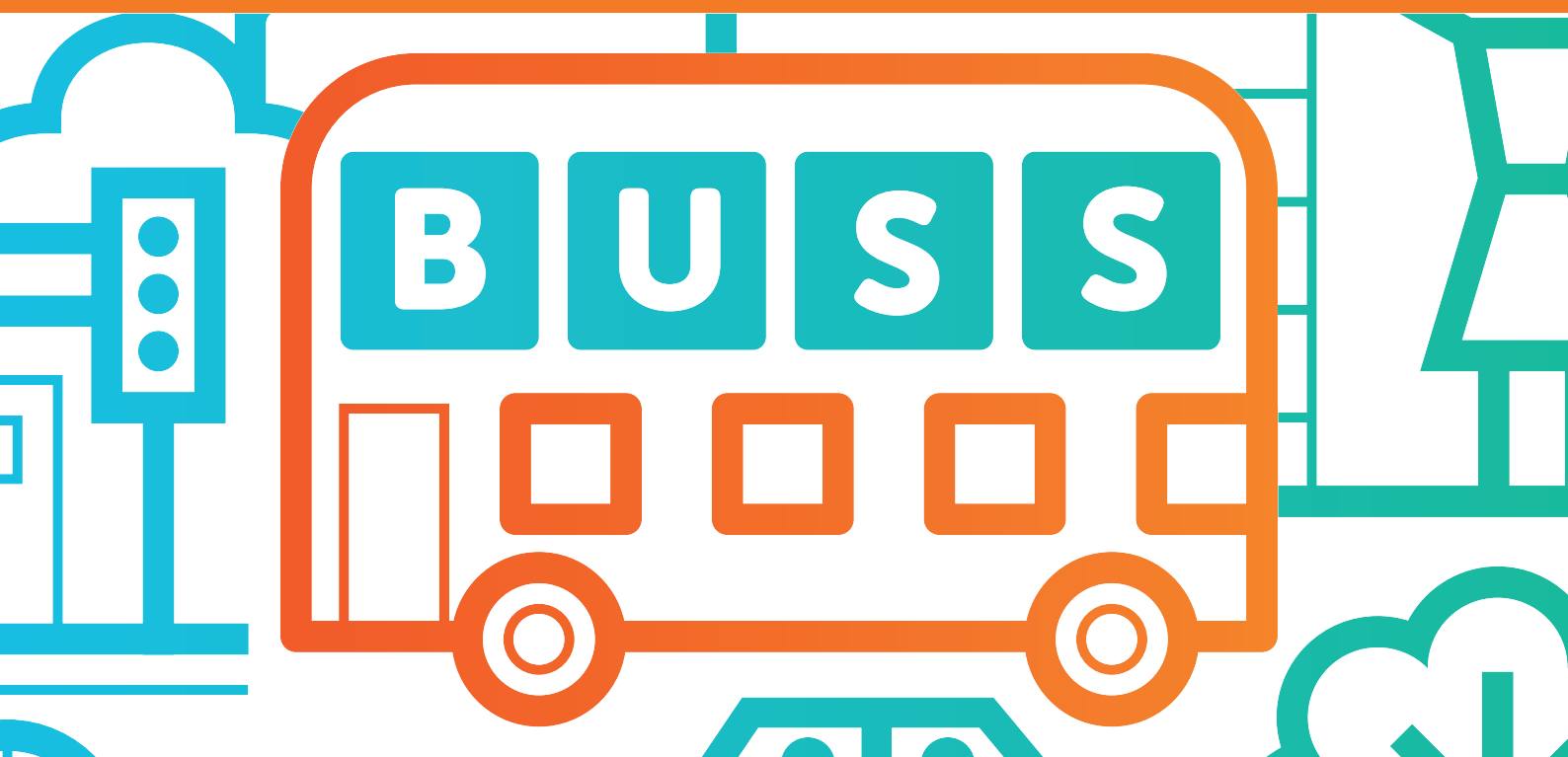


Evaluating the Impact of BUSS LEAPlets®
Early Intervention Groupwork
on Children who have Experienced
Developmental Trauma,
their Foster Carers and Social Workers



Dr. Leigh-Ann Sweeney and Dr. Lisa Moran



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



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Ollscoil Teicneolaíochta na Sionainne:
Lár Tíre, An tIarthar Láir
Technological University of the Shannon:
Midlands Midwest



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ISBN

Print edition: 978-1-0668571-1-1

Digital edition: 978-1-0668571-0-4

Published by

The Irish Foster Care Association (IFCA)
Dublin, 2026

Registered office

Synergy Centre TU Dublin – Tallaght Campus, Tallaght, Dublin 24. D24 A386. Tel: +353 (1) 459 9474 www.ifca.ie
Registered no. 281419 Charity no. CHY 12498 Charities Regulatory Authority's no. CRA 20036690

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Contents

List of Abbreviations	4
Acknowledgements	5
Executive Summary	6
BUSS LEAPlets® Pilot Programme: An Introduction	6
BUSS LEAPlets® Pilot Programme: An Overview of Findings	7
Chapter One – Introduction	9
1.1 Chapter Overview	10
1.2 The Irish Foster Care Association (IFCA) – An Overview	10
1.3 Research Question, Aims and Objectives	11
1.4 Report Overview	12
Chapter Two – Literature Review	14
2.1 Introduction	14
2.2 Children in Foster Care in Ireland: Overview of Context	14
2.3 Impacts of Trauma on Children in Care: Research Evidence	15
2.4 The Impact of Trauma on the Body: Physical Development and Movement in Children and Children in Foster Care	15
2.4.1 <i>Trauma, Wellbeing and Children in Care</i>	16
2.5 The Role of Foster Carers in Ireland	17
2.6 Early Intervention and the Irish Context	18
2.7 Early Intervention for Children in Foster Care	19
2.8 The BUSS® Programme – An Introduction	19
2.9 BUSS LEAPlets® – An Overview	21
2.10 Evidence-Base for BUSS® and BUSS LEAPlets®	22
2.11 Chapter Summary and Conclusions	23
Chapter Three – Methodology	24
3.1 Introduction	24
3.2 Research Design: Process Evaluation Studies	24
3.3 Participatory Learning and Action (PLA)	26
3.4 In-depth Interviews, Narratives of ‘Doing Family’ and the Complexity of the Everyday	26
3.5 Sampling, Recruitment and Ethics	28
3.6 Data Analysis and Interpretation	29
3.7 Chapter Summary and Conclusions	29

Chapter Four – Key Findings from Foster Carer Interviews	30
4.1 Introduction	30
4.2 Developmental Progress, Regulation and Engagement amongst Foster Children	30
4.2.1 <i>Growing Body Awareness and Confidence</i>	31
4.2.2 <i>Positive Outcomes Experienced by Foster Children Across Sensory Domains</i>	32
4.3 Challenges Experienced by Foster Children	34
4.4 Improved Emotional Regulation, ‘Doing Family’ and Emotional Connections	34
4.5 Increased Engagement and Curiosity	35
4.6 Foster Carers’ Experiences of Connection and their Learning from BUSS LEAPlets®	36
4.6.1 <i>Increased Confidence and Competence as Carers</i>	37
4.6.2 <i>Strengthening Emotional Connections</i>	38
4.7 Group Structure and Programme Delivery	38
4.7.1 <i>Containment and Predictability</i>	39
4.7.2 <i>The Role of Facilitators</i>	39
4.7.3 <i>Peer Connection and Shared Experience</i>	40
4.8 Foster Carers Insights on the Implementation of BUSS LEAPlets®	41
4.8.1 <i>Supporting Application of Strategies at Home</i>	41
4.8.2 <i>Balancing Attention Between Children with Different Needs</i>	42
4.8.3 <i>Administrative Tasks and Paperwork</i>	42
4.9 Chapter Summary and Conclusions	43
Chapter Five – Findings from Social Workers’ Interviews	44
5.1 Introduction	44
5.2 Social Workers’ Understandings of Developmental Trauma and Bodily and Emotional Regulation	44
5.3 Perceived Impact on Children: Social Work Observations	45
5.4 Embedding BUSS LEAPlets® within Statutory Social Work Practice	46
5.5 Organisational Leadership, Coordination and Placement Stability	47
5.6 Chapter Summary and Conclusions	47
Chapter Six – Findings from BUSS LEAPlets® Facilitators and Key Informants	49
6.1 Introduction	49
6.2 BUSS LEAPlets® Facilitators’ Expertise and Motivational Factors for Facilitating	49
6.3 Quality of Training Provided	51
6.4 Factors Affecting Outcomes for Self-Regulation in Children: Sequencing, Relationships and Group Factors	52
6.5 Quality of Information, Programme Selection and Relationships	52
6.6 Relationships, Time and Planning	54
6.7 Role Clarification, Facilitation and Consistency	57
6.8 Chapter Summary and Conclusions	58

Chapter Seven – Discussion	59
7.1 Introduction	59
7.2 Perceived Effects on Children’s Sensorimotor Development, Bodily and Emotional Regulation	59
7.3 Social Participation, Confidence and ‘Doing Family’	61
7.4 Implementation, Role Clarity and Sustainability	62
7.5 BUSS LEAPlets®: Exploring its Implications for Policy, Practice, and Research	63
7.6 Chapter Summary and Conclusions	64
Chapter Eight – Conclusions & Recommendations	65
8.1 Summary of Main Study Findings and Implications for Practice	65
8.2 Study Limitations	66
8.3 Principal Recommendations for Future Delivery	66
8.3.1 <i>Recommendations for Social Work</i>	68
8.4 Final Remarks	69
References	70
Appendices	76
APPENDIX – A	76
Interview Guide: Foster Carers	76
APPENDIX – B	77
Interview Guide: Social Workers	77
APPENDIX – C	78
Interview Guide: BUSS LEAPlets® Groupwork Facilitators	78
APPENDIX – D	80
Interview Guide: Key Informants	80
APPENDIX – E	81
Informed Consent Form	81
APPENDIX – F	83
Participant Information Leaflet	83
Introductory Statement	84
Part 1 – The Study	84
Part 2 – Data Protection	86
Part 3 – Approval, Organising and Funding	88
Part 4 – Further Information	88
Part 5 – Next Steps	89
About the Authors	90

List of Abbreviations

BUSS	Building Underdeveloped Sensorimotor Systems
CRA	Children's Rights Alliance
CRQ	Central Research Question
DHC	Department of Health and Children
EIH	Early Intervention Hub
IFCA	Irish Foster Care Association
IIED	International Institute for Environment and Development
OAWY	One Adoption West Yorkshire
OT	Occupational Therapy
PLA	Participatory Learning and Action
SI	Symbolic Interactionism
TA	Thematic Analysis
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child

Acknowledgements

The Irish Foster Care Association, Trinity College Dublin, and Technological University of the Shannon gratefully acknowledge the invaluable support and the contributions of the research steering group throughout this project. We also extend our sincere thanks to all participants, including foster carers, BUSS LEAPlets® facilitators, social workers and key stakeholders, who generously gave their time and insights. By sharing their experiences of BUSS LEAPlets®, they have made a meaningful contribution toward improving the lives and outcomes of children in care. We would also like to acknowledge and thank the funders of the pilot project (RTE Toy Show Appeal/Community Foundation Ireland) and of the research study, the 'What Works' Building Evidence Fund, DCED, for their support.



Executive Summary

This study critically evaluates the operationalisation and perceived impacts of a pilot of the Building Underdeveloped Sensorimotor Systems (BUSS) LEAPlets® programme, implemented by the Irish Foster Care Association (IFCA) working in collaboration with other agencies in 2024 and 2025 in sites across the Republic of Ireland. Utilising a process evaluation study approach, this report draws on qualitative interview materials from foster carers, BUSS LEAPlets® facilitators, social workers and key informants to evaluate the effects of BUSS LEAPlets® on children's physical, social and wellbeing. The principal aims of this evaluation study are as follows:

- To critically analyse the perceived impacts of BUSS LEAPlets® on the sensorimotor development, bodily and social regulation, and relationships of children in foster care who experienced developmental trauma, as per foster carers, BUSS LEAPlets® facilitators, social workers and key informants.
- To critically examine foster carer, BUSS LEAPlets® facilitator and social worker experiences of BUSS LEAPlets® early intervention pilot training, including 'what works' and areas of enhancement for future programme roll outs.
- To analyse the perceived impacts of BUSS LEAPlets® on foster families; reported changes to family life (or processes of 'doing family' (Hertz, 2006)) which includes their everyday routines.
- To analyse and interpret the perceived impacts on children and families as per interviews in relation to international and national research literature on BUSS LEAPlets® and the effects of bodily and emotional trauma on foster children and their families.
- To evaluate the operationalisation of the BUSS LEAPlets® model by IFCA in relation to infrastructure, support, training, quality of information and follow up, as per foster parent, BUSS LEAPlets® facilitator, and social worker perspectives.

BUSS LEAPlets® Pilot Programme: An Introduction

The Irish Foster Care Association is the national organisation that supports foster families through information, training, advocacy and support (IFCA, 2026). IFCA's decision to implement BUSS LEAPlets® as a pilot intervention was partly motivated by the model's emphasis on foster carer's agency and its impact on children's bodies and movements. The BUSS LEAPlets® model was initially developed by Sarah Lloyd as a clinical intervention for children who experienced developmental disruption due to the impacts of early exposure to trauma (The BUSS Model, 2026). This pilot project was implemented by the Irish Foster Care Association with the collaboration of staff from a number of organisations, including Tusla–Child and Family Agency, St. Bernard's Children's Services, Nurturing in Nature and Barnardos, who either participated on the project steering committee and/or actively supported its implementation by supporting foster carers and children in the BUSS LEAPlets® groupwork sessions.

Children in care are far more likely to have experienced early developmental trauma in comparison to their non-care experienced peers due to early experiences of physical and emotional neglect and abuse (Tyler et al, 2006; Selwyn and Lewis, 2023). Early abuse and neglect including malnourishment and emotional and physical abuse affect the developing brain and sensorimotor systems thereby impacting on children's bodily regulation. This significantly disrupts children's relationships and their ability to build trust, form friendships, play and learn, ultimately undermining their self-esteem, belonging and bodily connection. This evaluation was therefore oriented to the perceived impacts of the BUSS LEAPlets® early intervention on children's movements, their physical stance and gait in the first instance, and the concomitant social and relation effects over the duration of the 11-week programme and immediately after this period, as reported by foster carers, social workers, BUSS LEAPlets® facilitators and key informants. While the study is limited in terms of scope in reporting short-term effects of the programme only, it yields strong evidence on the efficacy of BUSS LEAPlets® on children's physical, emotional and social development and on foster carers.

BUSS LEAPlets® Pilot Programme: An Overview of Findings

Our evaluation reveals the following about BUSS LEAPlets®:

- **A relationally grounded intervention**

BUSS LEAPlets® was experienced as a relationally grounded, sensorimotor intervention that supported developmental recovery through movement, regulation, and connection.

- **Positive developmental change in foster children**

Foster carers, BUSS LEAPlets® facilitators and social workers reported meaningful improvements in children's body awareness, balance, coordination, confidence, and sensory integration. Progress was often gradual and individualised but was consistently described as significant in supporting children's readiness for learning and daily functioning.

- **Improved emotional regulation, relationships and social connections**

Participation in the programme supported children's abilities to regulate their emotions and recover from distress. Shared sensory and movement-based activities promoted co-regulation, relationship building, and strengthened emotional bonds between foster children and foster carers. BUSS LEAPlets® contributed to meaningful relational repair, supporting both foster carers and children's developmental and emotional wellbeing.

- **Increased engagement and social participation**

Children demonstrated greater willingness to engage socially and emotionally, both within the group and in wider contexts such as home and at school. Physical gains were closely linked to emotional and relational growth, contributing to holistic developmental progress.

- **Enhanced foster carer understanding and confidence**

Foster carers developed a deeper understanding of bodily-behavioural connections, shifting from behavioural interpretations to a broader developmental perspective on children's learning and growth. Hands-on participation and facilitator modelling increased carers' confidence and competence in supporting their children's needs.

- **The group environment as a key mechanism of transformation**

Predictable routines, a sensory-friendly environment, skilled facilitation, and peer support created a safe and containing space for learning and connection. BUSS LEAPlets® groups functioned as both therapeutic and educational settings for foster children and carers. The atmosphere in groups was also very positive, fostering a strong sense of safety for children and foster carers alike to experiment, learn, and develop confidence within a supportive context.

- **Clear recommendations for strengthening programme implementation**

Interview participants suggested refinements including reviewing programme duration, improving support for applying strategies at home, clarifying terminology, balancing attention in mixed-ability groups, reducing administrative burden, quality of information and enhancing trauma-informed delivery.

In summary, the findings indicate that BUSS LEAPlets® supports developmental, emotional, and relational growth for foster children while increasing foster carers' capacity and confidence. The programme shows strong potential as a relational, trauma-informed intervention within foster care contexts. Social worker interviewees for example, viewed it as a potentially important intervention for fostering children's relationships with foster carers, and a highly effective measure for promoting stable placements. The study evaluated the implementation of the BUSS LEAPlets® intervention by IFCA in collaboration with other agencies, yielding ample data on good practice and areas for future enhancement to optimise impact for children and families.



