



WINTER NEWSLETTER



ABOUT US

At Budding Resilience Therapies, we specialise in working with complex clients who have engagement with multiple systems, including disability, justice, child protection and health.

All our therapeutic and behaviour support team come from a range of backgrounds and have years of experience in the industry.

OUR SERVICES

- Children and Learn to Play therapy
- Art Therapy
- Forensic Support
- Trauma Informed Support
- Child Protection
- Neurodiversity and
- Neuroaffirming approaches
- Complex Mental Health

OUR TEAM



EVANTHEA MAGNISALLIS

Director, Senior Trauma Clinician

An inquisitive and humorous practitioner, who is comfortable sitting with clients in uncomfortable spaces.

CLARE GEORGES

Senior Complex Comorbidity Clinician

A dynamic and passionate social worker, specializing in family therapy, trauma recovery, mood disorders, and compulsive behaviors.



ALEXANDRIA WAGNER

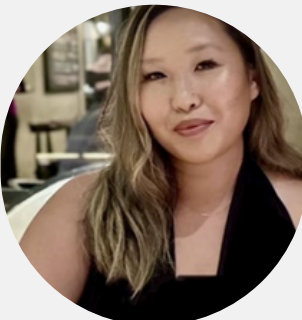
Senior Child Development Clinician

Let's play together! Let's build relationships together and support your goals. You lead in this journey.

KRIS TEECE

Senior Forensic Clinician

Kris is an experienced and multi faceted practitioner, who specialises in supporting individuals and their support network to reduce harmful sexualised behaviours.



JESSIE HENG

Senior Behaviour Clinician

Jessie uses a trauma informed approach and has a calm and sincere nature, which makes engagement with her relaxed.

OUR TEAM



ROWAN FORSTER

Behaviour Support Practitioner and Psychotherapist

A person centered practitioner, guided by lived experience. Rowan approaches his supports with curiosity, respect, as well as a trauma informed and strengths based approach.

SELENA JEBARA

Behaviour Support Practitioner

Selena is a diverse practitioner, who specialises in working with complex disabilities where there is intertwining psychosocial concerns



SONAS FERRIER

Art Therapist & Behaviour Support Practitioner

Sonas is a creative, warm and welcoming practitioner, who loves supporting children and young people.

ELISHA BERBOW

Counselling Social Worker

A sensitive and culturally informed practitioner, passionate about LGBTQIA-SB rights.



CARLA FERRER

Therapist and Behaviour Support Practitioner

I believe every individual is unique and deserves care that is tailored to their needs. My work focuses on trauma recovery, person-centred support, and complex mental health needs.

KIMBERLY GOMES

Therapist and Behaviour Support Practitioner

Experienced therapist and holistic practitioner who works well in the space of disability, complex health, grief and loss and diverse families.



[CLICK HERE TO LEARN MORE ABOUT THE TEAM](#)

CHILD PROTECTION: WHY IT MATTERS



Child protection doesn't exist in a bubble, it runs through nearly every area of social work and community services. Whether you're working in health, education, disability support, mental health, housing, or family services, you're likely to encounter situations where a child's wellbeing is at stake. At the same time, child safety is not only the responsibility of professionals—it is a community issue. Every one of us plays a role in recognising risks and fostering safe environments for children. That's why BRT is committed to providing education and awareness, so that together, as a community, we can keep children safe

Assessing risk to children is a critical. It is not only about identifying immediate dangers such as physical harm or neglect, but also about understanding the broader factors that can place a child at risk – such as family violence, substance misuse, poverty, or parental stress. By assessing risk carefully, social workers can make balanced decisions that protect children while also supporting families to make positive changes.

Good risk assessment also allows for early intervention. Spotting concerns early can prevent harm, reduce the need for statutory involvement, and help families remain together in safer circumstances. It is about finding the right balance: protecting children from harm while recognising the strengths and resources that families bring.

WHAT THE STATS SAY

Take education, for example. In 2023, around 206,000 children and young people in NSW public schools—about one in four—were identified as having a disability and received adjustments to support their learning. In 2024, that number increased further, reaching approximately 221,000 students, or 28 per cent of the public school population—a rise of 21% since 2022 and 40% since 2018.

These figures underscore the significant overlap between child protection and educational work. Children with disability are statistically more vulnerable, particularly to maltreatment, compared with their non-disabled peers .

Parents with disabilities also face considerable challenges. Research from NSW court data found that in almost one-third (29.5%) of child protection proceedings, at least one parent had a disability—most commonly a mental health condition (21.8%) or intellectual disability (8.8%) These situations often lead to children becoming wards of the state, demonstrating how closely linked parental disability can be to child protection involvement.

Moreover, children and young people with disability are disproportionately represented in the youth justice system. A NSW study tracking young people born between 1997 and 2000 revealed that although only 3.5% were recorded as having a disability, they accounted for 7.7% of all youth offences and 17.4% of youth detention cases.

BRT believes statistics such as this demonstrate the need for therapists and practitioners with child protection experience and training, who are able to assess and assist with managing risk to better the lives of children and families



In the latest System Error podcast episode Child Protection, we hear from a woman who courageously shares her childhood experiences growing up with child protection services in her life. Her story provides a rare and powerful insight into what it feels like to be the child at the centre of child protection.



[LISTEN HERE](#)

PODCAST: PROTECTING CHILDREN – UNDERSTANDING RISK AND BUILDING SAFER COMMUNITIES



“Sit down with the child. Ask them how they are. Your job is child protection, not parent protection.”

KEY THEMES

- **CHILD-CENTRED PRACTICE:** CHILDREN’S VOICES MUST BE HEARD, RESPECTED, AND ACTED UPON. PROTECTION SYSTEMS ARE STRONGEST WHEN THEY PLACE THE CHILD’S NEEDS AND RIGHTS AT THE CENTRE.
- **RISK AND SAFETY:** ASSESSING RISK IS NOT JUST ABOUT IDENTIFYING IMMEDIATE HARM, BUT ALSO ABOUT UNDERSTANDING LONG-TERM IMPACTS SUCH AS NEGLECT, EXPOSURE TO VIOLENCE, AND LACK OF STABLE RELATIONSHIPS.
- **INTERAGENCY COLLABORATION:** EFFECTIVE PROTECTION DEPENDS ON STRONG COMMUNICATION BETWEEN SCHOOLS, HEALTH SERVICES, POLICE, COMMUNITY ORGANISATIONS, AND FAMILIES.
- **SUPPORTING FAMILIES:** PROTECTING CHILDREN OFTEN MEANS SUPPORTING PARENTS AND CAREGIVERS. POVERTY, DISABILITY, MENTAL HEALTH, AND SUBSTANCE USE CAN ALL AFFECT PARENTING CAPACITY, AND FAMILIES NEED ACCESS TO EARLY HELP.
- **STRENGTHS-BASED PRACTICE:** BEYOND RISKS, IT IS VITAL TO RECOGNISE THE RESILIENCE AND PROTECTIVE FACTORS IN CHILDREN’S LIVES, INCLUDING SUPPORTIVE RELATIONSHIPS AND COMMUNITY CONNECTION

SUCCESS STORY

Colin, a behaviour support client with BRT, is a 20-year-old man living with autism, borderline intellectual disability, and a history of complex trauma, has faced extraordinary challenges. His childhood was marked by domestic violence, neglect, and abuse, leaving him with difficulties with aggression, relationships, and trust.



Before coming to Budding Resilience Therapies, many providers had withdrawn support due to concerns about aggression and risk. Colin was isolated, frequently involved with police, and struggling with suicidal thoughts. A turning point came when Colin received a diagnosis of Foetal Alcohol Spectrum Disorder (FASD) in 2024. Research shows that individuals with FASD often experience difficulties with impulse control, frustration tolerance, and emotional regulation, which can increase the risk of aggressive behaviours. Understanding these challenges in memory, learning, and regulation helped Colin accept himself and engage more openly in therapy.

Colin's journey demonstrates the power of persistence, strengths-based practice, and non-judgmental support for complex clients who have previously been described as "too hard to engage." While the path has not been easy, Colin's willingness to reflect, accept feedback, and continue trying shows his commitment to building a better future. Alongside this, he has been actively engaged in building practical skills to better manage challenges, which is strengthening his independence and confidence.

The team at Budding Resilience Therapies remains committed to supporting Colin on his journey—not only by working directly with him but also by engaging his support network to ensure consistent encouragement and strategies across settings. Staff training has been a key part of this approach, providing team members with the tools and confidence to respond consistently and effectively to Colin's aggression, reducing setbacks and promoting positive interactions.

Colin's success is proof that with the right environment, safe therapeutic relationships, and a client's willingness to engage, healing and growth can occur.

Colin has worked consistently and with determination with his team. He has demonstrated that—with the right support and patience—he is capable of meaningful growth. Some of Colin’s most important achievements include:

- Increased supports and living skills – Colin now receives regular support to keep his home clean and has developed greater independence while living on his own.
- Reduced aggression and improved emotional regulation – Colin’s incidence of aggression has decreased significantly, leading to less involvement with police and emergency services and greater feelings of calm and self-worth.
- Taking responsibility – Colin has begun to acknowledge his role in past violent incidents, expressing his desire to be challenged to become the “best person he can be.”
- Relationship skills – He has agreed to ongoing skill-building around setting and maintaining healthy boundaries, recognising the importance of reducing conflict and creating safe, positive relationships.
- Conflict resolution – Colin has initiated and arranged mediation with key people in his life, showing initiative in addressing issues constructively.
- Stronger self-advocacy – He is engaging more openly with services, requesting support, and expressing feedback about his needs and goals.

Budding Resilience Therapies Training: ***Child Sexual Exploitation Responses***



Budding Resilience Therapies (BRT) provides evidence-based training programs designed to mitigate the risk of sexual harm within the community. Our aim is to enhance the knowledge and skills of professionals, and support staff in their learning. BRT offers training and support options to develop staff including professional individual and group supervision. In addition, BRT offers consultation and 'train the trainer' packages, assisting services to improve responses and staff supports long term.

Our approach is non-judgmental, prioritizing the safety and well-being of individuals, their support teams, and the broader community. By fostering awareness and understanding about sexual safety, we aim to reduce stigma and promote a safer, more informed, and resilient community.

Child Sexual Exploitation (CSE) is an area many adolescent services want to understand better and respond more effectively to. CSE involves children (young people under the age of 18) being forced or manipulated into sexual activity for something- money, gifts, drugs, alcohol or something less tangible such as affection, status or love. NSW does not have a specific CSE response in place, however local models can be developed and those who support young people vulnerable to or experiencing CSE, can be upskilled to build their knowledge and confidence around CSE and managing its impacts. Current active models in Australia and internationally have found multi-agency modelling more successful, as CSE requires a cohesive approach. The CSE model in Victoria includes the training and support of Sexual Exploitation Practice Leaders and / or Principal Practitioners, who in turn support and guide staff agency wide with specific and individual responses, while advocating with local agencies in a specialised capacity.

CSE responses focus on disruption of the cycle of exploitation and ensures there is a response aimed at perpetrators of CSE and support for those who are victims. Statistics for CSE in Australia are not well understood, primarily because of how data is captured by Child Protection Agencies. The primary identifying factor for children in the OOHC system are the statistics relating to "Missing From Care".



Being labelled as missing is a key indicator for CSE. The evidence from the UK found that:

40–50% of children and young people not living with their family have gone missing at some stage, although data is not exact due to differences in policy and practice relating to reporting a child as missing.

In Victoria, the state with the longest running and most cohesive and approach in Australia found that in 2013, 850 children/young people in OOHC were reported missing (Victorian Auditor General 2014).

Beckett (2011) found vulnerable youth identified as risk of or experiencing CSE, were missing 15–20 per month.

Of particular interest is the vulnerability of specific age groups, with young people aged 13 and 14 representing nearly 40% of those first missing from a care placement (1999 Going Missing: Young People Absent from Care).

Child Protection responses in NSW now include a specific stream for reports to be labelled as CSE, however without clear understanding of the terminology from those making reports, the statistics can not truly measure the data.



Kris Teece

Senior Forensic Clinician &
Community Safety Advocate



This training program has been developed by Kris Teece, a Criminologist and Forensic expert who has a passion for building a safer community and reducing rates of sexual harm through education, adaptive and pro-social behavioural therapies and building confidence in support workers, carers and professionals to manage sexually harmful behaviours. Kris has a Master of Criminology, Degree in Education and is a qualified trainer and assessor. In 2023, Kris received a full scholarship to be trained through internationally accredited BEDIT Dissexuality therapy in Berlin. Kris has more than 25 years of experience working with children and young people. This includes over 14 years in child protection and criminal child protection, Youth Justice sex offender and violent offender programs, education, disability (NDIS Behaviour Support Practitioner), and refugee and migrant programs. Kris is also an experienced team leader, investigator and TAFE program developer and trainer. Kris had worked in rural and metro settings and with Aboriginal and Multi-cultural communities, and is experienced in systemic therapeutic programming, to support children and young people. Kris has also had years of experience setting up and running a pilot Sexual Exploitation Program for DCJ through the Adolescent Team and as a member of the Disrupting Child Sexual Exploitation (DiCE) research project of Sydney University.

Understanding and Responding to CSE Training

This training includes the following learning:

- What is **CSE** and what does it look like in NSW OOHC.
- **Prevention:** Protective factors relating to supervision, support, secure attachment, healthy boundaries, stable placement and active disruption of CSE can mitigate or reduce push and pull factors. Push factors are elements that pushing children and young people are from supposed safety such as home, placement and school. Pull factors are elements that serve to attract or coerce into CSE. Managing older young people who may be used to attract and coerce younger children into CSE is also discussed.
- **Detection:** Understanding secrecy, helplessness, entrapment and acceptance for the



victim, delayed, conflicted and unconvincing disclosures and retraction of disclosures are all covered. Understanding the relevance of children and young people going missing, and how to proactively advocate in these situations is also covered.

- **Disruption:** Responding to symptoms or disclosures of CSE, utilising community supports effectively, understanding appropriate and correct language for reporting and communicating risk to Police and Child Safety services is covered. Specific to CSE is the upskilling of staff to understand the importance of and how to gather intelligence for Police and other government agencies to improve their ability to respond effectively to instances of CSE.
- **Intervention:** Empowering supports to understand how to intervene, reporting, gathering intelligence and working collaboratively with community government and non-government service providers is covered. Developing community links for a streamlined response and understanding what the primary focus of each aspect of support around a child / young person who is experiencing CSE should be. This assists with supports to work more effectively to disrupt the cycle of CSE.
- **Recovery and Reconnection:** Providing clear pathways for children and young people to exit the CSE cycle, keep them safe, provide psycho-education and link them into appropriate specialists in their local area. Creating stream-lined pathways with professionals who understand CSE, ensure there is more opportunity for victims to report crimes and for intervention to include legal enforcement and justice system responses to perpetrators of CSE, while providing recognition and justice for victims.

This training can be tailored to your agency's specific needs.

For further information about the above training programs, or to request a tailored training program for your team, please feel free to contact us at evanthea@buddingresilience.com

You can also access further information about our organisation and view resources on our website: www.buddingresilience.com