for almost all; 54% sex between men and 41% sex between men and women.

2.2 Sahir House

Sahir House is a charity that has been providing support to people living with or affected by HIV in Merseyside for over thirty years. They offer HIV awareness training and have worked closely with Merseyside Police to improve understanding of HIV within the force. This was initially in response to examples of poor practice but key individuals within the force have championed this issue and worked with Sahir House to implement training and improve the response to HIV.

> **To achieve consistent information on HIV across the force, Merseyside Police include HIV training in their Health and Safety briefing to all new recruits.**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2. Case Study: Merseyside

2.3 HIV training with Merseyside Police

Merseyside Police has undertaken various training initiatives to improve knowledge of HIV and reduce HIV stigma and discrimination. The force has worked closely with Sahir House to develop resources and deliver this training.

2.3.1 '7@7 briefing'

This regular seven-minute briefing at the start of the 7am shift provides an opportunity to inform officers and staff on a variety of topics relevant to their work. Seven minutes is not enough time to understand HIV and policing in detail, but it does provide a manageable amount of time to learn without distractions, a basis to initiate opportunities for further learning and a space to reflect on current practice. The 7@7 briefing and accompanying guidance document were circulated across Merseyside Police and uploaded on the central Guidance Documents Database (part of Merseyside Police Academy) for all staff to access.

2.3.2 Health & safety briefing to new recruits

To achieve consistent information on HIV across the force, Merseyside Police include HIV training in their Health and Safety briefing to all new recruits. Many police officers have concerns about acquiring HIV at work. These concerns are sometimes fuelled by poor information, word of mouth and even news reports that repeat misconceptions about risk of HIV transmission. It is important that it is a focus of this briefing so that new recruits can start work informed about the actual risks they face, and their well-being is not adversely affected by unnecessary concerns about HIV.

2.3.3 Training delivered by people living with HIV and cascaded

Sahir House delivered a training session at Merseyside Police Headquarters to staff working in key departments within the force. It is challenging to secure training time with large numbers of officers at one time. Therefore, it was hoped that people who did attend the training would then be able to feed back to their colleagues and cascade their learning. The training was delivered by people living with HIV, which roundtable attendees considered to be a very important part of the training, as it put HIV in a human context and made it a more memorable experience for attendees that they would take into their practice. As well as talking to colleagues about what they had learned, attendees would be armed with correct information to challenge misinformation and discrimination when they come across it. While it is difficult to assess how successful this has been, it was clear at the roundtable that training had a profound impact on some attendees (including senior staff) and that there is a high level of intention to take this into their practice.

> **Many police officers and staff are unaware that living with HIV is a protected characteristic.**

2.3.4 Custody staff training

It is not only the response officers who have a role to play in ending HIV-related stigma and discrimination. Since custody staff are responsible for the welfare of everyone in custody, they are often made aware of HIV status if someone in their care has medication needs. Merseyside Police therefore arranged for custody staff to receive bespoke HIV training from Sahir House. A Custody Sergeant present at the roundtable stressed the importance of the training being delivered by an outside organisation in enhancing credibility and interest amongst officers. Sahir House and their trainers took great care to provide a safe, open environment to ask questions without fear of judgement. Due to the success of this training, there are plans to

incorporate a briefing on HIV on custody staff training days to provide more regular opportunities for training.

2.3.5 Discussion and learning

The location of the training is crucial since if the training is not accessible, attendance will be low. It was noted that Merseyside Headquarters has limited parking and is therefore not an ideal location for voluntary training. This made it challenging to secure attendance and it may be necessary to hold sessions in multiple locations if possible. Multiple training sessions must also be offered to accommodate shift patterns.

Although uploading the training to the training database is helpful, face to face training is much more engaging and effective. Roundtable attendees from Merseyside Police felt that staff are overwhelmed by IT learning packages. Online training also makes it difficult to engage with human stories and to explore equality issues around HIV. Specifically, it limits the involvement of people living with HIV which is viewed as critical.

Many roundtable attendees felt that the best way to guarantee regular training on HIV was to incorporate it into Personal Safety Training (PST). This happens annually though it was thought it would only be possible to include HIV as part of PST every three to four years. There are, however, limitations to incorporating HIV training into PST. It places HIV in the context of risk management. The emphasis on personal safety at work, while important, can detract from the important experience of people living with HIV and discussion on stigma. It could have the effect of enhancing stigma if officers associate HIV only with safety issues. Effective communication on HIV is also discussed below in 2.4. While PST inclusion may be an effective way to ensure good coverage of training across the force of reassuring messages, it should not be the only context in which police officers and staff receive training.

It is also important to consider how training is promoted, and who is responsible for overseeing training within the force. In Merseyside, a handful of passionate changemakers are largely responsible for initiating and marketing training initiatives. However, roundtable attendees did warn that in Merseyside there were concerns that HIV can be seen only as an LGBT+ issue as key actions have been visibly driven by LGBT+ officers and that this could limit understanding of the scope of the issue. HIV intersects with many issues, including race and socioeconomic status, and it is important that officers understand this. The LGBT+ network has worked to secure commitment from people with necessary influence within and outside their network including the Merseyside Police Federation and senior officers who have responded well to the training, building a broader network of allies.