Chapter One – Introduction

This process evaluation study critically analyses the perceived impacts of the BUSS LEAPlets® pilot programme which was implemented for the first time in the Republic of Ireland by the Irish Foster Care Association (IFCA) in collaboration with staff from a number of agencies, e.g. Tusla–Child and Family Agency, St. Bernard’s Children’s Services, Nurturing in Nature and Barnardos in 2024 and 2025. This study focuses predominantly on the narratives, stories of ‘the everyday’ of foster carers, social workers, and BUSS LEAPlets® facilitators about the perceived impacts of the BUSS LEAPlets® programme on the physical, and emotional wellbeing of children who experienced developmental trauma, across the programme duration (e.g. 11-week period) and shortly after. In this report, ‘perceived impacts’ are defined as participant’s (foster carers, social workers, BUSS LEAPlets® facilitators, key informants) understandings about the effects of the BUSS LEAPlets® intervention on children, firstly in relation to their bodies, movements and self-regulation and relatedly in their relationships with peers, friends, family members, and perceived changes in feelings of belonging, and self-confidence. In eliciting participants’ narratives about the impacts of BUSS LEAPlets, this study further illuminates the labyrinthine complexities of abuse, neglect and trauma on children’s bodies and movements, and the concomitant impacts on family life, children’s relationships with foster carers, siblings, social workers, and peers. Furthermore, we present stories from foster carers, social workers and BUSS LEAPlets® facilitators about children’s lives, pre and post engagement with BUSS LEAPlets® showing its manifold effects on children’s physical health over the 11-week period in relation to sleeping patterns, toileting, washing, stretching and crawling. Relatedly, and as per our findings, participating in BUSS LEAPlets® reduced the effects of developmental trauma as connected to children’s emotional wellbeing, increasing their engagement with other children, self-confidence to complete tasks successfully and their feelings of achievement. In addition, the programme had a positive impact on their behavioural regulation in different contexts including at home, in school, at the park, in the street etc. Applying White’s (2010) conceptualisation of wellbeing as a ‘social process’ that is comprised of interlinking ‘material, relational and subjective dimensions’ (p. 158), our analysis implies that in this context, BUSS LEAPlets® impacted positively on all three aspects of children’s wellbeing. However, the effects of the BUSS LEAPlets® programme were more frequently discernible when foster carers incorporated aspects of the BUSS LEAPlets® into their children’s everyday lives, practicing different dimensions of the programme at home so that it became part of their family lives.

While this report centres predominantly on the perceived impacts of BUSS LEAPlets® on children’s bodily regulation and movement, its effects on children and foster carers’ lives and their relationships at home and at school, it also evaluates the implementation of the BUSS LEAPlets® model in terms of ‘what worked’ as per foster carer, social worker, BUSS LEAPlets® facilitator and key informant’s experiences. The report encompasses critical reflections on the implementation of BUSS LEAPlets® by IFCA in relation to operational factors that are critical to the model’s successful implementation; information provision, training quality, quality of materials, supports provided and perceived costs and benefits. While participants expressed broad satisfaction with BUSS LEAPlets® and its implementation by IFCA, there is important learning in terms of accessibility which are beneficial for future implementations of the programme.

1.1 | Chapter Overview

The remainder of this chapter is divided into principal sections. The next section (1.2) provides an overview of IFCA and some of the key underlying principles of BUSS LEAPlets® which prefigures the literature review in chapter two. In part 1.3 the Central Research Question (CRQ), Aims and Objectives are presented respectively and outline the study's methodology which is elucidated in full in chapter three. Part 1.4 subsequently elaborates an overview of subsequent chapters of this report.

1.2 | The Irish Foster Care Association (IFCA) – An Overview

The Irish Foster Care Association (IFCA) is Ireland's leading national organisation dedicated to supporting foster carers, shaping policy, providing training and resources, and strengthening the fostering community (IFCA, 2026). It serves as a vital advocate and representative voice for foster carers, working to enhance recognition, improve practices, and ensure greater support across the sector. Its core services include advocacy support, a national helpline for information and guidance, policy and public engagement by submitting proposals and engaging in consultations, learning and development which encompasses the journal entitled, *Foster*.

IFCA's work is underpinned by several salient documents including the *UN Convention on the Rights of the Child* (UNCRC) (Children's Rights Alliance (CRA), 2010), the *Guidelines for the Alternative Care of Children: A UN Framework* (SOS Children's Villages International, 2010), the *National Standards for Foster Care* (Department of Health and Children (DHC), 2003) and the *Strategic Plan for Aftercare Services for Young People and Young Adults 2023–2026* (Tusla, 2023). The organisation's impact nationally is evident in IFCA's annual reports detailing output; in 2023 alone, 30 foster families received counselling, 57 children and 78 adults attended the national conference, there were 74 branch and hub events, and 49 learning and development events attended by 886 foster carers and fostering practitioners (IFCA, 2023, p. 9).¹ At the time of writing, equivalent detailed output figures for 2024 are not yet consistently reported in summary form.

IFCA's *Strategic Plan 2025–2027* (IFCA, 2025) was developed in consultation with 600 members, foster carers, employees, Tusla representatives and key stakeholders, and promotes a vision for foster care where 'fostering is recognised, valued and supported' for improving outcomes for the children in care in Ireland today (p. 1). The following are the key priorities of IFCA for 2025 to 2027:

1. To advocate for changes in policy and practice that ensure fostering is acknowledged, respected, and adequately supported.
2. To deliver and facilitate responsive, solution-focused, and flexible supports and services for our members.
3. To strengthen organisational capacity, sustainability, and governance. These priorities are informed by the core values of IFCA which include solidarity, respect and inclusion, collaboration and integrity (IFCA, 2025, p. 2). The prioritisation of these values also informed the implementation of the BUSS LEAPlets® pilot programme which also embeds these principles.

The genesis of the idea for adopting BUSS LEAPlets® into the cadre of IFCA supports were initial discussions between the Co-ordinator of Learning and Development at IFCA with an occupational therapist (OT) who had previously completed some BUSS LEAPlets® training regarding the benefits

of the programme for children who had experienced developmental trauma. After this, the IFCA's National Service Manager and the Co-ordinator of Learning and Development attended a BUSS LEAPlets® training event and were impressed by its accessibility, its non-stigmatising character, the importance of inclusion and early intervention relationships between the child and the foster carer which are critical aspects of BUSS LEAPlets® overall. Tusla staff also performed critical roles to facilitate the pilot's roll out; they led or assisted actively in the facilitation of the groups, strengthening the interagency working and collaborative element of the pilot. A complete list of the organisations who took part in implementing the programme, either by participating in the steering group or supporting children and parents at individual BUSS LEAPlets® sessions is below:

Table 1: Number of Pilot Participants per Organisation

Organisation Name	Number of Pilot Participants per Organisation
IFCA	1
Tusla	7
Nurturing in Nature	2
St Bernard's Children's Services	2
Barnardos	1

1.3 | Research Question, Aims and Objectives

The Central Research Question (CRQ) is as follows:

What are the perceived impacts of the BUSS LEAPlets® early intervention groupwork for children in foster care, according to foster carers, social workers, and BUSS LEAPlets® facilitators with regards to movement, sensorimotor processing and regulation, leading to changes in children's wellbeing?

The principal aims of this evaluative study are as follows:

- To critically analyse the perceived impacts of BUSS LEAPlets® on the sensorimotor development, relationships and bodily and social regulation of children in foster care who experienced developmental trauma, as per foster carers, social workers, BUSS LEAPlets® facilitators and key informants.
- To critically examine foster carers' experiences of the BUSS LEAPlets® early intervention pilot programme, including what works and areas of enhancement for future programme roll outs.
- To analyse the perceived impacts of BUSS LEAPlets® on foster families; everyday processes of 'doing family' (Hertz, 2006) including their relationships and routines.
- To investigate social workers' views on the BUSS LEAPlets® early intervention pilot and its effects on children's, physical and social development and their wellbeing.
- To analyse and interpret the perceived impacts on children and families as per interviews in relation to international and national research literature on BUSS LEAPlets®, children in care, the impacts of developmental trauma on children's wellbeing, on their

bodies, relationships, confidence and self-esteem.

- To evaluate the operationalisation of the BUSS LEAPlets® programme by IFCA in relation to infrastructure, support, training, quality of information and follow up, as per foster parents', BUSS LEAPlets® facilitators' and social workers' perspectives.

The following are the study's main objectives:

- To complete interviews with foster carers on their experiences of the BUSS LEAPlets® early intervention pilot, including 'what works' and what might be improved for future iterations of the programme by IFCA.
- To explore international and UK literature on the effects of BUSS LEAPlets® on the sensorimotor development, relationships, bodily regulation and wellbeing of children in foster care who experienced trauma, as per foster carers, BUSS LEAPlets® facilitators, key informants, and social workers.
- To investigate the perspectives of key informants nationally and internationally on the effects of BUSS LEAPlets® early intervention pilot.

The research questions for foster carers and social workers emanating from this CRQ include the following which were explored in interviews:

- How do interviewees interpret the effects of BUSS LEAPlets® generally and how do they see its importance for sensorimotor development in children specifically?
- What were foster carers' main motivations for engaging in BUSS LEAPlets® training and what worked best about the training?
- To what extent did the BUSS LEAPlets® impact positively on the child's overall sense of their own bodies?
- How did the BUSS LEAPlets® impact on relationships and social interactions?
- Was there any aspect of the BUSS LEAPlets® pilot programme that did not work well/ worked less effectively that they would like to improve?

1.4 | Report Overview

The remainder of the report is divided into six chapters.

Chapter two provides context around children in care in Ireland, incorporating statistics from Tusla and international research literature on their lives. The chapter also examines permanence, stability, and placement breakdown in relation to developmental trauma and wellbeing, and published research on the BUSS LEAPlets® early intervention programme.

In chapter three, the report documents the study's methodology, qualitative, in-depth interviews with a narrative style, which focused on foster carers' stories of their everyday life experiences of family life, whilst also going deep into social workers', key informants' and BUSS LEAPlets® facilitators' viewpoints.

Chapter four outlines the main findings from foster carers, whilst chapter five elicits findings from

social workers' interviews.

Chapter six outlines the main findings on the implementation of BUSS LEAPlets® from facilitator and key informants' perspectives.

Chapters seven and eight encompass the discussion and conclusions and recommendations respectively outlining some key issues that require further addressing should BUSS LEAPlets® be implemented in Ireland in the future. While this evaluation focuses on the implementation of the pilot, there is important learning which are broadly applicable to a wide range of organisations and groups should they wish to implement BUSS LEAPlets® in the future.



Chapter Two – Literature Review

2.1 | Introduction

In Ireland, foster care is the primary form of alternative care for children in Ireland who cannot live with their birth families for reasons like neglect, abuse, or family difficulties. The foster care system is administered primarily by Tusla–Child and Family Agency which was established in 2014 as the dedicated body for child protection and welfare. Tusla aims to provide children with stability, safety, and the opportunity to thrive in a family environment. Most children in state care in Ireland are placed in foster families, which highlights its central role within the child protection system (Tusla, 2023). Children entering foster care often present with complex needs, including emotional trauma, disrupted attachments, emotional dysregulation, and developmental and/or educational challenges.

Foster carers, then play a pivotal role in providing daily care and support for children’s physical and emotional recovery and fostering their developmental progress. To fulfil this role effectively, foster carers too require comprehensive supports, including training, financial assistance, and access to multidisciplinary services. BUSS LEAPlets® has the capacity to bridge some supports to foster carers and is recognised as an important early intervention tool for foster carers and the children in their care (Lloyd, 2023; Wrench, 2025). Early intervention is critical for children in foster care in relation to developing sensory motor systems that are regularly disrupted by neglect, trauma and care entry. For children in foster care, early intervention can mitigate the impacts of trauma, improve educational and health outcomes, and reduce the likelihood of placement breakdown. Evidence demonstrates that children who experience adversity benefit most from timely, preventative supports that address developmental delays which can promote attachment and build resilience (Gilligan, 2000). In tandem, the BUSS LEAPlets® early intervention programme supports foster carers, helps strengthen caregiving relationships and may contribute to greater stability in placements.

2.2 | Children in Foster Care in Ireland: Overview of Context

Where the Irish State has made progress in moving away from institutional forms of care toward family-based foster care placements the system continues to face persistent challenges specific to capacity, stability, and essential supports for children in care and foster families in general. Since January 2025, approximately 10,400–10,500 children were in state care or had recently left state care since April 2018, based on combined CSO datasets (Central Statistics Office [CSO], 2025). The gender distribution is nearly equal, with 51% male and 49% female, and the vast majority (94%) of children in care are Irish nationals (CSO, 2024a). The primary legal basis for placement are care orders, accounting for 72.8% of cases, with 14% under voluntary arrangements and 7.9% under interim care orders (CSO, 2024a). Preferred placements favour foster care accounting for 88% of cases, including general and relative fostering. A lower figure of 9% of children under the age of 18 years of age are in residential care (CSO, 2024a). Crucially, half of children in care experience only one placement, with 9% of children in state care having experienced more than five placements, signalling instability and disruption (CSO, 2024a). The effectiveness of foster care systems can be measured by placement stability and the need for wrap around early intervention services and supports to buffer the physical

and emotional effects of instability (Moran et al, 2017).

2.3 | Impacts of Trauma on Children in Care: Research Evidence

There is mounting recognition internationally that exposure to early childhood trauma causes far-reaching damage to children's lives, their physical development and psychological well-being (Burke, 2024; Moran et al, 2017). A child's early experiences impact upon their long-term social, developmental, behavioural and health outcomes (McNamara et al, 2019). International research shows that children in foster care have most often experienced maltreatment prior to entering care (Kisiel, Torgersen and McClelland, 2020). Where children experienced trauma consistent with physical, emotional, psychological, and sexual abuse, prior to coming into care, sometimes these experiences are compounded when the decision is made to place the child in foster care for safeguarding reasons. Where foster care evidently provides a safer space for children's growth and development, children may also experience additional feelings of grief and loss when they enter a foster family after becoming separated from their family members and daily routines (Vanderwill et al, 2021).

The impacts of developmental trauma on children's lives are profound (Maclean et al, 2016). Research indicates that many, perhaps most, maltreated children will have substantial problems that will continue to affect their social, emotional, and physical development (Honor, 2012; MacLean et al, 2016), and traumatic experiences take many forms and shape neurodevelopment and psychosocial functioning across the life course (Herzog et al, 2018). Ireland's approach to supporting children who have experienced trauma and their foster carers requires new opportunities for supportive learning and development tools that are grounded in children's bodily experiences.

2.4 | The Impact of Trauma on the Body: Physical Development and Movement in Children and Children in Foster Care

Trauma in childhood can significantly alter the development and functioning of the body's physical systems, especially those related to movement, coordination, and motor growth. While cognitive and emotional effects of trauma are well documented, the physiological consequences for musculoskeletal development, sensory processing, and motor skill acquisition are equally profound. Children's bodies are still growing, and exposure to chronic stress or maltreatment can disrupt patterns of physical maturation and contribute to delays in both gross and fine motor abilities. Trauma activates the body's stress-response system, triggering persistent release of stress hormones such as cortisol and adrenaline. When a child's stress response system becomes dominated by hypervigilance, much of their energy is diverted toward maintaining a sense of safety, leaving fewer resources available for engaging in developmental activities. Prolonged activation of the stress-response system impairs the body's ability to maintain homeostasis and can interfere with the development of muscle tone, posture, and balance (Shonkoff et al, 2012). Over time, children may present with clumsiness, poor coordination, or difficulty engaging in sustained physical activity (Perry, 2009).

Somatic manifestations of trauma also extend to sensory processing. Many children who experience chronic stress show hyper- or hypo-responsivity to touch, movement, and vestibular inputs (Kearney and Lanius, 2022). These sensory disruptions can impair body awareness, spatial orientation, and

motor planning. As a result, children may struggle with tasks such as running, climbing, handwriting, or bilateral coordination. These difficulties often resemble developmental motor delays but are rooted in the body's physiological responses to persistent threat rather than in neurological impairment alone.

Children in foster care also face heightened vulnerability to these physical developmental disruptions. Many have experienced early neglect, which is strongly associated with insufficient sensory and motor stimulation during critical periods of physical growth (De Bellis, 2005). Neglect can lead to delays in muscle strength, balance reaction development, and reflex integration. Additionally, children who have experienced physical abuse may develop protective movement patterns such as guarding, rigidity, or restricted mobility which further limit normal motor development and reinforce chronic tension in the musculoskeletal system (Van der Kolk, 2014). Instability within foster placements can compound these issues. Frequent transitions often disrupt opportunities for consistent movement-based play, physical caregiving, and routine health care, all of which support motor development. Lack of stable attachment relationships can also hinder co-regulation making it more difficult for the child's nervous system to settle into states conducive to healthy movement and growth (Adegboye, 2021). BUSS LEAPlets® recognises that trauma has important physical effects on the body, and understanding these effects is essential when designing effective interventions for children in foster care and their foster carers. Trauma-informed physical and occupational therapy and movement-rich environments can support the regulation of the child's stress-response systems while strengthening motor skills and bodily confidence (Van der Kolk, 2014). Consistent foster caregiving, predictable routines, and sensory-informed movement practices can help mitigate the bodily effects of early adversity and improve developmental outcomes over time (Shonkoff et al, 2012).

