

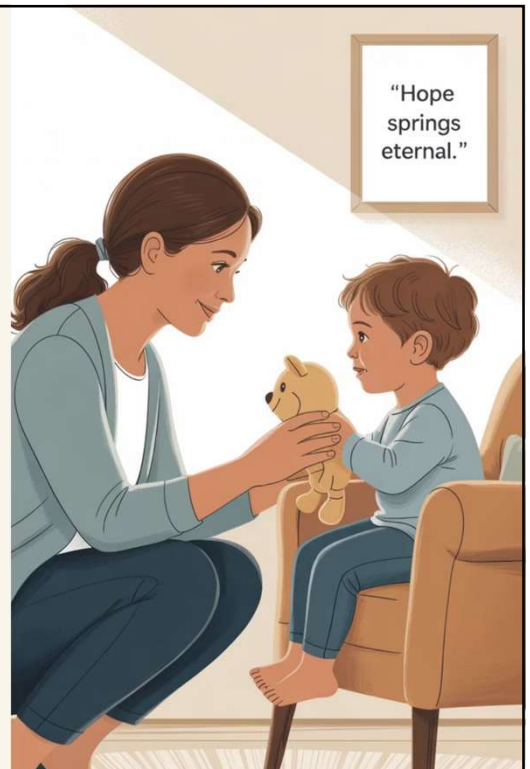
# Understanding Therapy Options for Children in Care

Dr. Jaime Coyne



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Today's session will equip you with essential knowledge about therapeutic approaches that can transform the lives of children in the CASA system. Understanding these interventions is critical to your advocacy work and can make the difference between a child merely surviving their trauma or truly healing from it.



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## Dr. Jaime Coyne



Dr. Jaime Coyne is a Professor at Sam Houston State University, specializing in Social Studies education and comprehensive teacher preparation. She has co-authored over \$25 million in federal grants for mental health and professional development initiatives as well as numerous articles and book chapters.

Beyond her academic career, Dr. Coyne has completed extensive counseling coursework and is a passionate advocate for children's mental health and well-being. She focuses particularly on supporting vulnerable children in foster care and school settings.

Dr. Coyne empowers teachers and child advocates to create meaningful learning experiences that foster civic understanding, empathy, and resilience in the children they serve.

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## My Why....

**Meet Don—known as Donnie to his family.** Here he is, about 4 years old.

Donnie grew up surrounded by trauma. An abusive, mentally ill stepfather. A battered mother. A stepfather who murdered a police officer, was released, and came back to abuse again. Donnie was treated harshly because he was the child of an affair—his mother's attempt to escape the violence. But with nowhere to go, and under pressure from her own father, she returned.



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## My Why....



Then, as a teenager, Donnie lost his mother. He was forced to grow up overnight. He entered the military young, searching for discipline and direction. He fought battles with alcohol, carrying the weight of his past.

His older brother—who had the exceptionally high IQ—was not so lucky. Though he tried to turn his life around, he spent years in and out of prison, and eventually died there.

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## My Why....

And yet—he beat the odds. Donnie didn't let pain define him. Instead, he chose love. When he met my mom, he stepped in to raise her three daughters. And then, of course—came me.



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"I want you to imagine a child entering the foster care system tonight. They don't know where they'll sleep, who will speak for them, or whether they'll ever feel safe again. For that child, you—the CASA volunteer—may be the one consistent voice of hope and stability. That's the power you hold."

Every night, approximately 1,000 children enter the foster care system in the United States. Behind each statistic is a child whose world has been turned upside down, who desperately needs someone to believe in their capacity for healing and growth.

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*"Children are not a distraction from more important work. They are the most important work." — C.S. Lewis*

That's why we're here today—because CASA volunteers make sure every child knows they matter. Your presence in a child's life sends a powerful message: you are worth fighting for, worth believing in, and worth the investment of time, energy, and hope.

This quote captures the heart of CASA work. In a system where children can feel invisible or forgotten, CASA volunteers stand as beacons of consistency and advocacy. You remind each child that they are not just another case number—they are individuals deserving of love, support, and the very best opportunities for healing and success.