Police staff and officers have many pressures on their time, so it is important that there is a clear incentive for attending training. Many police officers and staff are unaware that living with HIV is a protected characteristic. Marketing the training in the language of equality and discrimination could make people more likely to attend.

Attendees also suggested the weekly newsletter, in Merseyside called ‘Policy and Personnel’, as an ideal place to advertise HIV training due to its high rate of engagement across the force.

It is important that there is a clear incentive for training.

2. Case Study: Merseyside

2.4 Effective communication on HIV

2.4.1 Internal communications and guidance

Communicating effectively is essential in reducing HIV-related stigma and discrimination in the police force. Official communications such as guidance documents should be clear not only on transmission risk, but also on how to behave appropriately and respectfully towards people living with HIV, including how to proceed with investigations where one or more people involved are living with HIV.

Merseyside Police has separated HIV from other Blood-borne Viruses (BBVs) in its occupational health guidance. Often BBVs such as HIV, Hepatitis C and Hepatitis B are grouped together when, in fact, they are very different conditions. While universal precautions will protect from all, there are still differences in prevention strategies and when these are recommended. For example, there is a vaccination for Hepatitis B which many emergency workers can access. The prevailing stigma and fear associated with HIV can mean that worries are focused on it. Officers and staff who consult the occupational health guidance in Merseyside will understand the difference between HIV and other BBVs and therefore be less likely to be misinformed and perpetuate stigma associated with any condition. It is important not to inadvertently stigmatise other BBVs. Clear, factual information on all BBVs that does not sensationalise is critical.

2.4.2 External communications

Public demonstrations of support for people living with HIV in police external communications have also been welcomed. Merseyside Police Officers participated in Sahir House's 2017 World AIDS Day Twitter campaign called #HIVChampions. These champions talked openly on social media about their HIV status with the aim of promoting HIV testing. Such a campaign can internally engage the interest of officers and sends a positive message of solidarity and respect to people affected by HIV.

> **Future guidance must be easily accessible and clear on transmission risk as well as clearly demonstrating how to perform the job without stigma or prejudice.**

2.4.3 Discussion and learning

Local guidance documents do not cover all the necessary detail and other external guidance (for example national guidance) is often sought. PHE has published *Guidance on management of potential exposure to blood-borne viruses in emergency workers: For occupational health service providers and frontline staff.* However, police staff at our roundtable felt that this could be clearer in reassuring there is no risk of acquiring HIV in an occupational setting. Roundtable participants felt that the guidance is written cautiously and could perpetuate the idea that there is a real risk of acquiring HIV at work if not interpreted by an expert. They noted that this was particularly problematic because health practitioners in Merseyside have been known to call the Police Federation for advice and, on these occasions, the Police Federation will consult the PHE guidance before advising. They felt that they needed separate guidance which clearly stated when there is a risk of transmission, when there is no risk of transmission, and how to proceed to ensure the safety of their colleagues.

Roundtable attendees also felt that they could benefit from guidance to inform police conduct around confidentiality around HIV status. This is particularly important when dealing with accusations of reckless transmission of HIV but can come up at other times. A confidentiality flow chart on when it is and is not

appropriate to share someone's HIV status during an investigation was discussed as one idea.

There is also a need to increase awareness of the guidance that already exists. For example, NAT worked with ACPO to create investigation guidance on how to respond to allegations of criminal HIV transmission but there was limited awareness of this among roundtable attendees. This is despite those attending being very engaged on this topic. The Police Investigation Flowchart and Evidential Flowchart that are contained within this document are particularly useful.

Future guidance must be easily accessible and clear on transmission risk as well as clearly demonstrating how to perform the job without stigma or prejudice.

2.5 Removal of Niche/PNC (Police National Computer) markers

2.5.1 Markers on police databases

Warning markers on the PNC and local force databases are designed to provide police with the information they need to know to ensure the safety of the public and themselves. We are aware that HIV has been (and sometimes continues to be) recorded as a warning marker. Due to the complexity of the databases, the variation in how and why such markers are recorded and lack of centralised oversight, it is difficult to identify this data and remove it easily. However, Police Scotland has committed to this and efforts are underway to do the same in England.

Merseyside Police, along with 21 other police forces in the UK, use Niche RMS as their relational database of crime and intelligence information. In many instances, Niche feeds the Police National Computer (PNC). Roundtable attendees reported instances where HIV status was identifiable as a warning immediately when accessing some records, rather than as a medical note which can be accessed elsewhere on Niche. Marking HIV as a warning, usually under 'ailment' or 'contagious', perpetuates stigma and leads to breach of confidentiality. It implies that there is a risk of transmission, that the person warrants differential treatment and sets a precedent for officers that this is information that needs to be recorded if they are told that someone is living with HIV in the future. Officers also discussed the harmful effect on police staff living with HIV who regularly see their health condition marked as a hazard on the system.