2.4.1 Trauma, Wellbeing and Children in Care

The impacts of early exposure to trauma on children's wellbeing is also well noted in the literature on children in care internationally (see for example, Oswald, Heil and Goldbeck, 2010). Greeson et al, (2011, p. 92) notes that *'many children in child welfare systems have histories of recurrent interpersonal trauma perpetuated by caregivers early in life, often referred to as complex trauma'*. Wellbeing is a term that has become increasingly popular in disciplines like social care and social work over the past decade and while its meaning remains largely elusive (Green and Moran, 2022), its significance in the literature renders it potentially important in this study. Multiple theoretical and conceptual approaches to understanding wellbeing appear in the literature (Sollis et al, 2022) with concomitant variations in definitions of the concept appearing also (Bautista et al, 2023). The WHO (2026) defines wellbeing as 'a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Wellbeing encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose'.

In the context of this report, we operationalise the WHO (2026) definition of wellbeing along with White's (2010) conceptual approach where wellbeing comprises material, relational and subjective elements. This means that how people interpret the meaning of wellbeing (and by extension, how they gauge their own wellbeing and that of others), relates to social context (subjective) as well as material elements (access to healthcare, finances, education) and the quality of relationships in their

lives. Applied to children in care then, their relationships with foster carers and peers are highly significant to processes of 'feeling good' and 'quality of life' (Kahn and Juster, 2002). Their wellbeing is also shaped by the complex interplays of environmental, social and material factors in everyday life at macro, meso and micro levels which includes family dynamics and relationships with social workers.

2.5 | The Role of Foster Carers in Ireland

Tusla oversees and is largely responsible for the recruitment, assessment, training, and supervision of foster carers in Ireland (Tusla, 2023). Foster care placements in Ireland are made up of general foster care with approved foster carers who are not related to the child and accounts for roughly three quarters of all foster carers. Also, relative foster care where children are placed with an extended family member accounts for roughly a quarter of all foster care placements (Tusla, 2023). In addition, specialist foster care may be provided for children with high levels of need with targeted therapeutic support (Gilligan, 2019). Each of these foster care models for placement encompass the guiding principle that children should grow up in stable, nurturing family environments where possible.

Having a stable foster care placement can be transformative for children. Many children report feeling safe, and that they belong when the placement works well, and when the foster family environment is stable (Fostering First Ireland, 2021). Foster care placements can provide children with better opportunities for educational achievement, emotional recovery, and social development that may have been impossible in their birth homes. Moreover, foster care can offer a 'corrective relational experience' that allows children to develop secure attachments and rebuild trust (Gilligan, 2006). However, placement breakdowns remain a reality, with some children experiencing multiple placements moves, leading to instability and a renewed sense of abandonment (Moran et al, 2017; Moran, McGregor & Devaney, 2020). Despite significant progress, the foster care system in Ireland faces persistent challenges. A shortage of foster carers has emerged as one of the most pressing issues, leading to greater reliance on residential placements, special care arrangements (Special Care Order) and emergency placements (Health Information Quality Authority (HIQA) 2024). The foster care system also faces difficulties in ensuring placement stability and permanence. Although many children experience long-term placements, a significant minority endure multiple moves, undermining their sense of continuity and belonging (Moran et al, 2017).

Ireland has one of the highest rates of foster care use in Europe, with approximately 90 per cent of children in state care placed with foster families (Tusla, 2023). Foster carers' responsibilities regularly extend beyond basic caregiving as they are also tasked with supporting children's emotional recovery, encouraging educational attainment, and, where appropriate, facilitating contact with birth families (Gilligan, 2006). General foster carers – who are unrelated to the child – are approved following formal assessment and training. Evidence suggests that support for carers can be inconsistent. Foster carers often report difficulties accessing mental health services for children, as well as limited respite provision which can adversely affect their wellbeing (Gilligan, 2019). Foster carers in Ireland face significant challenges that affect both recruitment and retention. The most pressing issue is the shortage of foster carers. Factors contributing to this shortage include the demands of fostering and the lack of adequate professional support they are provided. Consequently, this often leads to placement breakdown or foster carers withdrawing from their roles as foster carers. While many children experience long-term, secure foster placements, other children are

exposed to multiple moves, which impact on both the child and the foster carer. Carers often report emotional stress that is linked to behavioural challenges, navigating relationships with birth families, and uncertainty around placement duration (Moran et al, 2020).

Foster carers are often required to support challenging behaviour with inadequate infrastructure and resources. Opportunities to support foster carers to gain knowledge and skills to cope with childhood trauma and the disruptions in bodily regulations would go some way to addressing children's needs specifically in relation to trauma-based behaviours (Octoman, McLean and Sleep, 2014). When foster parents believe that they are receiving adequate preparation and training, timely crisis intervention, and a sense of being valued and respected, they are more likely to continue to foster (Brown, 2008). Recent research identifies the need to improve the quality of foster care support and training also (IFCA and Tusla, 2017; National Review Panel, 2017). Early intervention tools like BUSS LEAPlets® which integrate theory-practice applications with an understanding of the labyrinthine impacts of trauma on the developing brain, to rebuild children's sensorimotor systems, and enable them to thrive, are needed. Recognising foster carers as key agents of change in a child's life leads to more attuned caregiving and strengthening of the foster carer-child relationship.

2.6 | Early Intervention and the Irish Context

Internationally, early intervention is defined as a multidisciplinary, family-centred support that promotes children's developmental potential and participation in society (McCarthy et al, 2022). In the Irish context, early intervention is grounded in legislation and service provision and the justification for early intervention is rooted in both developmental science and policy priorities. Neuroscience demonstrates that the early years represent a period of heightened brain plasticity, making interventions particularly effective (Shonkoff et al, 2012). In Ireland, this has shaped the *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019–2028* (Department of Children, Disability and Equality (DCDE) 2019), which prioritises prevention and early intervention as key to improving children's outcomes. Investing in early childhood yields far greater returns than remedial supports in later life, as it reduces reliance on health, education, and welfare systems (Heckman, 2011). This argument is reflected in Irish government commitments to expand early years provision. However, despite strong policy frameworks, significant challenges persist. The Ombudsman for Children (2020) has criticised long delays in assessments of need, with many children missing the opportunity for timely support. These delays undermine the intent of early intervention by shifting it into later, less effective stages.

For children in care already experiencing disadvantage, the effectiveness of early intervention options are further compounded as service provision continue to vary based on geographical location, with rural and under-resourced areas experiencing shortages of therapists (Devaney et al, 2019). This creates inequity in children's access and support for their foster carers to timely intervention. Due to public delays, many families pay for private assessments and therapies, leading to a two-tiered system where socioeconomic status influences access (Brett, 2007). Paying privately is not an option for most foster carers or considered a Tusla remit. Foster families continue to report difficulties navigating between health, education, and social care agencies, with limited coordination across systems (Devaney et al, 2019).

2.7 | Early Intervention for Children in Foster Care

Children in care are among the most vulnerable groups in society. Early intervention is understood as timely, evidence-based supports for children at risk of developmental or social challenges and for children in care, early intervention can address developmental needs and promotes stability and long-term outcomes. Research consistently shows that children in care are more likely than their peers to present with speech and language delays, difficulties with emotional regulation, and mental health challenges (O'Higgins, Sebba & Luke, 2015). High levels of Adverse Childhood Experiences (ACEs), such as neglect and abuse, can disrupt brain development and stress regulation, creating vulnerabilities that persist across the life course (Brewer-Smyth, 2022). Without early and effective intervention, these difficulties may manifest in educational underachievement, unemployment, and poor health outcomes in adulthood. Policy frameworks such as the *First 5* and the National Policy Framework for Alternative Care (currently under development) acknowledge the importance of prevention and early intervention. However, significant challenges undermine effective delivery. These include delays in access; placement instability; fragmented systems and inequity of access despite as reported, foster children are at elevated risk for cognitive, language, and socio-emotional delays (Young, 2021). Effective early intervention that combines developmental support with trauma-informed care and interventions are most effective when embedded in daily routines and supported by foster carers (Agazzi, et al, 2019).

2.8 | The BUSS® Programme – An Introduction

BUSS® developed as a clinical intervention for children who have experienced disruption to early developmental processes. Defined as an *'innovative treatment model for children who experienced developmental trauma'* (Lloyd, 2023), Sarah Lloyd developed it during her work in a Child and Adolescent Mental Health Service (CAMHS) and Social Work team supporting foster carers and children in their care. Informed by extensive clinical experience as an Occupational Therapist and Play Therapist, BUSS® complemented existing therapeutic approaches by foregrounding the role of bodily regulation as a foundation for emotional regulation, relational development, and learning (Perry et al, 2018). As per Lloyd (2023), the sensorimotor development of children who experienced trauma and resultant developmental delays was overlooked in much extant research and practice, despite widespread recognition of the multifarious and far-reaching impacts of trauma on young children's bodies, relationships, emotions and learning. The core mission of BUSS® is *'to improve the lives of children who have experienced developmental trauma and their families'* with the vision being *'to make a significant contribution to the international community of understanding about the impact of trauma on the developing child'* and *'for BUSS® to be a well-recognised and respected intervention available to all children who have experienced developmental trauma'* (BUSS, 2026).

At the core of the model are four foundational sensorimotor systems that shape a child's development (Lloyd, 2020). The proprioceptive system governs muscle movement and regulation of pressure within those movements. Children with underdeveloped proprioceptive systems may demonstrate limited body awareness and less fluid physical coordination (Lloyd, 2020). The vestibular system supports balance, core strength, and a sense of stability in relation to gravity (e.g. during jumping). When this system is underdeveloped, children may struggle with coordination and balance control (Lloyd, 2020). The limbic system is responsible for emotional regulation and stress management; children operating in a persistent state of 'survival mode' often find it challenging to

cope with uncertainty or a lack of control (Lloyd, 2020). Finally, the tactile system matures when children experience sufficient nurturing and safety, allowing them to explore their environment without self-protective responses. Conversely, those exposed to maltreatment may develop weaker tactile systems (Lloyd, 2020).

A keynote of the BUSS® programme is the emphasis that is accorded to parental agency and the active involvement of parents, which delineates it from other approaches (e.g. Sensory Integration Therapy) (Lloyd, 2023). Indeed, BUSS® is frequently described as a 'bottom-up' approach. Comparably, Lloyd (2023) states that one of the central premises of BUSS® are the linkages between '*the need for an attuned caregiver*' and '*predictable stages of motor development*'. Essentially, per Lloyd, '*one cannot happen without the other*'. A central principle of the BUSS® model is that caregivers, whether biological, adoptive, or foster carers serve as primary agents of change. Practitioners provide structure, guidance, and clinical oversight. However, progress is understood to depend on repeated, attuned, relational sensorimotor experiences within the everyday caregiving context. This approach aligns with research demonstrating that co-regulation, safety, and consistency are key drivers of neurodevelopmental recovery following exposure to early adversity (Schoore, 2016; Hughes, Golding, & Hudson, 2019).

Bodily regulation refers to the capacity to perceive, interpret, and respond to internal bodily cues and external environmental demands in a coordinated and automatic manner, contributing to a sense of bodily agency and integrated self-awareness (Craig, 2015). From a psychological perspective, bodily regulation refers to the processes by which the nervous system monitors, integrates, and responds to internal bodily signals in order to maintain physiological and emotional balance, supporting adaptive behaviour and well-being. When functioning effectively, this system enables children to engage in everyday tasks such as walking, sitting, or eating without requiring sustained conscious monitoring of bodily processes. Children with well-established bodily regulation are typically able to participate in learning, play, and everyday social interaction with minimal motor or sensory disruption. In contrast, children whose bodily regulation has been compromised may demonstrate motor coordination difficulties, sensory modulation challenges, or reduced interoceptive awareness (Ogden, Minton, & Pain, 2006). These difficulties may well be interpreted as clumsiness, distractibility, avoidance behaviours, emotional dysregulation, or challenges sustaining attention in educational and/or home environments. Lloyd (2023) states:

Without [this] synthesis of relationships and movement, bodily regulation is not able to progress as it needs to, and... future physiological and psychological development can be compromised... The lack of agency in one's own body, for example not being able to gauge how much pressure or force to use in a movement, means that, for a child, standing in the line at school, sitting on the carpet to listen to the teacher, giving a hug or playing a game of tag rarely go as planned. Coupled with the awareness of what their peers can do, can lead children to opt out of situations that facilitate peer-group relationships, engagement in sport or opportunities to learn, thus widening the gap between them and their typically developing peers.

Sensorimotor development begins in utero and continues throughout infancy and early childhood through repeated experiences of movement, attuned relational care, and tactile interaction (Shonkoff & Phillips, 2000). However, early adversity including prematurity, illness, neglect,

maltreatment, or disruption in early caregiving can interfere with these developmental processes, resulting in gaps in neurophysiological integration and motor-sensory maturation (De Bellis & Zisk, 2014; Van der Kolk, 2014). When this occurs, children may display difficulties coordinating bodily movements, modulating sensory input, or interpreting internal bodily cues, and may develop compensatory strategies that mask underlying developmental gaps.

Although psychological and relational therapies are widely used with children who have experienced early adversity, BUSS® operates as a complementary bottom-up approach, prioritising the development of foundational neurophysiological systems necessary for children to make effective use of higher-level relational and cognitive interventions (Siegel, 2020). Evidence emerging from clinical reports, caregiver feedback, and ongoing research suggests that these foundational developmental processes remain malleable throughout childhood and adolescence, particularly when intervention occurs within the context of stable, attuned, and responsive caregiving relationships (Cozolino, 2014; Dozier & Bernard, 2017).

BUSS® aligns closely with bottom-up therapeutic frameworks and with the Neurosequential Model of Therapeutics (NMT) (Perry & Dobson, 2013). NMT conceptualises child development as beginning with the brainstem, which regulates core physiological processes such as heart rate, respiration, and blood pressure. Development then progresses through the diencephalon, associated with autonomic and endocrine regulation, sleep, and appetite, followed by the limbic system, which underpins emotional functioning, memory, bonding, and reward processing. The highest level is the cerebral cortex, which is responsible for complex cognitive, relational, and symbolic capacities including language, conscious thought, creativity, time perception, values, and meaning making.

Commensurate with this framework, BUSS® provides a developmental sequencing that supports children in strengthening foundational neurophysiological systems before engaging in higher-order cognitive or relational work. This approach complements relationally focused, trauma sensitive models such as Developmental Dyadic Psychotherapy (DDP) and Theraplay, both of which prioritise the attuned caregiver-child relationship as a primary mechanism of therapeutic change (Hughes, Golding, & Hudson, 2019; Norris and Lender, 2020). Together, these approaches form a coherent integrative framework in which sensorimotor regulation and relational safety are understood as prerequisites for emotional, behavioural, and cognitive development.

2.9 | BUSS LEAPlets® – An Overview

BUSS LEAPlets® is an 11-week structured intervention originally developed for preschool-aged children aged three to six years, and their parents/caregivers. The programme was initially designed to support children who encountered difficulties at school while Sarah Lloyd worked in therapeutic social work in Leeds, England. It is targeted principally at children aged three to six years who have experienced early developmental adversity, particularly disruptions to attachment formation and early caregiving environments. Training sessions are designed to introduce core theoretical principles, increase familiarity with programme expectations, and provide experiential engagement with selected activities prior to joint participation with their child. As per an interview with Lloyd, disruption and disorder are not the same phenomena and it is possible to reverse some of the effects of early life traumas in children's lives (Psychology Gateway, 2026).

Beyond facilitating peer support among participating families, the programme aims to enhance

caregiver's understandings of developmental processes that are central to early childhood functioning, with particular emphasis on foundational sensorimotor integration. Grounded in attachment-informed and neurodevelopmental frameworks, the programme prioritises co-regulated, attuned interaction as a mechanism for supporting children's emotional, social, and neurophysiological development. Activities are intentionally designed to be accessible, play-based, and intrinsically motivating, reflecting evidence that repetition and relational consistency promote neural organisation and developmental progress. Caregivers are encouraged to implement these activities between sessions to consolidate learning, strengthen caregiver–child relational attunement, and support ongoing neurodevelopmental change.

The accessibility of BUSS LEAPlets® is one of its most significant strengths. The format of the website, written in clear, supportive language enables non-specialists to engage confidently in therapeutic work with children. This democratisation of knowledge challenges the notion that developmental repair must occur exclusively in clinical settings. Instead, BUSS LEAPlets® aims to empower parents, educators, and carers to integrate therapeutic principles into everyday life, turning ordinary moments into opportunities for connection and growth. In doing so, the BUSS LEAPlets® embody a trauma-informed ethos that values consistency, predictability, and relational safety across contexts.

2.10 | Evidence-Base for BUSS® and BUSS LEAPlets®

In recent times, a growing number of studies in clinical psychology have been conducted, particularly in the UK by doctoral students, generating compelling evidence of the positive impacts of BUSS® and BUSS LEAPlets®. While more nuanced research is required, and there are gaps (i.e. in some studies, small sample sizes, limited research outside the UK), the wealth of evidence suggests that BUSS® has broadly positive effects for children as well as their caregivers and families. The concluding chapter of this report also makes some recommendations for future research.