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## The Lens of Trauma: How Children See the World

Bessel van der Kolk, renowned trauma expert and author of *The Body Keeps the Score*, shares a powerful experiment that illustrates how trauma fundamentally changes a child's worldview. Researchers showed children a simple picture of a man lying under a car.

The control group of children—those who had not experienced significant trauma—gave straightforward, innocent interpretations: "He's fixing the car," or "He's looking at something underneath."

But the children who had lived through trauma saw something entirely different. Their minds immediately went to worst-case scenarios: the man was hurt, trapped, or dying. They imagined gruesome endings instead of simple, safe explanations.

**This experiment reveals a critical truth:** Trauma doesn't just affect what children remember—it rewires how they perceive and interpret the world around them. Their brains become hypervigilant, constantly scanning for danger even in ordinary, safe situations.



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## A Story of Hypervigilance

**A little girl once told me she kept her shoes under her pillow at night. Not because she loved them, but because she never knew when she might have to run.**

**That's the impact of trauma—it keeps children in a constant state of readiness for the next crisis.**

This powerful image captures the reality many children in care experience. While other children sleep peacefully, dreaming of tomorrow's adventures, traumatized children remain alert, planning their next escape. Their nervous systems are stuck in survival mode, unable to fully relax or trust in safety.

**But here's the hope:** Your role is transformational. You can help rewrite those stories. Through your consistent presence, advocacy for appropriate services, and unwavering belief in each child's capacity for healing, you become part of their recovery journey—helping them learn that safety is possible and that they are worthy of protection and care.

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## Understanding Therapeutic Interventions

Today's session is designed to provide you with comprehensive knowledge about the most effective and popular types of therapy that children in the CASA system might utilize. This understanding will enhance your advocacy capabilities and help ensure each child receives the most appropriate therapeutic interventions for their unique needs and circumstances.

### Recognize the Universal Impact of Trauma

Understand how trauma affects every aspect of a child's development and daily functioning

### Learn Evidence-Based Therapeutic Approaches

Explore the most effective treatments specifically designed for traumatized children

### Strengthen Your Advocacy Skills

Build confidence in advocating for appropriate services and therapeutic continuity

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## Session Goals

Today we'll empower you with knowledge and tools to better advocate for the children you serve. Understanding therapy options isn't just about knowing what's available—it's about recognizing what each child uniquely needs to heal and thrive.

### Understand Trauma's Impact

Recognize how trauma affects children's development, learning, and relationships in the child welfare system

### Learn Common Therapy Types

Explore evidence-based therapeutic approaches specifically designed for children who have experienced trauma

### Recognize Therapy in Practice

Identify what effective therapy looks like and how to spot progress in the children you advocate for

### Discover Individualized Approaches

Understand how therapy is tailored to each child's age, culture, trauma history, and personal strengths

### Strengthen Your Advocacy

Build confidence in advocating for appropriate mental health services and ensuring continuity of care

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## The Reality of Trauma

Every child carries an invisible burden—the weight of trauma that brought them into care. Understanding this reality is the first step in effective advocacy for their healing journey.

### Universal Experience

All CASA children have experienced some level of trauma—from neglect and abuse to separation from family and multiple placement disruptions. The very act of entering foster care, even when necessary for safety, represents a traumatic disruption of attachment and stability.

### Far-Reaching Effects

Trauma impacts brain development, learning capacity, relationship formation, and the ability to trust adults and feel safe. These effects ripple through every aspect of a child's life, from academic performance to peer relationships.

### Hope for Healing

With appropriate supports, interventions, and caring adults, children can heal and build remarkable resilience. Recovery is not just possible—it's probable when children receive the right combination of therapeutic support and consistent advocacy.



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## Why Therapy Matters: The Science of Healing

Therapeutic intervention isn't just beneficial for children in care—it's often essential for their survival and success. Research consistently shows that appropriate therapy can transform a child's trajectory from surviving to thriving.



### Processing Experiences

Helps children make sense of confusing, frightening, or overwhelming experiences in age-appropriate ways, reducing their emotional burden and creating coherent narratives from fragmented memories.