One of the justifications for use of the markers has been in instances where a person has used HIV in a threat of violence to increase fear. At the roundtable it was accepted that in most cases where HIV is threatened, the person is unlikely to actually be living with HIV and that such threats are often associated with assaults that would not present HIV risk (such as biting or spitting). This 'weaponisation' of the fear of HIV further stigmatises. As there is no HIV transmission risk it is the threat of violence that is relevant, not the mention of HIV. It is not necessary for HIV to be specifically recorded. However, in many cases the condition is recorded (more recently this has included threats of COVID-19). There is more work to be done to ensure that such threats relating to HIV are appropriately recorded.

> **Merseyside now has a process to ensure HIV is only referenced when it is recorded as part of a health check during detention in custody.**

2. Case Study: Merseyside

2.5.2 Data protection

There are also important data protection considerations. HIV status should only be recorded as a medical condition with the person's permission. This would be to indicate that an individual requires access to medication and should only be accessible by people who are responsible for their care. HIV is a protected characteristic under the Equality Act 2010 and HIV status would be considered sensitive information which should only be identifiably recorded for good reason, with a person's consent.

The Chair of Merseyside LGBT+ Network led on an initiative with Sahir House and Niche information system to remove HIV warning markers from Niche. She faced no real barriers to this, though she did discuss having to explain to some officers why this was not information they needed about a person. Merseyside now has a process to ensure HIV is only referenced when it is recorded as part of a health check during detention in custody. Any other reference to HIV including threats of violence have been removed. However, it is harder to remove warning markers from the main PNC due to the complexity of the system. Members of Merseyside Police Force have met with the Home Office to begin the process and similar discussions are now happening in other areas, with Government officials with responsibility for the PNC, to achieve this nationally.

2.5.3 Discussion and learning

Roundtable attendees from Merseyside Police have found HIV markers from the PNC to be challenging because it is fed by different local databases. They noted that, in comparison with Niche, making edits to the PNC such as removing HIV as a warning maker involves engaging stakeholders at a much higher level, which can be difficult for individual forces. Collaborating with other police forces would make it easier to engage these and remove HIV as a warning marker on the PNC.

As discussed in 2.3, discussing HIV as an equality issue in training rather than a risk is critical. There appears to be limited knowledge of the protection of the Equality Act 2010 for people living with HIV. Re-framing of HIV for officers as confidential medical information for which someone is protected from discrimination by the law can support better handling of data relating to a person's status.

There appears to be limited knowledge of the protection of the Equality Act 2010 for people living with HIV.

2.6 Key learning from Merseyside Police

2.6.1 Training needs to be in multiple locations and times

Training must be accessible to ensure attendance is high. If possible, training should take place in multiple locations to ensure that everyone in the force has the opportunity to attend. The timing of the training sessions should be varied to accommodate shift patterns.

2.6.2 Training must involve people living with HIV

Training should be delivered by people living with HIV, putting HIV in a human context and increasing the likelihood of attendees taking what they have learnt into their practice. Collaborating with local HIV community services where available to organise the training is a good way to ensure the involvement of people living with HIV.

2.6.3 Talk about HIV as a general equalities issue, not simply about health and safety

Speaking about HIV only in the context of health and safety can take the focus away from the lived experience of people living with HIV.

HIV is considered a disability from the point of diagnosis and is therefore a protected characteristic under the Equality Act 2010. Many police officers are unaware of this and so promoting training in the language of equality and discrimination improves awareness and can encourage more people to attend.

2.6.4 Make sure the need for confidentiality and sensitivity is understood

Someone's HIV status is confidential medical information and should not be identifiably recorded unless it is to ensure timely access to medication and with consent from the individual living with HIV. HIV status should not be recorded anywhere as 'contagious' or 'ailment'.

2.6.5 Produce clear and easy to understand information that is accessible

Police should have access to information and guidance about HIV that helps police officers understand how to communicate with people living with HIV in a respectful and non-stigmatising way, including in investigations where one or more people involved are living with HIV. Occupational health guidance should be clear on transmission risk and reviewed regularly to make sure it is up to date.

3. Case Study: Avon and Somerset

3.1 Local HIV prevalence and key populations

Avon and Somerset Police is responsible for law enforcement in the counties of Somerset, Bristol and South Gloucestershire in the South West of England. HIV prevalence in the South West is lower than the national average, accounting for 5% of new diagnoses in the UK. However, in Bristol, the largest city in the South West, HIV prevalence is 2.7 per 1,000 which is higher than England's average rate of 2.4 per 100,000. The impact of HIV is not equal across the city with prevalence of diagnosed HIV higher among residents from more deprived areas.