Smith (2024) explored the impacts of BUSS® on young, adopted children in West Yorkshire, England (One Adoption West Yorkshire (OAWY)). Drawing on interviews and conversations with seven parents, the research explored the extent that BUSS® supports children's emotional regulation and bodily development and the role of BUSS® in relation to the experiences of children and newly adoptive parents. Significantly, all parents expressed positive attitudes towards BUSS®; it was seen as accessible and was easy to do at home. Parents also reported that BUSS® validated their own observations about their children's sensorimotor difficulties and benefited from feelings of acceptance and understanding that existed within the group. BUSS® was also valuable for building relationships and spending quality time with the children. Importantly, parents reported positive changes in children's development by the end of the intervention. Six interviewees reported improvements to their child's core strength; they could sit for longer time periods without slumping and had more control in their upper bodies. All seven participants reported improvements in bodily movement and co-ordination. Robinson (2021) reported positive results where adoptive parents revealed reported improvements to children's bodily and emotional regulation (n=10). BUSS® was said to have increased children's self-esteem and confidence whilst increasing children's language skills (Robinson, 2021 cited in BUSS, 2026).

Jones (2024) evaluated BUSS LEAPlets® using a qualitative research design with eight foster carers in Leeds, England. Overall, participants in BUSS LEAPlets® reported remarkable results in terms of children's oral strength (i.e. eating and chewing without difficulty), their abilities to blow and suck

and their propensity to try new foods. Positive results were also reported in children's abilities to jump, use cutlery, run appropriately and climb stairs with benefits in terms of relationship development with caregivers reported also. Importantly, children's overall attunement to their own bodies also improved; their ability to identify when they needed the toilet, and when they were hungry and tired also improved.

2.11 | Chapter Summary and Conclusions

This chapter outlines extant research on the lives of children in care, the complexity of their experiences in terms of bodily regulation, emotions and life histories, which frequently relate to pre-care experiences of neglect and abuse. While extant research on children in care is well developed internationally, there is scant research on BUSS LEAPlets® in Ireland, or evaluations of same. This study therefore contributes strongly to available evaluations predominantly in the UK, advancing research in the Irish context. The research presented in this chapter contextualises the findings offered subsequently in this study in chapters four, five and six.

The conceptual framework presented here in relation to wellbeing, and subjective experiences thereof, strongly links to the methodological orientation of this work, which is deeply qualitative and oriented to life stories and perceived impacts as extrapolated from narratives. Chapter three elaborates the methodology, combining in-depth interviews with foster carers, social workers, BUSS LEAPlets® facilitators and key informants to elucidate perceived impacts.



Chapter Three – Methodology

3.1 | Introduction

This chapter outlines the most pivotal aspects of the study's research design and the project methodology; namely a process evaluation study utilising in-depth qualitative interviews with key stakeholders in BUSS LEAPlets® (foster carers, social workers, BUSS LEAPlets® facilitators and key informants), framed within a Participatory Learning and Action (PLA) approach. The main aims of the study (as outlined in chapter one) justified the use of a PLA research approach which harnessed practice insights from the BUSS LEAPlets® steering committee, with extant literature and in-depth interviews that embodied narrative dimensions. Ultimately, in this study, we wanted to go deeper into participants' views of BUSS LEAPlets®, their stories of how it affected children's lives including how children's bodily regulation, their relationships with foster families, social workers and their peers as linked to, physical and emotional development.

Drawing on the work of important narrative research scholarship by Thomson (see for example Thomson and Holland (2002)), Riessman (2008) and others (Andrews, Squire and Tamboukou, 2013), we saw participants' stories as mirroring their everyday lived realities. This was crucial to how we captured the perceived effects of BUSS LEAPlets® on children's wellbeing, a multifaceted and labyrinthine concept as per chapter two. As will be shown in subsequent chapters (four and five), these interviews facilitated depth understandings of developmental trauma and its effects on children's bodily regulation and relationships, as well as 'what works' with regards to operational aspects of the BUSS LEAPlets® pilot led by IFCA. The PLA aspect of the study is elucidated in greater depth in this chapter; this was significant to the recruitment and data collection processes and was part of the study's orientation which was based on ethics, mutuality and shared learning.

In this chapter, the report discusses the principal steps of completing this process evaluation study and the research design (3.2), the PLA (3.3), the interviews (3.4) sampling, recruitment and ethics (3.5) and data analysis and interpretation (3.6). Part 3.7 provides a chapter summary and conclusions.

3.2 | Research Design: Process Evaluation Studies

The principal focus of process study evaluations is critically examining an intervention, programme, process and/or procedure in terms of its operationalisation and effectiveness. Frequently, this is done through compiling and examining data from persons who were directly involved in the intervention or programme to come to know and understand their experiences and map perceived impacts in the short, medium and/or longer term (Grant, Bugge and Wells, 2020). Acknowledging the complexity and value of process evaluations, French et al, (2022) states: *'By examining intervention mechanisms, implementation, and context, process evaluations aim to understand how complex interventions bring about outcomes, shed light on unanticipated effects, and inform optimal integration into existing practice'*. Typically process evaluations focus on the implementation, impact and improvement. This process evaluation also elucidates this structure:

- **Implementation:** a description of the intervention with an emphasis on the factors that

affect its implementation and operationalisation. In short, this constitutes the mechanics of an intervention or programme. This can include, for example, findings on human capital, funding constraints, and/or training quality.

- **Impact:** what the perceived impact is as per stakeholders' perspectives and the interplays of operational and contextual features that affects impact.
- **Improvement:** strong emphasis on aspects of the intervention that worked well and areas for consideration (Longworth et al, 2024).

Process evaluation studies routinely utilise different data sources including survey questionnaires, observation and secondary analysis, qualitative methods (including in-depth and semi-structured interviews) to capture participants' views (Early Intervention Foundation (EIF), 2026). However, the choice of method is contingent on the aims and objectives, the CRQ and ultimately, what the researchers want to achieve. This further justified our approach. As we wanted to elucidate stories from foster carers about children's wellbeing including their perspectives on traumas that they experienced before going into care and its impacts on their bodies and behaviours, our interview schedule for foster carers operationalised this. As we were interested in the factors that affected programme implementation as per BUSS LEAPlets® facilitators, the interview schedule for this cohort focused predominantly on operational issues.² Our approach to preparing interview schedules corresponded strongly to Bryman's (2016) work on methodological integration, where during the process of research design, the interview questions are indelibly linked to the literature review, which links to the analysis and interpretation of data etc.

As per EIF (2026), we devised an implementation 'crosswalk' to link the CRQ and associated research questions with the participant groups in the early stages of the research. This was important as a means of triangulating the data from each stakeholder group and ensured that the CRQ, aims and objectives were addressed comprehensively from each group. Subsequently, in the first stage of the study, we followed the seven steps that delineate process evaluations as defined by Goldsworthy (2025, pp. 6-14) and applied them to the context of this evaluation study:

- Develop a comprehensive description of the intervention and its delivery.
- Write evaluation questions.
- Identify data needs based on the study.
- Identify the benchmarks for success.
- Develop an evidence base (e.g. data collection).
- Analyse and interpret the findings.
- Communicate findings with relevant stakeholders.

Both researchers are also experts in qualitative methods generally and especially narrative interviewing techniques which focus on the complexity and richness of stories and storytelling (Andrews, Squire and Tamboukou, 2010). They were therefore interested in incorporating dimensions of narrative inquiry into this work, conscious of its value in extrapolating rich narrations from participants about lived experiences of developmental trauma and its lifelong impacts, the everyday dynamics of familial relationships and the emotional effects of developmental trauma and bodily dysregulation on children's lives. This is explored in greater depth in this chapter in terms of research design while subsequent chapters manifest the complex narratives elucidated by

² Please see the appendices for copies of the interview schedules for each group/cohort.

participants with regards to the impacts of BUSS LEAPlets® on children and foster carers.

3.3 | Participatory Learning and Action (PLA)

PLA has a long history in the social sciences, in development studies, psychology and sociology for example. While different definitions prevail, it is often defined as a research approach that emphasises collaboration for shared learning that yields depth understanding of a situation, circumstance or context (Pretty et al, 1995; Intrac, 2017). From the very outset of the study, we underlined the importance of collaborative learning in the study to generate hitherto unknown knowledge in Ireland about the potential of BUSS LEAPlets® for children's development and bringing to bear the immense value of 'practice wisdom' to the study.

Consistent with the PLA approach, a steering group was established in the early stages of the study. This was comprised of representatives from IFCA, an OT from Nurturing in Nature, Tusla Social Care Workers, Tusla Social Workers, representatives from BUSS LEAPlets® and in the initial project phases, and the evaluation research team. The benefits and potential challenges of the study's methodology was discussed in detail within the steering group who recognised the immense value of in-depth interviews with a narrative orientation as the core methods to achieve the aims and objectives. The knowledge garnered from the steering group was immense and the learning was rich in terms of understanding the impacts of developmental delays and trauma on children's bodies from the perspectives of experienced practitioners. It also provided us with much learning on the following:

- The origins and development of BUSS LEAPlets® and the factors that influenced its development.
- Factors that helped and hindered the implementation of the pilot study by IFCA.
- Identification of interviewees using snowball or purposive sampling initially.
- Identifying key research on BUSS LEAPlets® and incorporating interdisciplinary perspectives.

Both researchers kept detailed feedback of these meetings, recording the learning that could be garnered and linking it back to the CRQ, the aims and objectives and also discussing the research at regular intervals. This fostered a spirit of shared learning amongst the research team and also allowed for greater knowledge-exchange and knowledge 'hybridisation' within the steering group. This greatly enriched the process of doing the interviews and also strengthened the analysis and interpretation phases for the researchers. Both researchers remained on the steering committee for most of year one. However, the decision was taken to step back from the committee prior to data collection, to maximise objectivity. It is the perspective of both researchers that the timing was accurately judged on this. The information that was needed for the PLA dimension had been collected and analysed at that point and the data collection with participants was then the priority.

3.4 | In-depth Interviews, Narratives of 'Doing Family' and the Complexity of the Everyday

As stated previously, the interview schedules were directly linked to the CRQ, aims and objectives and to the literature review. They were also assisted by the PLA approach; the steering group reviewed the questions prior to the interviews for their phrasing and whether other questions may

have been needed. To maintain accuracy and alignment with extant research, we did not substitute any questions in our schedule and only very minor comments were made by the steering committee on phrasing that did not affect the integrity of the research or colour our objectivity as professional researchers.

In-depth interviews are important methods in the social sciences and are characterised by their approach to asking questions in an open-ended fashion, and the probing of participants where possible to access their inner life worlds. In contrast to survey questionnaires which tend to ask closed-ended questions (e.g. yes/no), the use of open-ended, narrative style questions facilitated us in exploring the complexities of family relationships, the impacts of developmental trauma on children's lives and narratives of wellbeing. This was important to the 'storied' approach of the research too and the strong emphasis on everyday interactions and family life, including micro-level interactions between children and their families (MacDonald, 2015). While the Appendices provide the full lists of questions that were asked of each interviewee groups, the list below provides some of the areas that we regularly asked foster carers about in the interviews.

- Child's exposure to developmental trauma and their pre-care life experiences.
- Their family relationships and experiences prior to taking part in BUSS LEAPlets®.
- Any observable changes to the child's behaviours, moods and/or physicality after participating in BUSS LEAPlets®.

As researchers, we are strongly influenced by Symbolic Interactionism (SI), a conceptual approach that is oriented to the complexities and richness of everyday interactions between people, which define and legitimise people's social realities. The process of 'doing family' emerged strongly from the data and linked to SI in terms of its engagement with micro level interactions. Interviews with foster carers and social workers were replete with descriptions of everyday family life, children's relationships with foster carers and the impacts of developmental delays on play and learning. This approach to capturing life stories also corresponds to trends in research on stories aspects of children's lives, micro dynamics and everyday interactions which include studies like Moran et al, (2019) and Pinkerton and Rooney (2014).

Essentially, incorporating narrative elements into the interviews necessitated an inductive approach to research design, where we continually refined the questions in line with findings from the literature and the emergent data to achieve synthesis between different elements of the study (e.g. the literature, methodology, ethics and research findings) and accomplish methodological integration (Bryman, 2016). While methodological integration is much debated (Woolley, 2009), essentially it refers to a process where the data guides the literature and the literature guides data collection so that the data and literature are fused. In line with advice by other narrative researchers (e.g. Riessman, 2008), we elicited stories using the following phrases to probe interviewees:

- *'And then what happened?'*
- *'Can you tell me a story about that please?'*
- *'Do you remember anything else about that event?'*

Some of the main ethical dimensions of this study are outlined later in this chapter. One particular ethical issue that we considered in interviews was the possibility of causing emotional upset to foster carers when discussing sensitive matters in interviews including trauma. As per our ethical training,

we discussed this in depth prior to interviews taking place and also informed participants in writing and verbally prior to interviews that they could stop at any time and did not have to answer any questions that they did not wish to answer. We also took our guidance from important literature in narrative research including Wengraf (2001) to probe ‘pausefully’, to use our intuition as researchers and to end interviews positively to offset emotionally difficult memories that could emerge later (Rosenthal, 2003).

3.5 | Sampling, Recruitment and Ethics

The steering group and IFCA were central to the sampling and recruitment of participants. The initial steering group meetings provided us as a research team with a strong understanding of BUSS LEAPlets® which was supplemented by literature on the topic mainly from the UK. The researchers were always aware of bias during the study and the importance of remaining objective in the evaluation. After each steering group meeting, we regularly debriefed each other on the key learning from each meeting that was relevant to the BUSS LEAPlets® evaluation and discussed strategies to offset bias. We also added a layer of interviewees to the evaluation to optimise our own objectivity, the key informants, which included international child protection experts who were knowledgeable of BUSS LEAPlets® and other interventions that were broadly similar, social workers and academics from social work and social care. This deepened our own criticality which we brought to bear on the interview questions, and our data analysis and interpretation.

The Co-ordinator of Learning and Development at IFCA, who was also a steering group member, was central to recruiting participants for interviews. She organised online meetings with foster carers who were attending groups throughout the study. The lead author of this report (LAS) also attended these online meetings to discuss the study, the method and its importance. In line with our ethical approval, participants at these sessions were informed that participation was voluntary and they did not have to take part if they did not want to. They were also informed about their rights as interviewees; they could opt out or stop at any time. The interviews began in summer 2024 with the key informant cohort, followed by BUSS LEAPlets® facilitators, social workers and foster carers. A total of 15 BUSS LEAPlets® groups were delivered as part of the pilot project in Counties Dublin, Meath, Monaghan, Carlow, Kilkenny and Tipperary. The data collection phase concluded officially in November 2025; the table below contains an overview of the number of participants and the cohort. Interviews were transcribed by a professional transcription service and were analysed as soon as possible after data collection. Full ethical approval for this study was also sought and retrieved from the Research Ethics Committee (REC) at Trinity College Dublin (TCD) and Tusla–Child and Family Agency, prior to any data collection taking place.

Table 2. Participant Profile

Participant Group	Number of Participants
Foster Carers	21
Social Workers	4
Social Care Leaders	2
BUSS LEAPlets® Facilitators	5
Key Informants	4

The one-to-one interviews with participants exploring their experiences of the BUSS LEAPlets® programme were conducted in strict adherence to ethical guidelines. Data collection did not commence until full ethical approval had been granted by the Research Ethics Committee at the School of Social Work and Social Policy at Trinity College Dublin and the Tusla–Child and Family Agency Research Ethics Committee in 2024. Participants were provided with detailed information outlining the purpose and scope of the study, as well as provisions relating to confidentiality, privacy, and data protection in line with the General Data Protection Regulation (EU) 2016/679. Informed consent was obtained from all participants prior to their involvement in the study.

3.6 | Data Analysis and Interpretation

We used Thematic Analysis (TA) to analyse the findings from the interviews. We were already expert in using TA having used this extensively in other projects and understand its complexities and nuances as a research tool. As per Nowell et al, (2017), TA constitutes an important method for ‘identifying, analysing, organizing, describing, and reporting themes found within a data set’. Subsequently, we followed the steps as described by Braun and Clarke (2006) and Nowell et al, (2017) on doing TA which includes initial reading, re-reading, coding, creating master or major codes and subcodes. Each researcher completed an initial reading of the data. Subsequently, we came together to debrief and then did a second read together. We then led on different halves of the analysis to get a comprehensive picture of the data and its connections to the research context and fostered a deep appreciation of each other’s perspectives. We then debriefed and swapped the datasets to optimise our knowledge and engagement with the datasets and maximise the recursive relationship to the literature review as per methodological integration (Bryman, 2007). We adopted a similar approach to analysing and interpreting fieldnotes from interviews and notes taken from steering committee meetings which were also treated as a key source of data in this study. This was also central to how we made sense of the data; how we interpreted and understood its meanings whilst connecting it back to the CRQ, the aims and objectives and the extant research.

3.7 | Chapter Summary and Conclusions

This chapter outlined the study’s methodology, including nuanced features such as its emphasis on stories, life experiences, and participatory methods. As shown in subsequent chapters, the result of strong research engagement with methods and ethics has culminated in rich narratives from foster carers (chapter four), social workers (chapter five) and BUSS LEAPlets® facilitators and key informants (chapter six). Reflexivity and continual engagement with each other, with extant literature and depth understanding of the interview materials were critical to the overall success of the project.