### Supporting Relationships

Rebuilds capacity for trust, attachment, and healthy connections with caregivers, peers, and other supportive adults, creating a foundation for lifelong relationship success.



### Building Coping Skills

Teaches practical strategies for managing big emotions, handling triggers, and developing healthy emotional regulation techniques that will serve them throughout their lives.



### Improving Performance

Addresses trauma's impact on concentration, learning, and behavior, leading to better outcomes in school and social settings that support long-term success.

Source: American Psychological Association, 2022

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## Interactive Moment: Recognizing Trauma's Impact

### *Reflection Question*

**Raise your hand if you've ever seen trauma show up as behavior issues or school struggles in a case?**

What did it look like? Think about the specific behaviors, patterns, or challenges you witnessed. How did it affect the child's daily functioning, relationships, or academic performance?

Common manifestations can include: difficulty concentrating in school, aggressive or withdrawn behavior, sleep disturbances, regression in developmental milestones, hypervigilance or startled responses, difficulty trusting adults, problems with peer relationships, or physical symptoms without clear medical causes.

-  Recognizing these signs helps us understand that what looks like "bad behavior" is often a child's nervous system responding to past trauma. This understanding shifts our response from punishment to healing-focused interventions.

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## Celebrating Therapeutic Success

### *Success Story Sharing*

**What's one positive change you've seen in a child who received therapy?**

Think about transformations you've witnessed: improved school performance, better sleep patterns, increased trust with caregivers, reduced anxiety or behavioral outbursts, stronger peer relationships, or simply seeing a child smile more frequently.

These success stories remind us why therapeutic intervention is so crucial. Small changes—a child sleeping through the night, raising their hand in class, or hugging their foster parent—represent monumental victories in trauma recovery.

-  Your observations of these positive changes are invaluable data points that help treatment teams understand what's working and how to build on therapeutic progress. Document and celebrate these victories—they fuel hope for continued healing.

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## Common Therapy Types

Understanding the therapeutic landscape helps you advocate more effectively. Each approach serves different needs, and many children benefit from a combination of therapies throughout their healing journey.



### Play Therapy

Uses play as the primary mode of communication and healing for younger children. It allows them to express thoughts, feelings, and experiences that they might not be able to articulate verbally. Therapists observe and participate in play to understand a child's inner world, process difficult emotions, and develop coping mechanisms in a safe, non-threatening environment.



### Trauma-Focused CBT

A structured, evidence-based approach specifically designed for children and adolescents who have experienced trauma. It combines cognitive behavioral therapy techniques with trauma-specific interventions, helping youth process traumatic memories, reduce symptoms of post-traumatic stress, depression, and anxiety, and develop essential coping skills for managing emotional and behavioral difficulties.



### EMDR

Eye Movement Desensitization and Reprocessing is a psychotherapy treatment originally developed to alleviate the distress associated with traumatic memories. It involves the client recalling traumatic images while simultaneously engaging in bilateral stimulation (typically eye movements), which helps to reprocess the memory, reducing its emotional charge and leading to a significant reduction in symptoms such as flashbacks, nightmares, and anxiety.

Source: National Child Traumatic Stress Network, 2023

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## Additional Therapeutic Approaches

The therapeutic toolkit extends beyond traditional talk therapy to include creative, family-focused, and peer-supported interventions. Each approach offers unique benefits for healing and growth.



### Family Therapy

Involves caregivers and family members to improve communication, rebuild relationships, and create supportive environments for healing. Essential for addressing systemic issues and building long-term stability.



### Art & Expressive Therapies

Creative modalities including art, music, drama, and movement therapy provide non-verbal outlets for expression and processing. Particularly effective for children who struggle with traditional talk therapy or have limited verbal skills.



### Group Therapy

Peer support groups focused on specific issues like trauma, grief, or social skills development. Helps children realize they're not alone while learning from others' experiences and coping strategies.

Source: National Child Traumatic Stress Network, 2023

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## Play Therapy: Speaking the Language of Childhood

For young children, play is their natural language. Play therapy harnesses this innate communication method to help children process experiences they may not have words for yet.