Late HIV diagnosis is higher in the South West; 45% of those diagnosed in the South West were diagnosed late from 2015 to 2017, compared to 41% across England. A study published in 2019 showed that Gloucestershire has the third highest rate of late diagnosis in the country, with 70% of people who are diagnosed with HIV only seeking a test after showing symptoms. Many public health campaigns focus on key populations disproportionately affected by HIV. However, the study showed that people living in rural areas who may not identify as part of one of these populations and where there is in general a lower prevalence of HIV may be more likely to be unaware of their positive status, perhaps in part explaining the high rate of late diagnosis seen in this region. Enhancing awareness and coverage of testing is therefore important and addressing stigma is critical to this.

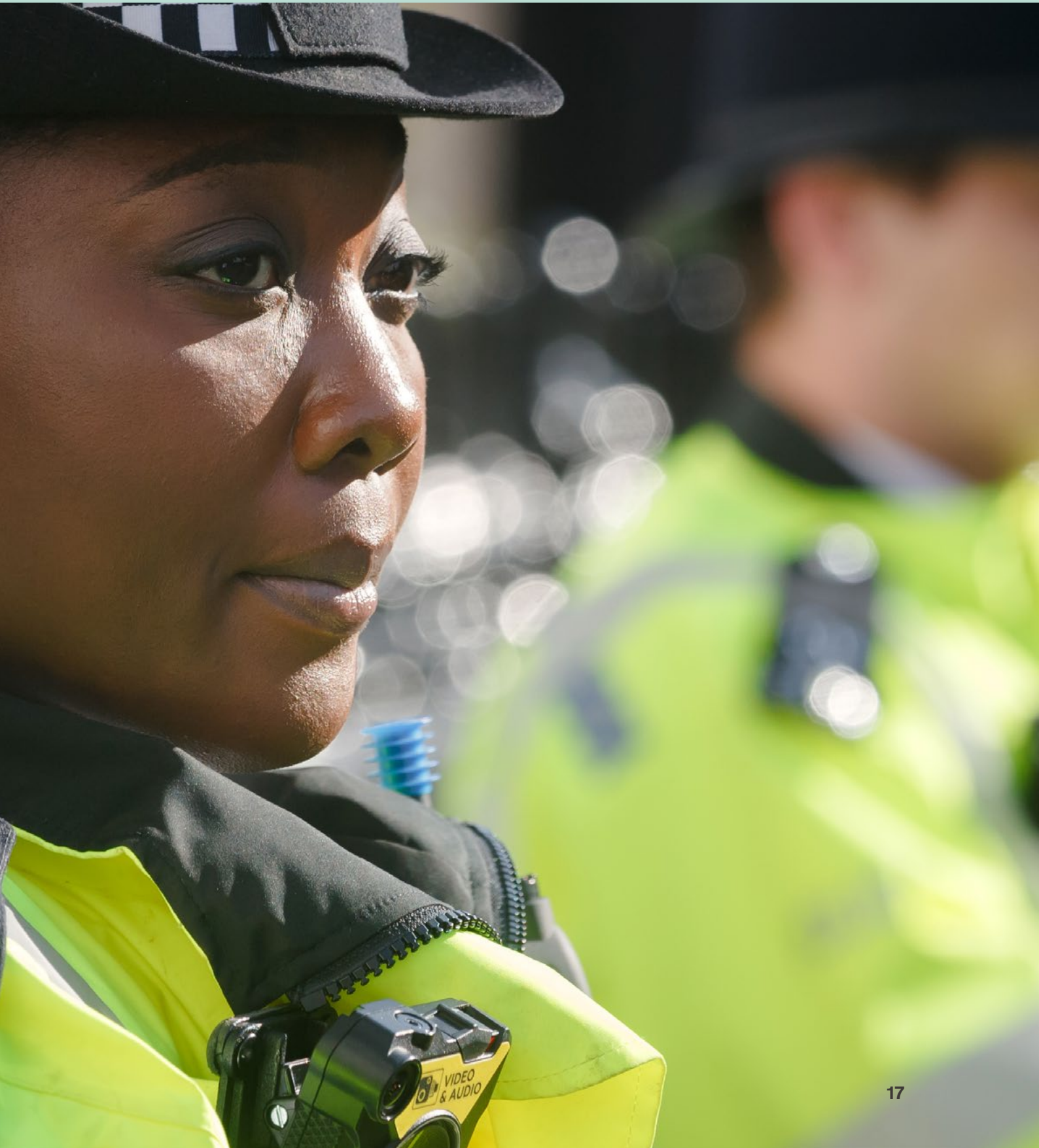
In November 2019, Bristol joined the Fast Track Cities Initiative committing to end new HIV transmissions by 2030 and end HIV-related stigma and discrimination.

3.2 Brigstowe

Brigstowe is a charity based in Bristol seeking to enhance the quality of life for people living with HIV in the Bristol, South Gloucestershire and North Somerset area. Brigstowe provides peer support and advice to people living with or affected by HIV. They also deliver HIV awareness training to a range of professionals including social workers, medics, prison staff, mental health care providers, housing association staff and Avon and Somerset Police.

In November 2017, Avon and Somerset Police announced in the media that the force intended to start using spit hoods. In their press release they stated that the hoods were necessary to protect officers from acquiring HIV, despite saliva not being an HIV transmission route. The comments were challenged by Brigstowe, NAT and others in the community including people living with HIV who wrote to the force directly. As a result, the force apologised and withdrew the claims in 2018. Brigstowe has since worked closely with Avon and Somerset Police to improve practice.

> **Having a specialist HIV organisation deliver training also means that people living with HIV can be appropriately supported to deliver that training.**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3. Case Study: Avon and Somerset

3.3 HIV training with Avon & Somerset Police

3.3.1 Training custody staff

Avon and Somerset Police worked closely with Brigstowe to deliver HIV awareness training to police officers and other staff. Brigstowe decided to prioritise training for custody staff due to some specific experiences of people living with HIV in this setting. Furthermore, custody has a relatively high turnover of staff. This makes it an ideal place to aim training initiatives as people will receive training and take it with them when they move to other areas within the force, but it also means it needs to happen regularly. Brigstowe continue to work with Avon and Somerset Police to ensure that HIV awareness training becomes part of general training programmes both in custody and across the force.

An officer at the roundtable commented that they had not previously appreciated the importance of taking HIV medication (ART) at the same time every day. The rural landscape of Avon and Somerset means that it is crucial for officers to secure access to medication; people who are being taken into custody at Bridgewater police station in Somerset often have an hour's journey. Roundtable attendees said that they are now in the habit of asking about medication when arresting to ensure access to medication once in custody. ART must be taken at a specific time of day and sometimes with food, and the knowledge gained from training has allowed custody staff to make sure this can happen unimpeded and without the person having to advocate for themselves in what can be tense circumstances.

Roundtable attendees also noted that demonstrating knowledge about HIV and ART to someone when booking them into custody had a reassuring effect; by having the knowledge and training to manage conversations about medication appropriately it delivers the message that the police are taking their medical needs seriously whilst also being respectful.

3.3.2 Training for new recruits

Avon and Somerset Police are now investigating ways to make HIV awareness training a more regular feature. Since 2019, The University of the West of England (UWE) offers a three-year Police Constable Degree Apprenticeship which has been developed in partnership with Avon and Somerset Constabulary. Brigstowe and Avon and Somerset Police were looking into the possibility of delivering a number of sessions to all apprentice officers when they had their training days with the force. The idea was that new recruits could then share what they had learnt with colleagues who had not had the opportunity to benefit from the training themselves. This is similar to the approach described in Merseyside where it is hoped that those attending training can cascade knowledge. However, this has so far not been possible due to funding and time restrictions.

3.3.3 Discussion and learning

Brigstowe staff reported that creating and delivering training to the police initially involved trial and error. Effective training should be tailored to the receiving organisation; by the fourth or fifth training session trainers had a strong understanding of how best to deliver the training, what sorts of questions will be asked and how to respond to them.

> **Avon and Somerset Police have had an HIV Champion since 2018.**

As in Merseyside, Police stakeholders at the roundtable stressed that training from external organisations always receives the best feedback and highest engagement. A response officer explained that once in every ten sets of shifts, he will have one fewer rest day and work seven days in a row. This is a training day and so it can feel to officers like training happens on their day off and they are often attending in the middle of tiring shift patterns. In this context it is important that the training is memorable. When delivered by an external organisation such as Brigstowe, and where training incorporates real life experiences, it feels worthwhile to officers.

Having a specialist HIV organisation deliver training also means that people living with HIV can be appropriately supported to deliver that training. Staff from Brigstowe commented that when a person living with HIV delivers training, it changes the way that participants engage with the session. They are listening to a story, rather than simply being told facts, but they learn just as much if not more. They then remember the person from training when interacting with someone living with HIV at work and it can have a positive impact on how they subsequently interact with people.

Avon and Somerset Police and Brigstowe have had discussions about recording a training session which could then be watched remotely. However, there is a concern that there would be no scope for interaction, questions, or other benefits of in-person training discussed above. Furthermore, the science around HIV is evolving rapidly and the training would most likely have to be re-recorded annually to ensure the resource was up to date.

3.4 Occupational health policies

3.4.1 Working together to update policies

Feedback from training was that some of the learning was undermined by inaccurate and/or out of date occupational health information, policies and procedures in Avon and Somerset. As a result, Brigstowe was asked to go through and edit policies with the Avon and Somerset Police HIV Champion. This included guidance on actions when there is perceived risk of occupational transmission of HIV and other BBVs, including through needlestick injury. They also ensured the policies and procedures included guidance for Occupational Health staff to help them give sensible and reassuring advice. The updated policies were signed off by the Force Medical Officer and Occupational Health Lead.

The need to improve staff wellbeing and to reduce anxiety around BBVs in the force was a key driving factor in securing the necessary capacity and commitment for these updates. Stakeholders also said that they intended to reduce unnecessary trips to Accident and Emergency.