The next chapter engages with foster carers’ interviews to reveal their understandings about BUSS LEAPlets® and its perceived impacts on their foster children’s lives. Significantly, BUSS LEAPlets® seemed to facilitate deeper understandings of children’s experiences of traumatic life events and their meanings in children’s worlds. Moreover, as shown in this chapter, foster carers interpreted BUSS LEAPlets® as exerting strong, positive impacts on their children’s bodily and emotional regulation which was also noted by social workers (chapter five) and BUSS LEAPlets® facilitators and key informants (chapter six). Importantly, the datasets also revealed important findings on where and how implementation of BUSS LEAPlets® could be improved into the future which was also central to this evaluation. This is also explored in chapters five and six.



Chapter Four – Key Findings from Foster Carer Interviews

4.1 | Introduction

This chapter presents the findings from the qualitative evaluation of the BUSS LEAPlets® pilot programme with foster carers whose foster children have experienced early adversity or developmental disruption. The qualitative component of the evaluative study sought to explore how the pilot programme was experienced by foster children and their foster carers over the course of their participation and how they thought about participating in the future. The focus centred on understanding participants lived experiences, and the relational and developmental processes that unfolded during the intervention. Throughout this chapter, this is also linked to White's (2010) concept of wellbeing.

Data were generated through online semi-structured interviews with foster carers on completion of the BUSS LEAPlets® programme. The main themes from the foster carers' experiences are developmental progress, regulation, and engagement with foster children; foster carers' experiences of connection and learning within the BUSS LEAPlets® programme; group structure and delivery; and insights from foster carers on how the implementation of BUSS LEAPlets® could be strengthened for future rollouts by IFCA.

Illustrative quotes are used throughout to preserve the voices of foster carers. In keeping with a reflexive qualitative approach, attention is also given to the researchers' interpretive stances, shaped by their theoretical commitments, positionality, and engagement with the data. The findings provide a rich account of the BUSS LEAPlets® experience and how sensorimotor and relational work can support developmental recovery for children who have faced early challenges.

The remainder of this chapter is divided into eight remaining sections, commensurate with key themes emerging from the data. Part 4.2 focuses on developmental progress, regulation and growing body awareness and confidence while part 4.3 outlines some of the main challenges that were encountered by foster children in groups. In part 4.4, the report highlights reported emotional connections and 'doing family' and part 4.5 looks at children's engagement. In part 4.6, the report outlines the key learning of foster carers from partaking in BUSS LEAPlets®, which emerged strongly as a theme also. Part 4.7 summarises foster carers' insights on group structure and part 4.8 encompasses their views on implementation of BUSS LEAPlets® in this context. The chapter is summarised in part 4.9.

4.2 | Developmental Progress, Regulation and Engagement amongst Foster Children

A central theme emerging from the data concerned the ways in which foster children demonstrated developmental changes over the course of the BUSS LEAPlets® programme. Foster carers described observable shifts in children's bodily awareness, balance and coordination, confidence, emotional regulation, and improved engagement with their foster carers, families, schools and peers and social

learning. These changes were often subtle and gradual but were experienced by foster carers as meaningful indicators of growing stability and readiness for enhanced connection and learning. These identified changes were unique to each child respectful of their physical abilities and trauma experienced prior to coming into care. Each small change was noted as a positive milestone for the child and their foster carer.

4.2.1 Growing Body Awareness and Confidence

Foster carers frequently commented that their children appeared to become more confident in their movements and increasingly willing to explore their physical environments during BUSS LEAPlets®. For children who had experienced severe neglect and disruption prior to coming into care, this was a discernibly positive change. Several carers described some children's 'reluctance' to participate initially and noted that their children were 'hesitant of their bodies' or 'aware of their limitations'. As May explained, 'She would get a bit awkward, do you know, when the girls [facilitators] kind of would come over, or even if I'm trying to get her to do it a certain way... she wanted to run around and have fun... she struggled with the sucking and the blowing'. Some children were happy to attend with encouragement from their foster carer with the benefits showing as school readiness, as Joe stated:

'He can't put his shoes on; he can't pick his bag up properly; he can't get in the car properly; he can't put on his seat belt properly'. Everything is a struggle. And so, by the time he gets to school, he's had enough, he just turned up and he was ready for it, and he just wanted to do it'.

By the end of the programme, three quarters of foster carers who were interviewed noticed improved coordination and a greater sense of bodily competence amongst children. In addition, the majority of foster carers believed their foster children enjoyed the BUSS LEAPlets® programme while saying that they looked forward to returning each week for the duration of the programme. There were also perceived positive impacts on children's relationships and learning of social situations:

'You know, she's getting so much even out of the session anyway, I think, you know, she loves to come back here' (Bridget).

'She would sometimes kick and scream in the shop when she met other kids. Now it's calm and even responding to them positively. It has improved her ability to make friends and possibly her understanding of relationships which is more positive' (Kate).

Beyond physical development, these gains in bodily confidence appeared to translate into important soft skills which are significant for children's growth, development and wellbeing. As children became more comfortable and capable in their movements, they also demonstrated increased self-confidence, resilience, and a willingness to try new activities. The findings suggest that feeling physically competent strengthened children's beliefs in their own abilities and their self-confidence. In this way, the development of bodily confidence act as a foundation for broader personal growth, strengthening not only coordination but also self-esteem, social engagement, and overall confidence:

'You just can't believe how he has come out of himself. More engagement at home with the kids and all' (Joe).

4.2.2 Positive Outcomes Experienced by Foster Children Across Sensory Domains

Foster carers' accounts also indicates that children experienced a range of positive outcomes across different sensory domains, contributing to children's physical wellbeing. The findings are presented under three categories: vestibular domain, body awareness, and tactile. Each domain demonstrates improvements in foster children's engagement, confidence, and overall developmental skills.

The vestibular domain which relates to core strength and gravitational security showed consistent positive effects for the children in the pilot programmes. 80% of foster carers who were interviewed said their child demonstrated increased confidence in physical activities and greater willingness to explore movement-based tasks. Foster carers noted that children were more willing to take safe risks, such as climbing, balancing, or navigating play equipment. For example, one of the foster carer interviewees observed that:

'Before, she'd be all over the place, kind of; stretching, where now she's really stretching up, and she can get up on her tippy toes when she's stretching up. They do, like, 'Wide as an elephant', and before, she wouldn't be spreading her legs out too much, and now she's, like, killing herself to kind of spread out. But her balance is a lot better' (Kate).

'He would keep his hands out the front, you know, in front of him and his legs tight together, and he would do a proper pencil roll. And then he would do the – there was another exercise where you, he would stand on a step and then jump onto these dots on the floor at first, he was just jumping all over the place, but... we would try to slow it down and just say, 'OK, let's do a clap in between each circle; each jump, then a clap'. And so then, that it just slowing it down let him just jump with both feet with accuracy, and he'd become very good' (Dee).

'And so, that improved over the programme; the sort of the fine tuning of the exercise did improve. He would keep his hands out the front, you know, in front of him and his legs tight together, and he would do a proper pencil roll. And then he would do the, there was another exercise where you, he would stand on a step and then jump onto these dots on the floor' (Joe).

Foster children themselves appeared to enjoy the sessions and regularly reported a sense of achievement during vestibular activities. Their willingness to engage repeatedly with such exercises suggested both enhanced physical confidence and increased comfort in dynamic environments. As Jen reported: *'He loved that because he was able to show, he was able to show his siblings how to do it. And you know, he took great delight and pride in that, that, you know, he could do it'.* These findings around children enjoying the sessions and finding them playful and engaging also mirrored the findings from social workers who participated too.

Foster carers evidenced their child's improvements in body awareness like their posture, and coordination. Participants observed that their children demonstrated greater control over their movements, a better understanding of their physical boundaries and their environments. This contributed not only to safer participation in activities but also to increased independence in daily tasks. One example highlighted by Dee included *'But yeah, I think he's kind of becoming a bit more independent. Now, he can suck from the straw. But BUSS LEAPlets® did help him, you know. Now I forgot to say that he's skipping now. He wasn't skipping before'.* And another foster carer commented: *'Like, when I'm doing homework with the older daughter, older child. I've her sitting beside me at the table, and her*

hand is on the table and she's colouring with the other pencils' (Peter).

Similarly, foster carers noticed positive changes at home, reporting that children were more aware of their movements during play or self-care routines. As one foster carer explained:

'As we were doing 'Ten in the Bed', you know that song? We all had to roll over, and we were all rolling into each other and on top of each other, it was hilarious. And I saw him rolling around like we did today, coming out of the playroom, and what else? He's drinking out of the glass. Yeah. He wouldn't entertain an open cup or a glass or anything up until recently, towards the end of the programme, and there was a glass of water on the counter, and I was in the kitchen, and your man just walked up and just picked it up and drank, when I'm there, looking at him, my mouth wide open, and I thought 'Oh my goodness', he just did it all by himself, this particular day' (Paula).

These improvements indicate that targeted activities fostered a stronger sense of bodily awareness, supporting both motor development and overall confidence:

'Holding a pencil can be quite challenging for him. He gets very distressed. Feeding himself can be quite challenging. Regulating, now, he's very good at identifying his emotions; he's very good now at seeing these triggers' (Marie).

Tactile experiences, encompassing touch and texture interactions contributed to positive outcomes for foster children attending the programme. Foster children were observed to engage more readily with different materials and sensory stimuli, demonstrating reduced avoidance behaviours and increased curiosity. This engagement often translated into improved fine motor skills, social participation, and emotional regulation. A foster carer reflected on their child's response to tactile activities:

'He loved that. Like, once the bag came out, like, sure, he couldn't wait to see what was in it, like, do you know, and you know, you know, and the feeling and the rubbing, you know, he'd love, he was interested in that, so he sat and that was no problem participating' (Colette).

Foster parents similarly reported that children were more comfortable with varied textures and materials at home, indicating a transfer of skills from the programme setting to daily life. One foster carer noted:

'Like, you know, he's wrapped up in the weighted blanket, you give him the little swing, like, he always likes to be rocked. And same with school. Like, I went into school; I gave them a toolbox, as I call it, of all the things he uses at home to help his regulation: you know, he loves the squishy balls to regulate' (Nicola).

Tactile activities appeared to play a key role in enhancing sensory integration, contributing to both practical skill development and emotional wellbeing.

4.3 | Challenges Experienced by Foster Children

While the overall outcomes for foster children were positive, some children experienced challenges that affected their engagement and progress in BUSS LEAPlets®. These challenges were primarily related to age, ability, and concentration but in some situations, related to pre-care experiences of neglect and abuse. Younger children or those at earlier developmental stages sometimes required additional support to participate fully or understand instructions, highlighting the impact of developmental differences in the groups as Kate explains:

'It's been different for other kids. You've some kids that kind of won't sit still for it and kind of it's hard for them to participate, and I suppose, get the most out of it, do you know so. But yeah, it's been very, very good for my little one anyway'.

Additionally, maintaining focus during structured or prolonged activities was difficult for some children, with factors such as task complexity, novelty, or environmental distractions affecting attention and engagement:

'Like, the girls are very good, you know, in trying to encourage them to do stuff and that; do you know, because some of the kids, they'll start running around and they won't participate, and some of them have meltdowns and all the rest, and they, you know, they're kind of coping with them as best they can as well, you know' (Kate).

Foster carers emphasised that tailoring activities to individual developmental levels, abilities, and attention capacities helped mitigate these challenges and supported children's participation.

4.4 | Improved Emotional Regulation, 'Doing Family' and Emotional Connections

Foster carers reported that participation in BUSS LEAPlets® led to noticeable improvements in their foster children's ability to regulate emotions and to recover from distress, thereby positively affecting relationships at home. Activities that incorporated rhythm, routine and touch, and described as particularly supportive, providing children with opportunities to *'find calm through their bodies'* (Dee).

'Now, I did query as how it was going to work for my little guy because it's very calm in the first part of it, you know, and it's lying down on the mat, and you're kind of welcoming everyone, and do you know, and I was like, 'Mmm, this lad now, I don't know whether this is going to work'. Now, he loves story time' (Nora).

Foster carers noted that these activities not only facilitated individual regulation but also created moments of shared emotional connection which often accentuated their own personal bonds with themselves and other family members. While participants did not allude specifically to 'doing family', their narratives were indicative of the significance of the 'ordinary' as per Boddy, Hanrahan and Wheeler's (2024) conceptualisation. Foster carers regularly discussed the routine interactions that happened in daily life and the many positive impacts that BUSS LEAPlets® had exerted on this. In particular, it was the positive effects of BUSS LEAPlets® on family relationships that was seen as one

of the most important impacts of the programme as per foster carer interviewees. The interactive nature of the sessions allowed children and foster carers to co-regulate, and nurture trust and relationships which is also significant in extant research on children in care (see Moore et al, 2018). Relational co-regulation supports attachment security and emotional stability, both of which are widely recognised as protective factors for children with care experience (Adegboye, 2021), strengthening social bonds and their relationships with siblings:

'And he loved that because he was able to show – he was able to show his siblings how to do it. And you know, he took great delight and pride in that, that, you know, he could actually do it. So yeah, over the, you know, that we did do stuff at home. And of course, we were doing a lot of exercise beforehand as well. And it was sort of a fun game, really, that, you know, 'Right, we're going to pick a card out and do this exercise'. And then his little sister would want to get involved, and then he would be, you know, really proud to sort of say, 'No, you got to do it this way now (sister)' and you know' (Susan).

Furthermore, many foster carers reflected that their understandings of the relationship between movement, sensory input, and emotional regulation influenced their caregiving practices at home. They described adopting strategies observed in the sessions helped their child return to a regulated state, suggesting a positive carryover from the programme into everyday family life and the incorporation of BUSS LEAPlets® into children's life worlds:

'I would say we had the tantrums wrapped up to knowing how to deal with them. Now, don't get me wrong, they're still happening; but they're happening now for a thirty-second, instead of a thirty-minute, you know that sort of way. You know, like [and] 'Why are you getting angry?'; and you know, 'Explain to me why', and stuff like that, and you know, and then she'd say, 'Oh, I got angry cause...', like silly things make her angry. I definitely had got a lot of information on the tantrums, which was what I was going for' (Chloe).

Foster carers reflected that these experiences helped children to 'experience calm' (Dee) and often allowed moments for shared regulation between adult and child:

'Seeing the little things and the little steps and, they make such big steps, you know, like, even the other day, like, he sat down and ate the whole meal at the table, himself; you know, I didn't have to feed him; he didn't get up ten million times, that was a big bonus for us' (Mary).

Overall, these findings indicate that BUSS LEAPlets® supported not only children's emotional regulation but also the development of stronger emotional connections between children and their foster carers.

4.5 | Increased Engagement and Curiosity

Our analyses of foster carers' accounts revealed a consistent pattern of children demonstrating growing curiosity and a willingness to engage socially and emotionally. Significantly, foster carers who were interviewed attributed this to BUSS LEAPlets®. Foster carers described children as becoming 'more open to getting involved' and 'showing interest in others' (Nora) reflecting both increased social

confidence and emotional receptivity. These changes were often reported beyond the group environment, with some foster carers noting that children appeared to approach peers or teachers more readily in crèche or school settings. While this may suggest that the social engagement skills developed in BUSS LEAPlets® were transferred to everyday contexts, it is also possible that foster carers' participation increased their sensitivity to children's social behaviours, making previously less-noticed interactions more visible. Notably, the changes were more discernible when children and foster carers transferred what they had learned and practiced it in the home environment:

'And even the teacher has said, 'I see huge change since she started BUSS', and she says, She's not standing beside my desk anymore'. She used to stand beside the desk all day, nearly every day. She'd be on top of the teacher nearly. And she's not, do you know? And even that's huge' (Mary).

These findings are particularly noteworthy given that school readiness and successful transition into educational settings can be especially challenging for children in care, who often experience social, emotional, and regulatory difficulties that impact upon early learning (McCartan et al, 2023). While the evidence here is modest, our interviews did suggest indications of positive impacts on children's confidence and social engagement that may support improved participation in early educational environments.

Foster carers' reflections indicate that BUSS LEAPlets® supported developmental progress across multiple interconnected domains. Physical development, like improvements in balance or coordination, occurred alongside emotional and relational growth and included increased trust, shared joy, and enjoyment in social interactions.

4.6 | Foster Carers' Experiences of Connection and their Learning from BUSS LEAPlets®

A major theme emerging from the data centred on foster carers' developing deeper understandings of their child's needs and growth of their confidence to support them. Facilitators in the BUSS LEAPlets® programme provided carers with practical strategies to better understand and respond to their child's sensory, emotional, and regulatory needs while also shifting their perspectives on children's behaviours, emotions, and developmental processes to more relational and less medicalised understandings. Over time, carers reported feeling more attuned to their children's bodily and emotional cues, and they were more able to respond with sensitivity and confidence:

'Yeah, well, I've been able to explain to professionals, as well as other people, why certain movements, I was able to explain about his, I can't think of the word that the facilitator used; it was 'sensory' something and it was why he does certain movements and moves certain ways and does things, and his balance being poor. All those kinds of things; she was able to explain to me that they were sensory things and why, and I'm just able to explain that to other people as well and understand it. I'm constantly, you know, I'm looking to soak up information that I can, every bit of information so I can understand him better; so that I can understand his little quirks and little ways he does things and all. And the facilitator was just like 'Oh yeah, I think...' and I'm like, 'Really?', you know, I'm soaking it all up like' (Sally).