### Best for Ages 3-12

Particularly effective for preschool and elementary school children who naturally express themselves through play and have limited verbal processing abilities

### What It Looks Like

Specialized playroom with toys, dolls, sand trays, art supplies, and games designed to facilitate expression and healing in a safe, controlled environment

### Primary Goals

Help children express complex feelings, work through traumatic experiences, and develop healthy coping mechanisms through the natural medium of play

**Tip:** Pay attention to changes in the child's play themes over time. Shifts from chaotic, aggressive play to more organized, nurturing play often indicate therapeutic progress and emotional healing.

Source: National Child Traumatic Stress Network, 2023



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## Case Study: Jaden



Jaden, age 6, rarely talks about his past experiences. When he does engage with adults, his responses are brief and guarded. However, in the playroom, he often uses toy soldiers to act out intense battles and chaotic scenarios. His play themes consistently involve conflict, danger, and characters who are hurt or trapped.

### Discussion Prompts:

- Which therapy approach might best help Jaden process his trauma experiences?
- How can you advocate for this therapeutic option to be considered by his treatment team?
- What signs of progress might you look for as Jaden begins therapy?

**Tip:** You may not have the opportunity to choose the therapy approach, but you can highlight the child's specific needs and communication styles, asking whether play therapy or expressive therapy is being considered as an option.

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## Trauma-Focused CBT (TF-CBT): Evidence-Based Healing

TF-CBT is one of the most well-researched and effective treatments for children who have experienced trauma. This structured approach combines the best of cognitive-behavioral therapy with trauma-specific techniques designed for healing.

### Best for Verbal Children

Most effective with children and adolescents who can discuss their experiences and engage meaningfully in talk therapy

### Structured Timeline

Short-term treatment lasting 8-25 sessions, with active caregiver participation throughout the entire process

### Specific Focus Areas

Managing trauma reminders, changing unhelpful thoughts, building safety plans, and improving coping skills

The involvement of a caring, supportive caregiver is crucial to TF-CBT success. This therapy works best when both child and caregiver are actively engaged in the healing process.

**Tip:** Always ask how caregivers are involved in the therapy process. Their participation and support are key indicators of whether TF-CBT will be successful for the child.

Source: Gil, 2015

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## Case Study: Alyssa



Alyssa, age 10, is struggling significantly in school with concentration and academic performance. She's experiencing frequent nightmares that disrupt her sleep and is showing signs of anxiety during the day. She has started TF-CBT sessions, which seem promising, but her foster parent consistently refuses to attend sessions due to work conflicts and time constraints.

### Discussion Prompts:

- What specific questions would you ask both the therapist and foster parent?
- How might you advocate for meaningful caregiver participation in Alyssa's treatment?
- What alternatives could you explore if the foster parent continues to be unavailable?
- How would you document this concern in your court reports?

**Tip:** Caregiver involvement is essential for TF-CBT success—Raise this concern in court or team meetings as a barrier to effective treatment.

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## Cognitive-Behavioral Therapy (CBT): Building Life Skills

CBT is one of the most widely used, evidence-based treatments for children, adolescents, and adults. This structured approach helps individuals identify unhelpful thought patterns and replace them with healthier ways of thinking and behaving.

Best for Range of Concerns	Specific Focus Areas	Structured Timeline
Most effective with older children, adolescents, and adults experiencing anxiety, depression, behavior issues, or stress-related difficulties.	Challenging negative thoughts, regulating emotions effectively, problem-solving skills, and changing unhelpful behaviors.	Typically, 8-20 sessions, focused on building coping strategies and practicing skills consistently in daily life situations.

*The consistent practice and reinforcement are crucial to the success of CBT. Therapy works best when skills are applied regularly in daily life situations.*

**Tip:** Pay attention to shifts in the child's self-talk. Moving from negative or hopeless statements to more balanced, hopeful ones is a strong sign of CBT progress.

Source: Gil, 2015

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## Eye Movement Desensitization & Reprocessing (EMDR)

EMDR is a unique therapeutic approach that helps children reprocess traumatic memories so they no longer cause overwhelming emotional and physical reactions. It's particularly effective for children with specific, identifiable trauma memories.

### Ideal Candidates

Children with specific distressing memories that cause intense emotional or physical reactions like nightmares, panic attacks, or severe anxiety

### The Process

Uses bilateral stimulation (eye movements, tapping, or sounds) while processing traumatic memories in a safe, controlled environment

### Expected Outcome

Traumatic memories remain intact but lose their intense emotional charge and ability to overwhelm the child's daily functioning



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## Case Study: DeShawn



DeShawn, age 15, has been making significant progress in EMDR therapy sessions over the past four months. He's been working through specific traumatic memories and showing real improvement in his sleep patterns and anxiety levels. However, after a foster home placement change, his new placement is an hour away from his current therapist. Sessions are now at serious risk of stopping due to transportation challenges.

### Discussion Prompts:

- How can you advocate for continuity of therapy despite placement changes?
- What systems (court, CPS, school counselors) might you involve to support ongoing treatment?
- What documentation would strengthen your advocacy for transportation support?
- How would you communicate the importance of therapeutic continuity to the new caregivers?

**Tip:** Therapy disruptions are unfortunately common—document progress, highlight risks of stopping treatment, and push for transportation support or consistent providers.

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## Family Therapy: Healing in Relationship

*Healing happens in relationships. Family therapy recognizes that children don't exist in isolation—they're part of family systems that may need support to provide the stability and connection necessary for healing.*

### Rebuilding Relationships

Focuses on repairing damaged trust and creating healthier communication patterns between children and their various caregivers, whether biological, foster, or kinship families.

### Inclusive Participation

May include biological parents, foster caregivers, kinship caregivers, or other significant family members depending on the child's unique situation. Sessions should honor the child's cultural background and family traditions.

### Supporting Stability

Whether working toward family reunification or stabilizing a new placement, family therapy builds the essential relational foundation that children need for long-term success and emotional security.

Family therapy recognizes that when we heal the family system, we create an environment where individual healing can flourish and be sustained over time.

**Tip:** Ask how all key caregivers are being included in the sessions (biological parents, foster parents, kinship caregivers). Consistent involvement across the family system is a strong sign that the therapy is addressing relationship repair and placement stability.

Source: American Psychological Association, 2022

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## Group Therapy: The Power of Shared Experience

There's profound healing power in knowing you're not alone. Group therapy provides children with peer support and the normalizing experience of connecting with others who understand their struggles firsthand.

### Peer Connection

Children realize they're not the only ones who have experienced trauma, significantly reducing feelings of isolation, shame, and the belief that they are somehow "broken" or different.

### Skill Building

Groups focus on specific areas like social skills development, grief processing, anger management, or trauma recovery, providing targeted skill-building opportunities.

### Shared Learning

Children learn effective coping strategies from each other and practice new behaviors in a safe, supportive environment with immediate feedback and encouragement.



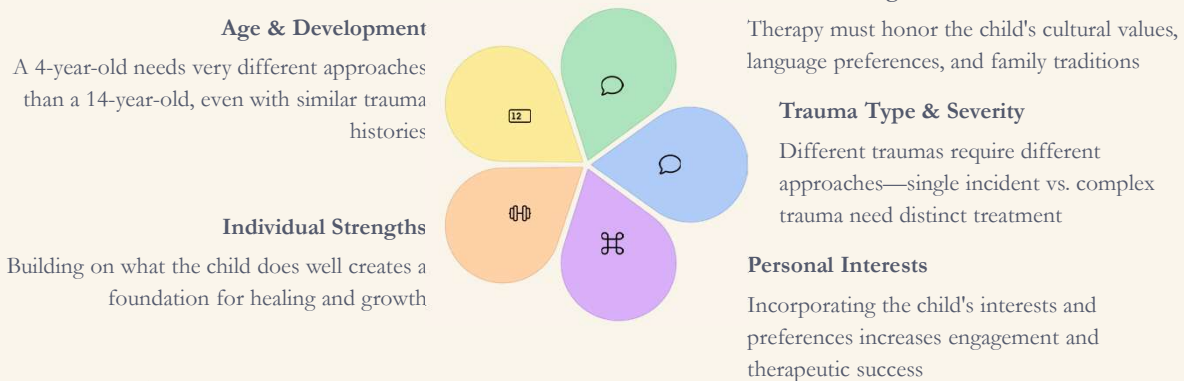
**Common group therapy formats include:** Social skills groups for children struggling with peer relationships, grief and loss groups for children who have experienced significant losses, and trauma support groups for children with similar trauma histories.

**Tip:** When advocating for group therapy, ask about group size (usually 6-8 children), age range, and specific focus areas to ensure it's developmentally and therapeutically appropriate for your child's needs.

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## Tailoring Therapy to the Child: Individualized Care

One size does not fit all in trauma therapy. The most effective therapeutic approach considers the whole child—their age, culture, trauma history, and unique strengths.



Source: National Child Traumatic Stress Network, 2023

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## Case Study: Ana



Ana, age 13, recently arrived from Mexico and primarily speaks Spanish at home with her kinship caregivers. She's comfortable with English but expresses herself more fully in Spanish. She is being referred to a peer support group for teenagers who have experienced trauma, but the only available group in her area conducts all sessions exclusively in English.

### Discussion Prompts:

- What specific questions should you ask the treatment team about language and cultural considerations?
- How might participating in an English-only group affect Ana's comfort level and therapeutic progress?
- What alternatives or accommodations could you advocate for to better meet Ana's cultural and linguistic needs?
- How could you involve her kinship caregivers in supporting her therapeutic process?

**Tip:** Must ensure therapy respects culture and language preferences.

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## Your Unique Position in the Healing Process

As an Advocate, you occupy a unique position in the child's life—you're often the most consistent adult presence and the strongest advocate for their therapeutic needs. Your observations and advocacy can make the difference between a child receiving appropriate help or falling through the cracks.

### Observe & Document

Watch for changes in the child's behavior, emotional state, sleep patterns, school performance, and relationships. These observations inform critical treatment decisions.

### Communicate Progress

Share your observations with the treatment team without pressuring the child to discuss therapy details. Your outside perspective provides valuable insights.

### Advocate for Services

Speak up when therapy is missing, inconsistent, or doesn't seem appropriate for the child's specific needs. Your voice carries significant weight in court and case planning meetings.

### Support Continuity

Advocate for therapy to continue during placement changes and transitions. Stability in therapeutic relationships is crucial for sustained healing progress.

**Remember:** You don't need to be a therapist to be therapeutic. Your consistent presence, unwavering advocacy, and belief in the child's capacity for healing are powerful tools for recovery.

Source: American Psychological Association, 2022

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## Questions to Ask a Therapist: Your Advocacy Toolkit

As an Advocate, you have the right—and responsibility—to understand the therapeutic approach being used with your child. These questions will help you advocate more effectively and ensure the child is receiving appropriate, high-quality care.

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### Approach & Rationale

*"What specific therapy approach are you using and why is it the best fit for this child's unique needs, age, and trauma history?"*

2

### Individual Tailoring

*"How does your treatment plan address this child's specific age, cultural background, language preferences, and particular trauma experiences?"*

3

### Measuring Progress

*"How will I know if the child is making meaningful progress? What specific signs should I look for in their daily life and behavior?"*

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### Caregiver Involvement

*"How do you involve caregivers in the treatment process, and what specific role should they play in supporting therapy goals at home?"*

Additional important questions: *How long do you expect treatment to last? What happens if the child changes placements? How do you coordinate with schools and other providers? What should I do if I'm concerned about the child's progress or response to therapy?*

Source: National Child Traumatic Stress Network, 2023

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## Final Takeaways: Your Impact on Healing

Advocating for appropriate therapy cannot be overstated. You are often the most consistent voice speaking up for the child's mental health needs, and your advocacy can literally change the trajectory of their life.

### Universal Truth

Every child in care has experienced trauma, but with the right support, evidence-based treatment, and consistent advocacy, healing and resilience are absolutely possible and achievable.

### Individual Approach

Matching the right therapy type to each child's unique needs, cultural background, age, and specific trauma history is essential for successful treatment outcomes.

### Your Vital Role

CASA volunteers are irreplaceable advocates who ensure children receive appropriate mental health services and support continuity of care through system transitions.

### Action-Oriented Advocacy

Know the warning signs, ask the right questions, build relationships with providers, and never hesitate to speak up for a child's therapeutic needs.

*"Healing is not about erasing the past—it's about building resilience for the future. Your advocacy helps children not just survive their trauma, but transform it into strength."*

Source: National Child Traumatic Stress Network, 2023

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## Scenario 1: Eli, Age 5



### Child Profile

Recently removed from home due to neglect. Foster parent reports he lines up toy cars and knocks them over repeatedly. Struggles with toileting, clings to his foster mom at drop-off, and has frequent tantrums. Vocabulary is limited; he doesn't answer direct questions about his past.

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## Scenario 2: Maria, Age 10



### Child Profile

Removed due to physical abuse. Nightmares several times per week, falling behind in reading. Foster parent works long hours and often misses appointments. Maria avoids talking about her past, but shares drawings of 'monsters.'

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### Scenario 3: Jordan, Age 14



#### Child Profile

Lives in his 3rd placement this year. Grades slipping, refuses to turn in homework, says 'school's pointless.' Struggles with panic before tests, but doesn't have specific trauma memories. Plays basketball but avoids talking to teammates.

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### Scenario 4: DeShawn, Age 15



#### Child Profile

Witnessed repeated domestic violence before entering care. Reports vivid flashbacks of seeing his father hurt his mother. Currently in stable kinship care, but placement is an hour away from EMDR-trained therapist. School counselor is supportive, but transportation is a barrier.

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## Scenario 5: Rylie, Age 12



### Child Profile

Recently reunified with her mother after 18 months in care. Arguments at home, especially about chores and homework. Rylie says, 'Mom doesn't listen, she just yells.' Mom says Rylie is 'disrespectful' and wants CASA to remind Rylie to 'be grateful.'

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## Scenario 6: Luis, Age 13



### Child Profile

In foster care for two years. Tells CASA he feels 'like an alien at school' because no one understands foster care. Wants friends, but avoids joining clubs because 'they'll judge me.' Foster parent is supportive but unsure how to help.

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## Scenario 7: Jamal, Age 9



### Child Profile

Jamal, age 9, has been in three different foster homes over the past two years. He struggles to talk about his feelings and often shuts down when asked questions about his past. At school, his teacher notices he doodles constantly in the margins of his papers and spends free time sketching. Despite this, Jamal rarely participates in group discussions and sometimes appears withdrawn or anxious when adults try to engage him in conversations about his experiences. His foster parents want to help him open up, but traditional talk therapy has not been effective so far.

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## Empathy Mapping Activity

Complete this empathy map for your assigned scenario. This exercise helps us understand the child's perspective and identify the most appropriate therapeutic interventions.

<b>SEES</b> 👁️ What does the child see in their world (home, school, caregivers, peers)?	<b>HEARS</b> 👂 What does the child hear from adults, peers, or siblings?
<b>FEELS</b> ❤️ What emotions do they carry (fear, hope, confusion, shame, resilience)?	<b>DOES</b> 🖐️ What actions or behaviors are visible (withdraws, clings, fights, excels)?

**i** Consider how understanding the child's perspective informs your advocacy for specific therapeutic approaches. What does this child need most to begin healing?

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## Discussion Time: Sharing Your Experience

Let's address your questions and concerns about therapy advocacy. Share your experiences, challenges, and successes in supporting children's mental health needs. Your collective wisdom strengthens our entire CASA community.

- What therapy-related challenges have you encountered in your CASA work? Share specific situations where you struggled to access services, navigate system barriers, or advocate for appropriate treatment approaches.
- How do you approach conversations with resistant caregivers about therapy? Discuss strategies for addressing caregiver concerns, stigma, or logistical barriers to therapeutic participation.
- What signs of progress have you noticed in children receiving therapy? Celebrate the positive changes you've witnessed and how you documented these improvements for the treatment team.
- How do you maintain therapeutic relationships during placement changes? Share successful strategies for ensuring continuity of care when children move between homes or change schools.

Your experiences and insights are invaluable to our collective learning. Every challenge you've faced and overcome strengthens our ability to advocate effectively for all children in the system.

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