3.4.2 Discussion and learning

It took 18 months from the point of recognising the policies needed to be updated to making them widely available to police officers and staff. When conducting similar reviews in other forces, temporary measures may be important in the meantime to ensure that staff are receiving the correct advice.

Alternative sources of information that are more user friendly should also be considered. Avon and Somerset Police are now in the process of creating an HIV ‘team’ on Pocketbook, their force intranet. Officers can search for keywords on Pocketbook and will be able to access simple information in this way.

> **The buy-in of senior colleagues was especially important in removing potential barriers to progress.**

3. Case Study: Avon and Somerset

3.5 Action on markers on Avon and Somerset database

3.5.1 Removal of markers

Avon and Somerset Police commented that concerns about confidentiality consistently came up among people living with HIV in the local community. As with Merseyside, use of warning markers was raised as something which had clearly been common practice in the past and at the roundtable representatives discussed initiatives to remove HIV as a warning marker from their database that feeds into the PNC.

While roundtable attendees confirmed that HIV is no longer routinely recorded as an ailment, the force is undertaking an ongoing data trawl to remove these markers from their database, and therefore from their records on the PNC, but this is not without its difficulties.

3.5.2 Discussion and learning

PNC is a relatively old system and roundtable attendees said it can be difficult to update. Markers are also more likely to be added than removed, and so they acknowledged that they had to be constantly looking and checking for incorrect markers.

The LGBT Liaison Team have experienced similar issues when using the PNC to appropriately record gender in a way which recognises trans and non-binary identities. They found the system to contain outdated language and pejorative terms. Staff and officers within Avon and Somerset Police have pressed the data information teams to ensure that checking systems for erroneous data is a scheduled event.

Roundtable attendees noted that it was ultimately the responsibility of the Custody Officer to ensure that the PNC accurately reflects the person they have in custody including the photo, fingerprints, and correct and up to date warning markers. However, it is not deemed a priority when they have so many other things to do. Due to the high turnover of staff in custody, it was suggested that training custody staff on how to use PNC markers correctly, including removing incorrect or outdated markers, would be beneficial. It is also vital that custody staff understand that sensitive data must only be recorded when necessary and with consent under the law.

> The HIV Champion wrote a blog for World AIDS Day 2019 about the work she had been doing around HIV and advertising a fundraising campaign.

3.6 HIV Champion

3.6.1 Appointing the HIV Champion

Avon and Somerset Police have had an HIV Champion since 2018. The role was created after Avon and Somerset Police released a misguided statement implying that HIV could be transmitted through spitting. Assistant Chief Constable Stephen Cullen approached the LGBT Liaison Team to ask if anyone could lead on this area to improve practice. Helen Riddell became the first Avon and Somerset Police HIV Champion and is supported by colleagues in the LGBT Liaison Team.

The role of HIV Champion involves identifying and coordinating action from the teams and individuals across the force who can make changes to improve practice and reduce HIV-related stigma and discrimination. In Avon and Somerset these

included the Head of Training, Head of Custody, and the Occupational Health team. The HIV Champion bridges communities together by working closely with Brigstowe to identify issues and connecting them with relevant people within the force. The HIV Champion is an advocate for Brigstowe within the force and helps them to understand the internal structure and hierarchy of the force (often difficult to navigate from the outside).

The HIV Champion plays an important role in reducing HIV-related stigma and discrimination within the police force and increasing trust and confidence in the police among people living with HIV.

3.6.2 Discussion and learning

The Avon and Somerset HIV Champion struggled to find the time and resources to dedicate to the role but was passionate, and felt that it was important and had senior level support. The buy-in of senior colleagues was especially important in removing potential barriers to progress if people in other parts of the force are not receptive. Clear buy-in and commitment from those in leadership positions is clearly crucial even if they are not the ones fulfilling the Champion role.

Roundtable attendees did raise that there are downsides of having just one point of contact for all issues related to HIV. When there is a problem that needs immediate attention, if the HIV Champion is unavailable it can delay the resolution of the issue. When Helen retired and started a new role within the force, the role of HIV Champion was neglected until Helen was asked to continue it in her new role. Stakeholders felt that this was not a suitable knowledge sharing model for the long term as all expertise is with one person.

There is clearly real value in the HIV Champion role but an outcome of their engagement should be that more officers and staff have sufficient knowledge to be able to appropriately address issues. The HIV Champion may have a team or network of contacts who can lead on specific types of queries and go to the Champion when necessary. This would reduce the workload on one person and more effectively distribute knowledge.

As mentioned previously, Avon and Somerset Police and Brigstowe are working together to develop resources that will be uploaded onto Pocketbook and, as well as details of the HIV Champion, plan to include other key contacts in the force.

3.7 Effective communications on HIV

3.7.1 External communications

Avon and Somerset Police have had issues around external communications on HIV in the past and has made a conscious effort to improve communications since. Senior figures in the force publicly retracted and apologised for statements made about risk of HIV from spitting. They also took time to speak with individuals living with HIV who had made complaints. This had been particularly appreciated and increased trust amongst people living with HIV in the local area that the impact on them was taken seriously.

Avon and Somerset Police regularly engages with Brigstowe on Twitter. Brigstowe staff and volunteers reported that it makes a real difference to their service users and followers to see the police engaging with their work and sharing photos of officers wearing red ribbons.

> **Sensitive data must only be recorded when necessary and with consent under the law.**

3. Case Study: Avon and Somerset

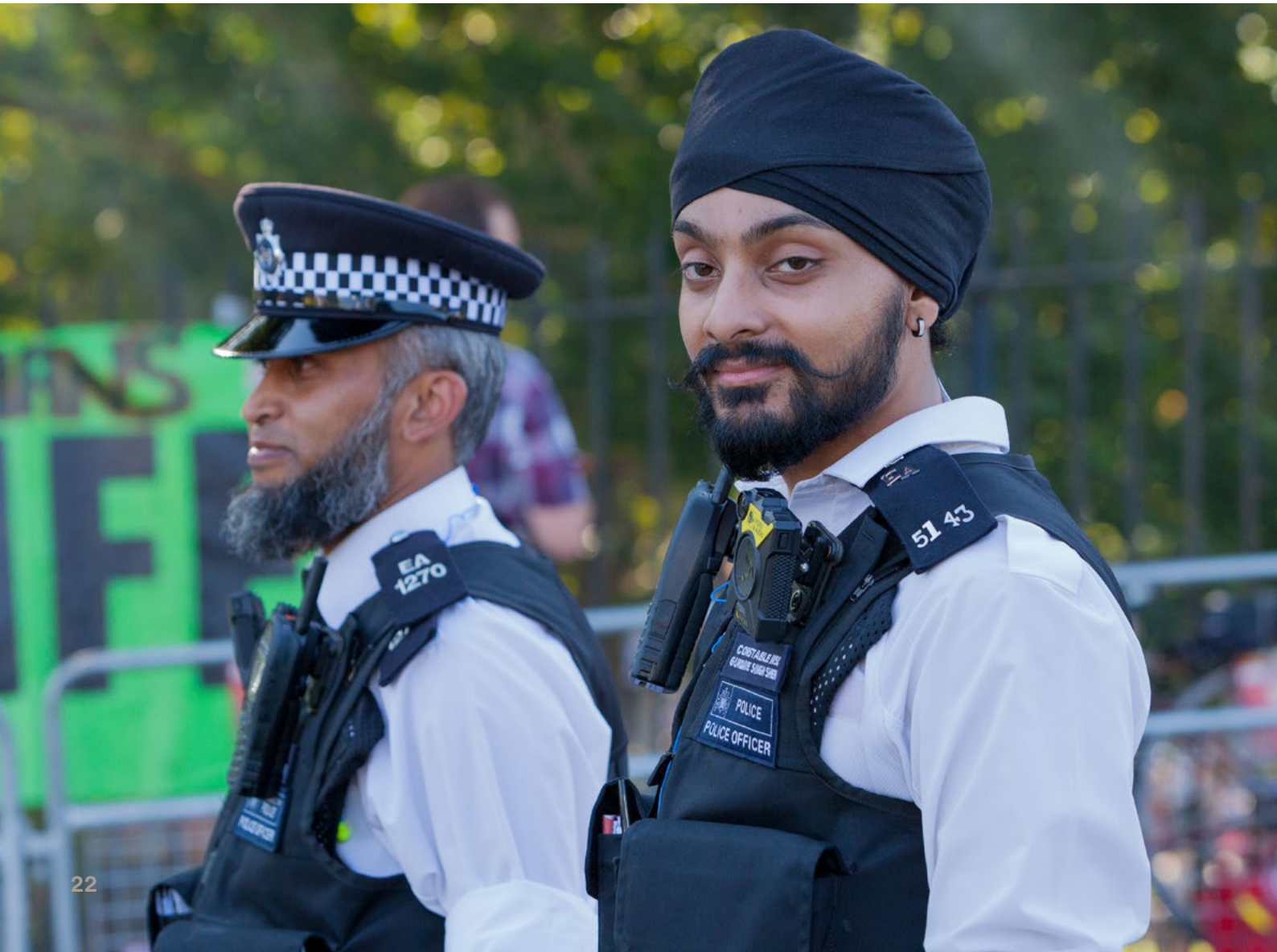
> It is therefore important that communications teams are involved in HIV training.

3.7.2 Communications

Avon and Somerset Police has reviewed all occupational health policies and is in the process of creating new resources for their intranet, Pocketbook. There have also been other ad hoc internal communications initiatives. The HIV Champion wrote a blog for World AIDS Day 2019 about the work she had been doing around HIV and advertising a fundraising campaign. The blog had a space on the front page of the force-wide intranet and was well received.

3.7.3 Discussion and learning

Communication teams are often under enormous pressure to develop content quickly. As with any organisation, there needs to be a clear pathway before publishing, and the culture of any communications team should be to question and verify that the facts are right before posting and to ensure that content is not stigmatising. It is therefore important that communications teams are involved in HIV training and that they are made aware of mechanisms for fact checking, including key contacts in their force and local organisations.



3.8 Key learning from Avon and Somerset Police

3.8.1 Training should be tailored to the audience

Training should be built around the audience with their needs in mind. Different police departments may require slightly different training sessions to maximise efficacy. Trainers should be able to anticipate the questions they will be asked and understand how to respond.

3.8.2 Consider regular training with custody staff and new recruits as a way of reaching more people

Forces should seek to train as many people as possible. Custody is not only a setting where people living with HIV rely on staff to ensure they have access to their medication, but it also has a relatively high turnover of staff. Directing training at custody staff and new recruits is one way of reaching officers who will take learning with them when they move to other parts of the force and share with colleagues. However, it must happen regularly.

3.8.3 Involve people living with HIV in training

When people living with HIV are involved in delivering HIV training, it changes the way participants engage and ensures they are learning about the lived experience of people living with HIV. It can have a positive impact on the way they interact with people living with HIV in their work.

3.8.4 Make sure that training is backed up by up to date internal policies

In order for training to be effective, internal policies and guidance must not undermine it. This will support officers to consolidate their learning from training sessions and reduce scope for confusion and spread of misinformation.

3.8.5 Schedule regular data checking

HIV status is confidential medical information and should not be stored unnecessarily or without consent on any database. Data information teams should schedule time to check systems for erroneous data stored in the past.

3.8.6 Consider appointing person with accountability and ownership for HIV-related issues but make sure they are supported by wider team

Appointing an HIV Champion can be an effective way of improving practice in the force and reducing HIV-related stigma and discrimination. However, that person must be supported by leadership and a wider team in order to not overwhelm that individual and reduce the likelihood of delays in dealing with HIV-related issues. Regular and effective training across the force would decrease the demand on this role.

3.8.7 Commitment from senior officers is important for ensuring capacity and gaining trust

To change policies and practice on a force-wide level, it is necessary to have the support of senior officers. This is critical to ensure that whoever is coordinating action across the force has the weight of leadership behind them to ensure that they are afforded capacity, can engage the right people, secure fast sign-off when needed, and that initiatives are widely promoted.

4. Conclusion

As key public officials that interact regularly with the public and the media, police have a role in the effort to reduce HIV stigma in the UK and to achieve the goal to end new HIV transmissions by 2030. This role is amplified because they are often working on those issues where the most damaging misconceptions about HIV are prevalent. Misrepresentation of the risks of HIV transmission through incidents such as spitting and biting, and poor communication around criminalisation of HIV transmission have been a dark cloud over police engagement around HIV. People living with HIV in the community and working in the police force have a right to respect and dignity, but unfortunately their rights have not always been realised. However, there are examples of good practice and efforts being made from within the police to acknowledge where things have gone wrong and to address the issues head on.

The findings from the two roundtables contained in this report demonstrate the benefits of a collaborative approach between the local police and HIV community. Though this is anecdotal, in both areas, people living with HIV and local charities reported improvements in interactions between the police and people living with HIV. There was a stronger appreciation amongst attending police officers of HIV as an equalities issue, the impact of stigma and the role they can play as individuals and as a force in addressing this. The training they had attended in the past had a profound and lasting impact on them.

Leadership, buy-in and public support at a senior level in the two police forces have been critical. This ensures that initiatives have credibility amongst people living with HIV and that those working to improve practice from within the force have the resources and capacity and can engage other colleagues as needed.

Co-design of initiatives between people living with HIV, the police and local community organisations has also been a key feature in both areas. In Avon and Somerset an HIV Champion worked closely with local charity Brigstowe to re-write policies and develop a training programme. In Merseyside, local officers passionate about the issue worked with Sahir House to develop training and communications across the local force.

While it is important to ensure that policy and communication on HIV are accurate and up to date, the value of these is greatly increased through effective training involving people living with HIV. At both roundtables, the resounding message was that opportunities for officers to hear from and speak to people living with HIV has been the single most impactful action. Creating a safe space for people living with HIV to lead the conversation with local police can be supported by local organisations such as Sahir House and Brigstowe.

In both Merseyside and Avon and Somerset, stakeholders were clear that there was still more to do. It is challenging to reach everyone across a big workforce and real change in attitudes requires more intensive engagement and conversation. But this is not a reason to step back, but rather to step up efforts, building on and implementing effective actions based on learning.

Senior officers in all police forces should review the key recommendations from these case studies and look to implement them in their own area, with consideration of their local context and community. National AIDS Trust can support local police to identify local community organisations and can be contacted at info@nat.org.uk for police queries.

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- Sahir House
- UNISON

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