At the start of the programme, many carers described uncertainty about their child's difficulties, often interpreting challenging behaviour as oppositional or emotionally driven:

'So, it was lovely to actually put a face to her. But yeah, I felt they showed you what to do. So, when you were getting, or saying, 'Oh here', and as I said to (facilitator 1), you were coming out and you were thinking, 'She's just acting like a spoilt two-year-old; she's playing up; she's having her tantrums', but it was more when it was explained to you, and showed what to do – 'Why are you holding their legs? Why are you doing this?' – The whole body was moving at the same time, so she's overactive in her mind. And then (facilitator 1) was explaining, 'No. If you hold her legs, calm her legs down', and it was amazing' (Emma).

Children who have experienced early adversity frequently present with dysregulated behaviour linked to trauma, attachment disruption, and sensory processing differences, which can sometimes be misinterpreted without appropriate supports (Brooks, 2019). Through participation in BUSS LEAPlets®, foster carers more fully recognised the ways in which sensory and motor systems underpin regulation and learning. This was evident from interviews with foster carers like Sally who stated: *'I did notice it more for sure with BUSS than with other training that I did'*. This fostered empathy about the child's inner experiences and the effects of pre-care neglect and abuse on their behaviours, interactions and their understandings of self. In interviews, foster carers reflected that this shift from a behavioural to a developmental perspective helped them reframe moments of challenge as opportunities for co-regulation rather than conflict, contributing to a calmer and more connected home environment. This is a very significant finding in terms of the impacts of BUSS LEAPlets® on foster carers:

'And I thought it was so beneficial, because it just helped us completely with this child, you know [to understand] And it was a real eye opener to say, 'OK, this is what he's doing. This is how he's struggling now'. And when you think that, you know, I thought about how many times, cause you start noticing things then, more so, and you start picking up on 'OK, he's struggling with this; he's struggling with that. But you frame it differently, like' (Maggie).

4.6.1 Increased Confidence and Competence as Carers

As foster carers' understanding and knowledge grew throughout the programme, they often reported feeling more capable and empowered in their parenting role. The practical, hands-on nature of the BUSS LEAPlets® sessions engaged carers directly in movement and play and was highlighted as key to this sense of competence. Carers also described feeling reassured that their instincts were valid and effective:

'So, I literally, I'd come away from the Zoom call, and I said to my wife, 'I've literally just ticked the box; you know, he definitely, you know, has this issue, and it's almost like they were talking about him'. And so, he really didn't have that sort of brain and body connection because he wasn't moving' (Joe).

Facilitator modelling and feedback were frequently cited as supporting foster carers' confidence and

the predictable group structure and routine each week facilitated opportunities to create a safe space for learning and experimentation:

'Yeah, you're wondering, 'Am I really doing this right?' and stuff like that. But you know, like, no, they were very supportive, and any worries you had or whatever, like, you know, if one didn't know it, they'd talk about it, and they'd come back, and they'd find out the following week for you. No, they were very good. And the facilitators were very good; they were sitting in the middle, and rolling' (Sarah).

4.6.2 Strengthening Emotional Connections

Alongside growing confidence, foster carers reported a deepening sense of emotional closeness with their children. Shared physical play and movement were seen as bonding experiences that fostered joy and trust. For many carers this represented a significant relational shift, with moments of connection emerging where there had previously been distance or tension. The bonding process continued after the sessions and into their daily family lives:

'When we, like, we've the playroom now upstairs, and, you know, its gas, like he'll even bring up the games of hiding something and we've to commando crawl to find it, or hide, you know, he really enjoys doing it, you know and even with my [other] foster daughter as well [involved]' (Fiona).

These findings suggest that BUSS LEAPlets® not only provided practical strategies but also contributed to meaningful relational repair, supporting both foster carers and children's developmental and emotional wellbeing:

'This was our time that we would spend the day together and do fun stuff and the BUSS programme was the fun stuff, you know; and we'd have a little bit of lunch, which he loved, because that was his treat, and then he would have the rest of the afternoon off so. Yeah, I think it made a difference because it allowed us to have a bit of time. Because it's a busy household here. This was our time that we would spend the day together and do fun stuff and the BUSS programme was the fun stuff, you know' (Jill).

4.7 | Group Structure and Programme Delivery

A third major theme emerging from the data concerned the importance of the group environment which includes the physical space, session structure, and facilitation style in shaping participants' experiences of BUSS LEAPlets®. Foster carers described the group as a supportive, safe, and consistent context in which learning and connection could take place. The relational atmosphere, predictable routines, and sense of shared purpose were identified as key factors enabling change.

4.7.1 Containment and Predictability

Foster carers consistently emphasised the significance of the group's consistent structure and rhythm. Sessions typically followed a familiar sequence each week, beginning with movement activities, followed by exploratory play and story time. This predictability helped both children and foster carers feel secure and oriented:

'It was the same every week, the kids knew what was coming, yeah, each was the same, and the kids were getting better and better at the activities because it was repeated, and this improved their confidence, we could all see the improvements as the weeks were going on' (Cora).

As Peter adds:

'Leave the legs in a line', and then we called it the army crawl. Like, I said, 'Crawl like an army man', and I'd show him how an army man crawls, and he was doing it. And they could see, week on week [the improvement]. He just took to the little programme, he knew what he had to do, and it was great because they actually get to know, cause it's the same pattern. little obstacle course. They get to know what they're doing. And that's the confidence building in them as well'.

Foster carers felt that the physical environment was mostly spacious, calm, and sensory-friendly and supported children's regulation and engagement. Access to equipment such as balance beams, and soft mats provided opportunities for developmentally purposeful movement in a fun, playful and safe way.

4.7.2 The Role of Facilitators

Foster carers identified the facilitation style as a critical element of the BUSS LEAPlets® experience. They valued facilitators' warmth and their abilities to model relational and sensory approaches in real time. Foster carers also expressed high levels of professional trust in facilitators and in IFCA. As per foster parents, facilitators provided a combined practical and therapeutic role:

'Like I can't praise them enough. They were lovely. They were literally on their knees, like, doing it with him. And they made me feel less stupid being on my knees, cause that's, you know – you know, you're on your knees, rolling on the ground, and you feel like a wally, but they took that away instantly, doing it with us, you know?' (Emer).

The facilitators' openness and encouragement created a supportive atmosphere in which carers felt confident to try new strategies, reflect on challenges, and share vulnerabilities:

'I think, it was, they were showing you, you know, like what to do, and they were showing different things and yeah, they were very good at explaining. 'his muscles here, in his neck' and stuff like that. But yeah, no, I definitely, like her needs were outlined straight away' (Una).

Consistency in BUSS LEAPlets® facilitation is essential to the effectiveness of the programme. When the same facilitators attend each session, they can build trust, maintain clear roles, and deliver the content in a consistent style. Foster carers reported that when there were changes to facilitators which appeared to happen in a small number of cases at the earlier stages of the pilot programme, it became difficult to understand differing roles, expectations, and approaches, which at times caused confusion and disrupted engagement. This is pivotal learning for IFCA for future iterations and strongly corroborated BUSS LEAPlets® facilitators' interviews:

'Sometimes facilitators changed, sometimes there was different ones, I get people get sick or whatever, but it can be disruptive and confusing for the children when someone new arrives' (Maggie).

Foster carers felt that when they met the same facilitators each week, they experienced consistent facilitation supports and clearer communication which strengthened relationships and helped foster carers feel more confident and secure in the learning environment, ultimately enhancing the overall impact of the programme. To optimise impact going forward, this needs to be accorded extensive consideration for future iterations of BUSS LEAPlets®.

4.7.3 Peer Connection and Shared Experience

According to the foster carers who took part, the convivial nature and shared purpose of the group provided a sense of belonging and mutual support among carers. Hearing other carers' stories normalised individual struggles and facilitated collective learning and empathy:

'But I loved sitting with other parents going, 'Wow, these children have had the same neglect, and as a result have the same issues as [my foster child]'. And that was just, it was my first time experiencing children with the same issues as him, because of the same neglect. So, I, it was so sad. It was sad, but it was, a lot of the children had a lot more struggles than mine in terms of physical ability and stuff, you know' (Cora).

Foster carers reported that these peer connections enhanced engagement, motivation, and confidence over the duration of the programme. Relationships formed within the group often became a source of ongoing support beyond the programme's completion:

'And actually, out of it, I managed to make a friend, because her little young fella now is in her school. Yeah. So now the two of us we talk all the time. So that in itself is good. But so many foster carers are isolated and don't get to meet up with other foster carers' (Mary).

Carers valued the opportunities to discuss their experiences with facilitators, noting that sharing strategies and adaptations with peers who faced similar complexities enhanced their confidence and capacity with BUSS LEAPlets®. Collectively, these accounts highlight the ways in which the group environment functioned as both a therapeutic and educational container. Together, these elements contributed to an atmosphere in which both foster children and foster carers could experiment, learn, and develop confidence within a safe and supportive context.

4.8 | Foster Carers Insights on the Implementation of BUSS LEAPlets®

While overall feedback from foster carers about the BUSS LEAPlets® programme was highly positive, participants also identified areas where the intervention or its delivery could be further developed. These reflections provide valuable insight into how the programme might better meet the practical and emotional needs of foster carers supporting their foster child with complex developmental histories.

4.8.1 Supporting Application of Strategies at Home

Although foster carers reported gaining new understanding and techniques, some found it challenging to translate group activities into daily routines. Barriers included limited time, space constraints, and uncertainty about adapting movement activities safely at home. Foster carers suggested that providing clearer guidance, take-home resources or brief refresher sessions with facilitators could help bridge this gap and enhance confidence in applying strategies consistently:

'I remember saying to one of the other mummies like, 'Are you practising this at home?', because I had just found out that we were supposed to be practising it, and she was like, 'No, no. Why? Are we supposed to be practising it?', you know?' (Roisin).

Some foster carers expressed concerns about not always fully understanding the activities or terminology used during the BUSS LEAPlets® sessions. Some interviewees from this cohort also reported feeling unsure about the purpose of certain exercises or the meaning of specific terms, which at times limited their confidence to engage fully or replicate activities at home. This occasionally led to uncertainty about whether activities were being carried out 'correctly' or in line with the programme's intentions. This may also indicate a need for greater explanation to happen one-to-one before individual BUSS LEAPlets® sessions commence or at the initial stages of the programme where information is given to foster carers about the activities, exercises etc:

'I suppose, the downside of this particular programme was that I found myself getting confused, because the different exercises would be laid out differently each week. Some would stay the same, but some would change slightly. And so, I would get confused, because I would be, there's two types of crawling: one with your elbows, I would understand it one week, but the next week it would be changed slightly differently, and so I wouldn't. I'd be doing the wrong thing; I'd be telling him, 'OK, you got to do a baby crawl across this bit and then we do this and then we do a commando crawl and', but then I was obviously doing that wrong. They didn't say why it changed' (Sinead).

Carers indicated that regularly checking understanding during sessions could improve accessibility and engagement:

'Because to be honest, I was kind of going for the first few weeks and I was like, 'I really don't understand this'. the first session that I went in, we just came in and then everybody just got on the ground, and we were kind of doing all play stuff and all this, but I felt even the other parents were kind of looking around, kind of going like, 'What is going on here?' you know' (Roisin).

They also suggested that opportunities to ask questions without feeling self-conscious would help ensure shared understanding and support more effective application of the programme principles.

4.8.2 *Balancing Attention Between Children with Different Needs*

In groups where children presented with higher or more complex needs, foster carers noted that children with greater emotional or sensory needs sometimes received more attention in groups. Foster carers emphasised that children with similar abilities or needs would be best placed together in a group to ensure every child's needs were met. For example, Cara explained: *'Yeah, do you know, so they did feel he was probably a little bit, and maybe he was a bit bored'*. While foster carers understood these dynamics, they suggested that smaller group sizes or additional facilitators could provide more balanced support. For groups, this might also translate to greater encouragement being provided by BUSS LEAPlets® facilitators to foster carers and children when they are completing particular activities very well. This may also help to offset any feelings of confusion about the purpose of activities raised by foster carers:

'So, we tried to concentrate on that, but like I say, there was – quite often, the people running the course would be with other children and we would be doing this particular exercise on our own' (Joe).

4.8.3 *Administrative Tasks and Paperwork*

Foster carers also highlighted the administrative demands associated with BUSS LEAPlets® as a significant source of stress, which at times negatively affected their engagement with the programme. Several foster carers reported feeling overwhelmed by the volume of paperwork and the three forms that were required; an initial screening form to be completed before BUSS LEAPlets®, the same form which was completed afterwards and an evaluation form. Foster carers described these tasks as time-consuming and difficult to manage alongside their existing caregiving responsibilities. This was particularly challenging for carers who did not feel confident using digital platforms or who identified themselves as *'not tech savvy'*, leading to frustration and anxiety around completing required documentation:

'Or even just post out the forms to them and let them write them. You know, all this online thing, they say it's easier, but it's not easy. It's more of a headache. Or even ask the parents which format they want to do, because some people are quite good with the technology and it wouldn't phase them at all' (Karen).

Some carers felt that the emphasis on paperwork detracted from their ability to focus on the practical and relational aspects of the sessions, ultimately reducing their sense of engagement and motivation:

'Like all the information they've got in the beginning, we have to do it all again. Now, I thought I could just go in and update, but sometimes I had to explain a bit more, do you know what I mean? So, it took me longer to get that going, which I did in the end. And then the next e-mail

comes in, 'Can you fill out this evaluation form? as long as I don't have to fill out any forms' (Cora).

Foster carers suggested that simplifying forms, offering alternative non-digital options, or providing additional support with paperwork could help reduce stress and improve overall participation in the programme.

4.9 | Chapter Summary and Conclusions

Across the main themes a coherent picture emerges of BUSS LEAPlets® as a relationally grounded, embodied intervention that supports change through safety, movement, and connection. Foster children were described as becoming more confident, regulated, and curious through participating in BUSS LEAPlets®; foster carers reported deeper understanding, competence, and closeness and the group context itself was seen as a crucial vehicle for transformation. Foster carers' insights and suggestions for strengthening the programme focused on opportunities to increase the accessibility, sustainability, and impact of BUSS LEAPlets®. Foster carers also underscore the importance of viewing foster carers as active partners in children's developmental recovery, aligning with the relational ethos of the programme. Together, these findings suggest that developmental progress occurred not only at the individual level but also within the relational and group systems surrounding each child. The following chapter will discuss these findings in relation to existing literature on sensorimotor development and co-regulation to consider implications for future practice.

Significantly, across the vestibular, body awareness, and tactile domains, foster children consistently demonstrated improvements in confidence, engagement, and developmental skills. The programme had a broadly positive perceived impact as per foster carers corroborating that sensory-focused activities can provide meaningful developmental support, fostering growth in multiple interrelated domains i.e. self-confidence, relationships (Goebel, 2024). The findings indicate that while foster children experienced predominantly positive outcomes, future, large-scale research could adopt a more stratified approach in relation to age and ability to fully understand the developmental benefits which is an important recommendation for future research on BUSS LEAPlets®.



Chapter Five – Findings from Social Workers’ Interviews

5.1 | Introduction

This chapter presents findings drawn from interviews with social workers and practitioners in the field of Child Protection and Welfare and Children in Care (n=3). Although the sample size is small, it is nonetheless significant; the data is rich and added unique perspectives to the study. The findings focus on social workers’ professional perspectives regarding the developmental rationale for BUSS LEAPlets® and its perceived impacts on children in care, its relevance to statutory social work practice, alongside the organisational conditions required to embed and sustain the programme within foster care systems. While the pilot was funded and delivered by IFCA, social work practitioners consistently identified the statutory responsibilities and practice leadership of social workers and Tusla as central to embedding the programme within care pathways and aligning it with strategic foster care priorities. The chapter elicits foster carers’ understandings of the impacts of developmental traumas and how BUSS LEAPlets® contributed to their own professional conversations (5.2). In part 5.3, the chapter discusses social work interviewees’ perspectives on the perceived impacts of BUSS LEAPlets® on children. This corresponds strongly to foster carer and BUSS LEAPlets® facilitators’ interviews. Part 5.4 reveals social workers’ perspectives on embedding BUSS LEAPlets® in statutory care services. Part 5.5 garners data on the factors that shape effective implementation. Part 5.6 offers a chapter summary and some concluding thoughts.

5.2 | Social Workers’ Understandings of Developmental Trauma and Bodily and Emotional Regulation

Social workers consistently framed children’s challenges within a developmental trauma lens. They demonstrated acute awareness from their own professional lives, that many children entering care have experienced adverse early environments that affect their capacity for emotional regulation, impulse control, attachment and sensory integration. In reflecting on the relevance of BUSS LEAPlets®, social workers frequently linked children’s behavioural presentations to early developmental disruption. Anna articulated how the BUSS LEAPlets® programme contributed to professional understanding of children’s developmental and sensory needs:

‘I just think what the BUSS programme is bringing to professionals and to the children and to the foster carers, in a wider sense, is just greater understanding of you know, children’s developmental and sensory profiles, and how we can support them more. So, I suppose, a lot of it is me just being aware of what BUSS is, and then, if we think it’s good for a foster carers, like, if it’s in the age group and you’re seeing these things popping up, like the self-regulation, the impulse control, you know, and maybe a child has had really bad start in life, which unfortunately most of our kids do’.

This quotation from Anna is indicative of how social workers understood the intervention as aligning

with trauma-informed and developmentally attuned practice. In addition, greater awareness of sensory profiles and regulation difficulties was described as enhancing professional assessment and decision-making processes. Similarly, Joanne reflected on how exposure to the programme strengthened her professional language and practice conversations:

'Like, I would certainly, the small amount that I have become aware of from the BUSS® people and the programme, I've been able to have better conversations with foster carers; I've been able to kind of, you know talk to them about, you know, sensory attachment interventions, like I wouldn't have known what a commando crawl was, well, I know what a commando crawl was, but I wouldn't have realised the significance and the importance.'

Although referring to conversations with carers, this quotation is significant for what it reveals about social workers' professional development. Increased understanding of sensory-based and movement-oriented interventions enhanced social workers' confidence in discussing developmental regulation and attachment-informed strategies within their statutory role, which was also reflected in other interviews.

5.3 | Perceived Impact on Children: Social Work Observations

From a social work perspective, BUSS LEAPlets® was viewed as contributing positively to children's self-regulation, emotional awareness and impulse control. Social workers described observable changes in children's capacity to think before acting, recognise emotions and regulate behaviour. Lynne described one child's progress as follows:

'I have another foster carer who is doing it presently, and she is loving it. She said she was absolutely resistant at first. Yeh, so she is saying she is loving it. She sees the effect of the programme on the child. She just said she can see her regulating and thinking through things more, and even, this child would have trouble recognising emotions, like could go up and hit somebody. The more questions and she's able implement kind of the programme at home a bit better, and like, what they're trying to achieve. So, she's finding it really good to help with self-regulation and emotions.'

Social workers also linked regulation improvements to broader developmental gains, including greater readiness for structured environments and improved behavioural stability. These observations were framed within a trauma-informed understanding of children's needs and highlighted the importance of early, preventative intervention within care systems. There was also some evidence to support that participating in the programme could lead to improved outcomes for children as regards schooling, but this requires follow-up research:

'He is more likely to sit down now with a book and be calm. He's still young and he has time. I'd like to see how it impacts on schooling generally because I think it does just look at him and some of the other children and the calm that there is which contrasts to the unfocused stuff before this' (Anna).

5.4 | Embedding BUSS LEAPlets® within Statutory Social Work Practice

A dominant theme across social work interviews concerned the necessity of embedding BUSS LEAPlets® within statutory care planning structures. Under Irish law and policy, Tusla holds statutory responsibility for protecting children and promoting their welfare which includes alternative care arrangements like foster care. Each child in care must have an allocated social worker who is responsible for assessments, placement plans, care planning, and regular review of these plans in collaboration with foster carers. This statutory framework reinforces the responsibility of social workers to ensure that interventions such as BUSS LEAPlets® are thoughtfully embedded within foster care planning and fully integrated into the child's wider support network. Anna strongly emphasised the importance of incorporating structural prompts within care systems to support this integration and sustain meaningful practice:

The BUSS programme is something that should be offered to every child, when they come into care. There should be a flagging of, when would this child be able to join a group, based on their age and needs, you know, if that could be embedded into social work practise. At the very entrance, a child is coming into care, and then at each care plan, that there is a question on the care plan forms. I really think it would make a big difference. The point of entry into care; you know bringing it into court reports; making it part of the care plan and I think a lot of social workers, because of the busyness of their jobs, they like a prompt'.

This quotation reflects awareness of systemic pressures within statutory practice, including high caseloads and competing priorities. The suggestion of prompts within care plan documentation highlights the importance of structural mechanisms in supporting consistent referral and uptake. Joanne identified fostering link social workers as strategically positioned to drive implementation:

'Probably best placed with fostering link social workers, only because of, I suppose, you know, I would see this as a huge resource. I suppose, it makes sense to me that it's the link worker that would have a driving force, because I understand the thresholds that child protection social workers work within'.

This positioning may be particularly significant given the dual focus of BUSS LEAPlets® as an intervention that supports both the child and the foster carer. The programme offers a shared, experiential opportunity for learning and development, through which foster carers build skills and confidence alongside the child. In this sense, it functions not only as a child-focused intervention but also as a practice-based learning process for carers. Fostering link workers, who routinely support foster carers in developing their caregiving practice, are therefore well placed to promote engagement with BUSS LEAPlets® and to reinforce its learning within everyday care contexts. This comment further reveals how role differentiation within social work services influences implementation feasibility. Child protection social workers were described as operating within high statutory thresholds, whereas link workers were viewed as better positioned to sustain developmental and preventative initiatives. Under the Child Care Act 1991, Tusla holds statutory responsibility for protecting children and promoting their welfare, including through alternative care arrangements such as foster care. Social workers' reflections demonstrate an acute awareness that any intervention must align with statutory obligations relating to assessment, care planning and review. Participants consistently argued that BUSS LEAPlets® should be incorporated into care plans,

court reporting processes and review documentation to ensure continuity and accountability.

5.5 | Organisational Leadership, Coordination and Placement Stability

Social workers emphasised that effective implementation requires coordinated organisational leadership. BUSS LEAPlets® was described as most impactful when aligned with care plans and supported through professional follow-up. Without such alignment, there was a risk that the intervention would be perceived as peripheral. Lynne highlighted the importance of coordination and early intervention in preventing placement instability:

'I understand the caseloads that they have, and the demands, and what constitutes, I suppose, but anyway. But you know, it has to be a coordinated approach, because it has to line up with the care plan because they're all the time harping on about trying to improve practice, improve standards, improve whatever we can do to keep foster carers, but if we're not equipping foster carers with the necessary education and training and support, we're going to lose them anyway; you know, we're seeing that all the time. I think it would definitely help with some form of preventing placement breakdowns, because if the work is done early, you know, because a lot of foster carers, all they want is progress'.

This quotation illustrates the perceived link between early developmental support and placement stability. From a social work perspective, equipping carers with developmentally informed strategies was viewed as preventative practice, potentially reducing escalation, crisis intervention and placement breakdown. Ellen, currently working with children in care and foster carers adds:

'Which sustains long term placements; that's the bottom line. I think social workers will benefit from whatever it is that keeps children in the same placement, for as long as they require that placement'.

Participants recognised the realities of high workloads and systemic pressures but nonetheless emphasised that structured embedding within statutory frameworks would increase sustainability and visibility of the programme. The need for coordinated practice, shared understanding and integration with care planning systems emerged as a central finding.

5.6 | Chapter Summary and Conclusions

From a social work perspective, BUSS LEAPlets® was perceived as a developmentally grounded and trauma-informed intervention with observable benefits for children's regulation and emotional functioning. However, social workers consistently emphasised that its long-term effectiveness depends on integration within statutory processes under the Child Care Act 1991 and alignment with care planning systems. The findings indicate that social workers see themselves as critical agents in referral, expectation-setting, care plan integration and reinforcement of learning. Organisational prompts, leadership support and coordinated implementation were identified as essential conditions for sustaining impact. Ultimately, social workers positioned BUSS LEAPlets® not as an optional add-on, but as a potentially valuable component of structured, preventative and trauma-informed foster care practice.

Findings indicate that although BUSS LEAPlets® was externally delivered, its sustained impact depends on strong statutory leadership and alignment with Tusla's policy framework. Social workers were identified as central to embedding the programme within care planning, reinforcing learning with foster carers, and integrating developmental strategies into everyday caregiving practice. Where social workers actively supported referral, expectation-setting, and follow-up, BUSS LEAPlets® was experienced as a coherent component of the child's care plan rather than a stand-alone intervention.

This aligns closely with Tusla's *Strategic Plan for Foster Care Services 2022–2025* (Tusla, 2022), which emphasises trauma-informed practice, early intervention, integrated service delivery, and the consistent support of foster carers. The *Strategic Plan* also includes specific commitments to improving the recruitment and retention of foster carers — a priority echoed by our interviewees, who highlighted that sustaining placements is fundamental to positive outcomes for children in care. Embedding structured, supportive interventions such as BUSS LEAPlets® within statutory systems may contribute to placement stability by equipping carers with practical, developmentally informed tools and reinforcing their sense of support and competence.



Chapter Six – Findings from BUSS LEAPlets® Facilitators and Key Informants

6.1 | Introduction

This chapter presents findings from the BUSS LEAPlets® facilitators and key informants which formed an important part of the dataset. While the preceding findings chapters (four and five) focused predominantly on perspectives about observable changes to children's self-regulation, bodily movements and behaviours, this chapter is oriented more to operational dimensions of the BUSS LEAPlets® pilot programme. There is significant learning from these interviews about 'what worked' in relation to the pilot programme and areas that could be improved should this programme run again in future. While the key informants were an important group, particularly in the initial stages of the research for gaining depth understandings of BUSS LEAPlets® and its implementation by IFCA, there was strong overlap with their narratives and that of BUSS LEAPlets® and the views of both datasets are represented in this chapter as a result.

The thematic areas addressed in this chapter are chosen for depth discussion as they are important quality indicators and emerged prominently in discussions with facilitators. The subsequent section (6.2) focuses on the training and expertise of facilitators and the motivational factors that influenced their involvement; the next section, on the quality of training provided as per facilitators (6.3) and part 6.4 on aspects of BUSS LEAPlets® that were emphasised in interviews as being significant for children's development. Part 6.5 engages with quality of information, selection processes time, planning and relationships while part 6.6 looks at relationships, time and planning. Part 6.7 centres on role clarification and part 6.8 offers a chapter summary and conclusions.

6.2 | BUSS LEAPlets® Facilitators' Expertise and Motivational Factors for Facilitating

All of the facilitators who were interviewed had extensive expertise working with children who experienced developmental trauma pre-care and during the interviews, they regularly alluded to the expertise of their colleagues who had co-facilitated with them. This was an important strength of the programme's operationalisation for effecting good outcomes and is evident in the following statements from facilitators:

'I also have been involved with trauma-informed- and attachment-aware training, and other training in this field too. So, I knew about the model' (Jane).

'I was – had been – targeting the proprioceptive system and the tactile system in previous practice' (Catriona).

'I had experienced different interventions before with children and families' (Melissa).

The accessibility of BUSS LEAPlets® was also noted by all facilitators, and the model was regularly described as '*energising*', '*powerful*', '*supportive*', and '*exciting*', which corresponded strongly to social

worker and foster carer interviews as per previous chapters. The key informants were also well aware of the workings of the BUSS LEAPlets® intervention and regularly used similar terms when discussing the programme. Some of the motivating factors why facilitators became involved included wanting to work directly with children, that BUSS LEAPlets® is attuned to children's sensory development and their own professional commitments to alleviating the multifarious effects of trauma which facilitators were acutely aware of. This sense of commitment came across very strong in interviews and is a further testament to the pilot. Furthermore, all BUSS LEAPlets® facilitator interviewees exhibited strong interest and curiosity about the complexities of children's lives, which for some was fuelled by the introductory day, from their interviews. Significantly, they all expressed a strong interest in BUSS LEAPlets® itself:

'Just the whole idea of lots of adults, who are primed to be very attuned, who are totally available for the children' (Kim).

'I love the direct work with the children and the foster carers together' (Lorraine).

'I did the introductory day first, and then I started to kind of just look at children with a different head on me, and then that made me really curious' (Catriona).

'I just could see that the children really liked the programme. You know, I mean, what's not to like for a young child being in a gym, mats out, big exercise balls, crawling, rolling' (Liz).

Most importantly, facilitators became involved in the pilot because they wanted to make a real difference in children's lives and this was an important motivator for all interviewees. The BUSS LEAPlets® programme was seen as an important vehicle in addressing the impacts of childhood trauma on development and bodily regulation, going beyond many of the other programmes into the roots and sensory impacts of trauma that facilitators had been engaged with previously:

'There was always still a gap for a lot of children that I would have seen and BUSS went further' (Jane).

'BUSS, I feel, goes even a step further back into their lives... or children in foster care, you really need to tune into those foundational systems' (Melissa).

The accessibility of the programme was also a major driver for facilitators wanting to engage with BUSS LEAPlets® and a desire to learn more about the model which is evident in the following quotations. Furthermore, the emphasis on foster carers' agency and that BUSS® operationalised a non-judgmental and a non-stigmatising ethos were also very significant in influencing their decisions to become facilitators. This is all evident in the quotations below and emerged prominently in interviews with this cohort overall. Significantly, the key informants also alluded to this non-stigmatising ethos as important to BUSS LEAPlets®. Significantly from our analysis, this fun, engaging and non-judgmental ethos was evident in interviews with BUSS LEAPlets® facilitators as per below:

'It was an accessible model for, I suppose, sensory approaches. There's lots of sensory-based approaches that are inaccessible to a lot of people, because – like sensory attachment, sensory integration – you need a large room from what I have read... The foster carers in my view; they're the ones that are the people that are amazing, doing all the work' (Liz).

'I really liked it in that it was more accessible for foster carers; it was giving them more control; it was allowing them to access to kind of train in it as well... I really like that the BUSS model was about having the foster carers with the child, so they could see us modelling, and they were doing it with it. They were there in the session and they were going, 'OK, these are some activities; we can do tummy time; we can do these tactile games; we can do these' (Kim).

'The kids were less conscious of not doing it right. No negativity... It offered this understanding in a very accessible way, that was fun and not stigmatising' (Lorraine).

Furthermore, the supportive and social aspects of BUSS LEAPlets® for foster carers and the high levels of trust they had for IFCA were also noted as important motivating factors for getting involved, as well as the specificity of the feedback from OT professionals which were seen to benefit children immensely:

'You're in a group, you're with other foster carers, you're chatting, you're seeing other carers and how they do things and you're picking up things, but you're also getting specific feedback around the child that you're looking after and what it is that would help them; and I think that's what kind of really interested me in this, rather than sending carers to training, where they hear lots of information and then they're trying to distil 'Which part of that is relevant to the child I'm looking after?' (Edel).

'I know about IFCA... I do trust them and what they want to do with this which is, so this was another factor, and I it did help me to make the decision to do this. I think they are well regarded in foster care which probably explains why people wanted to do it' (Liz).

Significantly, we also discerned from interviews that facilitators took their roles very seriously and that their motivation to promote children's rights and promote enhanced self-regulation amongst children who experienced trauma was strong at the end of the programme as well as the beginning. This was a very important finding; it was an important enabling factor in facilitating the pilot's success. We found that despite some operational challenges, especially at the beginning of the programme, their motivation to work proactively with children was unwavering. This is an important strength of the project and could be effectively leveraged by IFCA for future rollouts.

6.3 | Quality of Training Provided

Importantly, all facilitator interviewees concurred that the training was delivered to a very high quality. It was described as 'engaging', 'interactive', 'supportive' and was well facilitated. The quality of feedback and availability of facilitators in supervision was also praised throughout the interviews.

'The training was excellent. Yeah, the training was excellent. And I mean, it was all the stuff that I was very familiar with and very excited about. And it just – it made absolute sense to me' (Lorraine).

'The supervisions were so helpful; and we'd set out our course, and we'd send her a video, and she'd give us feedback and recommendations and suggestions and she was very much at the end of the line if we needed any support' (Catriona).

There were a lot of opportunities for reflection also at the end of the sessions and throughout which was important' (Edel).

Significantly, the training was seen as important in building confidence amongst interviewees with regards to facilitating the groups themselves later. However, two interviewees stated that a refresher would have enhanced their confidence later as there was a long-time delay between the training and the facilitation of the first group. Facilitators commented that the information provided to them at the training was appropriate and engaging and they were excited to become involved in the groups once the training ended. These are very significant findings as regards quality enhancement and delivery.

6.4 | Factors Affecting Outcomes for Self-Regulation in Children: Sequencing, Relationships and Group Factors

Significantly, all BUSS LEAPlets® facilitators said that they observed some degree of change in children's behaviours across the programme, although there was mixed responses as regards the degree of discernible change that were observable, which they linked directly to operational issues, group dynamics, relationships with foster carers and assessing children's suitability to become involved in groups subsequently. Facilitators specifically linked achieving better outcomes for children to aspects of the BUSS LEAPlets® itself; chiefly, the predictability and ordering of activities, the interdisciplinary character of teams, and also to planning. This was evident in preceding chapters also, especially the foster carers' narratives. Familiarity and sequencing were mentioned by four of the six interviewees as significant in effecting change to children who had experienced trauma which is often associated with lack of routine and sensory engagement as per research:

'Each activity happens in the same order, and it's only as time goes on, as children make progress in their sensory motor development, that you'll start to make slight adjustments to the challenge in the tasks. But the tasks always are similar and are linked, so that they're very familiar to the children' (Edel).

'All of the groups have been led by multidisciplinary teams. So, it's really – that's one of the really powerful things that you can see. It brings them together, and it allows for a kind of a sharing. But also, for around practice' (Liz).

Importantly, the level of support that was provided to BUSS LEAPlets® facilitators throughout the programme, the fun and engaging activities, the quality of information provided and foster carers' engagements with the programme was also seen as significant as effecting positive outcomes as per facilitators.

6.5 | Quality of Information, Programme Selection and Relationships

There were mixed views with regards to the quality of information that was provided to foster carers; BUSS LEAPlets® facilitators alluded to the difficulties that foster carers regularly face trying to juggle many different family commitments and the time it takes to read paper-based information was an issue that needed addressing for the future. This was seen as a major barrier to boosting foster carer

engagement in the programme and to ensuring that boundaries and expectations in the programme, and its limitations, were achieved from the start. BUSS LEAPlets® facilitators commented that foster carers needed to be clear on what was expected of them by way of activities, and also on the amount of progress that they could reasonably expect a child to attain over 11 weeks. Ensuring that this was explained clearly to foster carers prior to any future roll outs of the programme, is very significant to facilitator interviewees. For two facilitators, setting these boundaries was as much a moral and ethical commitment as a practical issue. Meeting foster carers one-to-one and hearing their concerns and views was an important aspect of building relationships with them, fostering participation and partnership and also affecting more attunement to their children's unique experiences. It was also important for foster carers to understand what the programme was about and to clarify their expectations and answer questions. While relationship building took place to some degree online, facilitators felt that prioritising the one-to-one, relational aspect of the programme is important in clarifying boundaries, responsibilities and managing expectations, should the programme run again in the future. Although some BUSS LEAPlets® facilitators expressed powerful narratives about potential observable changes over the lifecycle of the programme, the extent of change was not uniform which often depended on the extent that BUSS LEAPlets® was practiced in the home. BUSS LEAPlets® facilitators recommended that factoring in one-to-one meetings with foster carers prior to future programme roll outs is significant to ensuring that foster carers are appropriately informed. This would also encourage greater dialogue at the initial stages around how the programme can meet the needs of individual children:

The information was adequate, but like it was paper information. I think it would need to be in the form of a meeting with the foster carer. One foster carer had a child with high needs; there were difficulties at home. She wasn't sure what the programme was about; she was delighted to be getting something to meet her daughter's needs, but she didn't really know why this might meet her particular needs or what she went through, without taking into the picture the whole family' (Lorraine).

'You kind of have much more of an idea of what all the other distractions are and what the issues are so you can give more and give better to the child' (Jane).

The first quotation is also key in terms of assessing the suitability of children to join the programme in the first place. The facilitators felt that the process of deciding which children were more or less suited to participating should be accorded greater attention, and that the programme would have been more successful if there were more opportunities to engage directly with foster carers before the programme began. This was also noted by key informants who frequently mentioned the relational aspect of interventions as key to their success. For facilitator interviewees, it was important to look at the programme in the context of the child and foster carer's life worlds; the rhythms, routines, relationships, and expectations that exist within different family units. The second quotation below also alludes to this; that by engaging with processes of 'doing family' through more robust assessment of suitability processes and direct engagement with foster carers, better outcomes could result in terms of understanding the limitations on foster carers to engage and the practices and processes of home life that militated against practicing BUSS® at home from week to week.

In addition, facilitators mentioned that future information is needed to clarify the limitations of BUSS LEAPlets® too. While foster carers were very positive about the programme's impact, facilitators said that they observed much larger transformations in children's behaviours and regulation when foster

carers were clear about the expectations including the limitations and opportunities of BUSS LEAPlets® and the programme's overall 'fit' within the family. This is evident in the extracts below:

'She benefited the most because her foster carer was absolutely clear what it would offer and the potential limitations. Some of the foster carers came on it with very little knowledge. The dad said to me: 'This is what the professional's telling us; this is the programme; we're going to get him to do it' – it made a massive difference' (Edel).

'The family were told if they came along, 'Oh there, there's this for this child', and another came on this, I think, because she was kind of told, 'This will help'. But this – you know, again, that was from the social worker and the care team's point of view, without taking into the picture the whole family' (Catriona).

The importance of face-to-face meetings with foster carers in advance of groups commencing was also key to the process of assessing children's suitability to engage in the programme. Facilitator interviewees favoured a more partnership, participatory approach with foster carers where concerns, expectations and assumptions could be addressed during the planning phase:

'It's about taking into account, this obviously is appropriate for this child's needs, but – and this foster carer is really doing their absolute best to find some appropriate services or therapies for this child – but what else is going on that's going to take from that, and are they going to come in, able to fully engage? Or are they going to be able to be there, every week, fully engaged?' (Liz).

'For the future, I'd like to see them assigning one of the facilitators to contact the foster carers every week and kind of say, 'Are you OK? How are things going? Do you need to chat?' It's in the context of having time and space away to meet online or whatever – and just to kind of say, 'After the session, the child was very agitated', a much closer relationship' (Melissa).

6.6 | Relationships, Time and Planning

The factors that produced effective ways of working for children and families were also commented upon by BUSS LEAPlets® facilitators in relation to group dynamics amongst the facilitators themselves and the relationships with foster carers and children. As one facilitator, Liz, said: *'it was a shared understanding I'd say that we had a shared understanding and that really helped'*. Overall, the interviews indicated that the relationships between facilitators were generally strong and positive throughout the programme, which is indicative of good quality, collaborative work. However, there were some factors identified in interviews in relation to planning and clarification around roles and responsibilities that could positively impact on relationships too, if the BUSS LEAPlets® programme is to run in future.

Time was mentioned as an important factor in affecting the success of groups. Notably, three facilitators commented that they felt that more time needed to be devoted to planning and bonding with parents and children prior to groups starting. The composition of groups and increased numbers of high-needs children in some groups rendered the facilitation to be more challenging and lessened the degree of emotional ties with parents. These facilitators commented that the

programme set up felt rushed so that there was more emphasis on getting the groups up and running, than the outcomes for individual children, or indeed, how the dynamics of the group would play out. Facilitators also felt strongly that more time and attention should have been accorded to workload and the time that it would take to get the groups set up and working in the initial stages and the roles of foster parents and professional OTs in the process:

'The understanding of how much time (was) involved in setting it up and all the work. We put in a huge amount of work, but all of that work was not even factored in or really understood' (Melissa).

The cost of the programme and future funding was also discussed by facilitators; that for BUSS LEAPlets® to be sustainable into the future, time needs to be given to strategic planning on the funding model. From this dataset, there was the sense that the operationalisation of the pilot was largely contingent on facilitators' goodwill and that appropriate funding would need to be considered in the future which potentially encompasses financial recompense for foster carers and accords more time for relationship development with foster carers:

'The cost and the funding has to be clarified. The budget was too small for the amount of time that you actually spent on it. And obviously then there was pressure, because the funding, I think, needed to be used by a certain date' (Catriona).

'Expecting volunteers to do it and get no money from it. I wouldn't do it again' (Lorraine).

'I think foster carers that are trained with the lead is really good because they had a wealth of knowledge you know, and when they tuned in, they could relate to their own child as well. So, I think having them there is really good, but they deserve remuneration' (Jane).

'There was something about the funding having to be used too so we were under time pressure' (Edel).

Significantly, facilitators alluded to the importance of embedding the programme into the life worlds of children and foster carers; their lived routines and everyday interactions which was crucial to the programme's success. It should be noted that the funding awarded was 'one off' and it is important that sustainable funding sources are looked at, should BUSS LEAPlets® be implemented in Ireland in the future. This would also lessen pressures on providers and potentially maximise positive impacts on children's lives.

This incorporation of BUSS LEAPlets® into children's life worlds per facilitators also reflected foster carers' interviews and who alluded to life worlds and 'enmeshment'. All BUSS LEAPlets® facilitators commented that the lack of emphasis on planning and incorporation into individual life worlds potentially effected less significant transformation for children. This perceived lack of emphasis on planning in the early stages presented significant challenges for facilitators in terms of managing individual groups; *'everyone thinks they're a walk in the park; they're not. You have to be so in tune'* (Liz). While steps were taken to inform foster carers adequately about the programme prior to groups commencing, three facilitators commented that they would like greater opportunities to engage with foster carers before and during BUSS LEAPlets®. This was essential not only to advancing participation with parents and caregivers, but also to effecting better outcomes for children:

The foster carers need to know what's as well going to happen, so that they can assist and support their child as much as possible in taking part... I think IFCA were very keen to get it off the ground' (Edel).

'Does everybody know that they're going to participate in this programme and why, and how is it going to benefit them, and – you know what I mean? So, if it's going to really benefit them?' (Melissa).

Significantly, some facilitators said the composition of groups and feelings of being rushed adversely impacted on their confidence in facilitating the groups. This requires greater reflection into the future should the programme be rolled out by any association or body:

'With the group that we had taken were quite high needs, and so that was challenging in itself' (Allison).

Importantly, facilitators commented that the lack of initial planning also de-emphasised what happened after the BUSS LEAPlets® concludes for the children and foster carer participants. For the interviewees in this cohort, the programme ends, and what happens after it, warrants attention too. For interviewees, this necessitates more reflection on contacts with foster carers and social workers should BUSS LEAPlets® be implemented in the future. This finding potentially applies to any organisation or body who wish to implement BUSS LEAPlets® and links broadly to other findings about the importance of engaging with the child's pre-care and in-care story prior to the programme's commencement.

Incorporating more check-ins into the programme structure was broadly welcomed by interviewees as it could enhance foster carers' engagement throughout the process. However, it was felt that that these check-ins should be in person as opposed to online so that they could understand the experiences and expertise of foster carers and with everyday family life to render BUSS® more meaningful in their lives:

'It could be difficult to – foster carers may ask questions, and they – so I think this time around, we're going to be doing check-ins and – just at the information day, we had spoken to the foster carers' (Catriona).

'More time needed to be factored in, in the structure of a project like this, and allow for that, and say, 'we're going to have then a period of time when we're going to wind down, we're going to work with them, we're going to try them to link them into services'. So, we've continuity, as opposed to, we just have this group and then it just ends and you're dropped off' (Jane).

In addition, interviewees asked important questions about the ethics and fairness of including children in the pilot who had experienced severe developmental trauma without extensive engagement pre-programme with foster carers and social workers. This is an important issue that is addressed again in chapters seven and eight:

'He had enormous needs emotionally, and to participate in something like that as a pilot, I don't think was fair. To see these children – to see how well this works, not fair' (Kim).

According to facilitators, greater emphasis on following up with families after the programme and assessing where the programme could offer the best possible outcomes to children in line with their care plan and their access to other interventions was also seen as key for future learning. Moreover, as per facilitators, the feedback from foster carers would be very valuable on the medium-term impacts of the programme on children's self-regulation:

'We've dangled a box of chocolates and said, 'Oh, this is lovely and shiny – now we're finished. You're coming in; we'll do this programme; and then you're leaving' (Jane).

Crucially, facilitators commented that the length of the programme (11 weeks) impacted markedly on the degree of transformation observable in children's regulation, stating that more time was needed. In some cases, children did return to BUSS LEAPlets® groups subsequently, which potentially corroborates the positive impacts of the intervention as per chapters four and five:

'I'd love to have continued for another ten weeks so that we could really see the change. I would say improvements were marginal to be honest amongst some of them. I don't think it was enough' (Jane).

'It was just too little for some to be of any use though for others with lesser needs the impacts were bigger' (Allison).

6.7 | Role Clarification, Facilitation and Consistency

The importance of clarifying roles for more effective facilitation also emerged strongly within this cohort. BUSS LEAPlets® facilitators felt strongly that their roles were not well clarified initially which led to confusion about what they should do in the groups and undermined their confidence in direct working with children and families. As per interviewees, this seemed to be more marked in the initial stages of the intervention than at the middle and end points.

Facilitators also commented that there was a lack of consistency in who was facilitating in some groups which led to lack of organisation on the ground; *'It was confusing if it was foster carers or OTs'* (Liz). This also led to inconsistencies in how the programme was led out which militated to some degree, against benchmarking for future iterations. In some instances, BUSS LEAPlets® facilitators commented, it was clear who led the groups (professional OT, trained social care leader or social worker) but, in others, more clarity was needed as to the roles of foster carers supporting the work. It should be noted however that most of these comments related to the early stages of the programme rollout and there was evidence that this improved subsequently as the programme progressed:

'I think for a pilot it needed to be really, really tight but it was really confusing'. (Kim).

'We needed the same people there, to measure outcomes and work with the families. There seemed to be a lot of people in and out in some groups, and there were a lot of replacements for but like when we're told we are trying to measure the efficacy or whatever, if we have different people coming in and out, the group dynamic change and it is really difficult to manage' (Sarah).

'I thought that was my role. But actually, my role was to physically be there, and I don't feel that's a good use of my time or my skill' (Lorraine).

For other facilitators, the roles of the social workers also needed to be clarified as regards the care plan to manifest more consistent benefits for children and families:

'And like the social workers; yeah, they consented; but were they fully committed to the programme and see it as part of the care plan? So, you know, all of those children would have needed follow-up if it was to – if you're to see a long-term benefit' (Melissa).

As the programme progressed, some of these initial problems did seem to be overcome as BUSS LEAPlets® facilitators became more *au fait* with the programme and expectations and behaviours were better understood within the groups. Findings also suggested that IFCA was a learning organisation where they listened to informal feedback from facilitators and tried their best to respond when possible.

'I think they do try to listen, and they do try to learn and learn from what we told them. There are areas for improvement but at least they tried it and wanted to learn what it was about for children's sakes. Things did get better' (Sarah).

6.8 | Chapter Summary and Conclusions

The main purpose of chapter six was to present BUSS LEAPlets® facilitators' views on the intervention and factors that both helped and hindered its effective implementation. Comparable to chapters four and five, it had a distinct 'bottom-up' approach elucidating opinions on implementation, that could otherwise have remained concealed and yet are critical for future learning for IFCA. Some of the most critical factors that were elucidated included planning, role clarification, pre-programme rollout discussions on expectations, group composition, future funding models and possible enumeration for foster carers. Noteworthy was the strong sense of commitment that was demonstrated by facilitators to BUSS LEAPlets® and to improving children's lives. Some of the findings from key informants were also added to show areas of coalescence.

Chapter seven synthesises the main findings from this evaluation and discusses them in the context of the literature and policies that were presented in chapter two. Furthermore, it offers some novel conceptual avenues for research on BUSS LEAPlets® and some of the main areas of significance emanating from this report which are subsequently expanded upon in chapter eight, expanding on issues like organisational knowledge of BUSS LEAPlets®, care planning and systemic issues around programme design, delivery and implementation.



Chapter Seven – Discussion

7.1 | Introduction

This chapter discusses the findings of the process evaluation of the BUSS LEAPlets® early intervention pilot. Synthesising the key findings drawn from qualitative interviews with foster carers, social workers, BUSS LEAPlets® facilitators, national and international key informants, and extant research the discussion critically interprets how BUSS LEAPlets® was experienced, understood, and operationalised within Irish foster care contexts. In keeping with the aims of the process evaluation as outlined in chapter one, this chapter does not seek to establish causal outcomes. Rather, it examines perceived changes, the mechanisms through which change was understood to occur, and the contextual conditions that supported or constrained programme impact. The convergence of perspectives across stakeholder groups strengthens consistency and confidence in the findings and generally speaking, mirrors positive outcomes reported in previous UK-based evaluations of BUSS® and BUSS LEAPlets® (Jones, 2021; Smith, 2022; Lloyd, 2023). The discussion situates findings within national and international literature on foster care, developmental trauma, sensorimotor development, attachment, early intervention, implementation and foster care.

7.2 | Perceived Effects on Children’s Sensorimotor Development, Bodily and Emotional Regulation

A central finding of this evaluation concerns the perceived impacts of BUSS LEAPlets® on children’s sensorimotor development and bodily regulation. Comparable to extant research on the long-lasting effects of pre-care life experiences (i.e. exposure to neglect, abuse, trauma) on children, interviewees relayed complex stories of developmental trauma and its effects on children and families (Biehal et al, 2018; Turner et al, 2023). With regards to BUSS LEAPlets®, foster carers, social workers, and BUSS LEAPlets® facilitators consistently described perceived improvements in children’s posture, balance, coordination, movement confidence, and impulse control over the course of the programme. These findings are extremely important in this evaluation, showing the efficacy of the programme and is also a potential indicator of good implementation, validating the importance of the intervention more generally. Significantly, these changes to children’s movements were not understood as isolated physical gains, but as foundational shifts that supported children’s broader emotional, relational, and learning capacities. Indeed, as shown in preceding chapters, there was ample evidence from our data that positive perceived effects were observed on children’s balance and movement, which enhanced their self-confidence, relationships with foster carers and their peers, thus highlighting the multidimensional impacts of BUSS LEAPlets® in children’s and families’ lives as per interviews (chapters four, five and six). These findings also align closely with the theoretical foundations of the BUSS® model, which conceptualises bodily regulation as a prerequisite for emotional regulation, cognitive engagement, and relational safety (Lloyd, 2020, 2023).

As shown in chapter two, international research demonstrates that early developmental trauma can disrupt the maturation of sensorimotor systems, often leading to difficulties that are misinterpreted as behavioural non-compliance or attentional deficits (Perry, 2009; