

Power to Kids

Strengthening supports for young people in residential care services

The Power to Kids (P2K) program aims to reduce the risk of harmful sexual behaviour and child sexual exploitation for children and young people living in residential care. It was developed by Mackillop Family Services, in partnership with Melbourne University, and piloted by Ballarat Community Health (BCH) at Ballarat Child and Family Services (Cafs).

Background

Children and young people in residential care are at significantly increased risk of child sexual abuse. The three most common forms of abuse are

- Child sexual exploitation (CSE)
- Harmful sexual behaviours (HSB)
- Dating violence (DV)

The most common red flag for a young person experiencing sexual abuse is 'going missing from home, care or education.'

Definitions

Child sexual exploitation

is adult-perpetrated sexual abuse that involves grooming, child receiving goods, drugs and alcohol, money, or attention in exchange for sexual activity.

Harmful sexual behaviour is behaviour carried out by children that is developmentally inappropriate and abusive towards self or others.

Dating violence is intimate partner violence, which refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.

Implementation

Prevention Strategy 1 Whole-of-house, trauma-informed sexuality and relationships education, building the capacity and confidence of residential carers, supervisors and case managers to become 'House Champions' and lead 'Brave Conversations' about sexual health and safety with the children and young people in their care.

Prevention Strategy 2 Missing from home early intervention strategy and an in-house audit of guidelines and policies that support the program.

Prevention Strategy 3 Sexual safety response for children and young people already experiencing child sexual abuse.

Successes

- Train-the-trainer model to building the knowledge of all residential care staff
- Increased self-efficacy in having sexual health & safety conversations with children & young people.
- Improved capacity to identify and intervene any HSB, CSE, and DV
- Utilised 'brave conversations' as opportunities to build rapport with young people
- Age, ability and developmentally appropriate and fun resources and activities
- Strengthen referral pathways into local Sexual Health Services (BCH)
- Engaging local schools in P2K and aligning with school curriculum
- Upscaling the program to now being rolled out across Australia – online and free of charge

Challenges

- Young client demographic
- Increased complexity of clients
- Competing priorities during meeting time – including crises impacting on engagement by Supervisors
- Client movement and changes to placement
- Staff movement changes and workforce turnover.

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Example of a 'Brave Conversation'

There were concerns about a young person's excessive masturbation and use of pornography. Carers agreed that the behaviours were deemed developmentally appropriate for their age and it was in the privacy of their own bedroom – however, as it was happening daily, with staff or other residents walking in, therefore resulting in inappropriate sexual behaviour.

This opened an opportunity for a brave conversation with the carer and young person about pornography, that it's not what real-life sex is and how damaging it can be on real-life relationships.

It was through this brave conversation, that it was identified that for this young person, the masturbation wasn't really about sex it was a way to self-soothe and feel good about themselves, as they had low self-esteem and felt they didn't have any friends.

This enabled the young person and the carer to discuss what other things the young person liked to do, so they could do those activities together, as well as providing the opportunity that if this young person did want some privacy to masturbate to let the carer know they were going to their room for private time and to close the door, not letting anyone else in the room.

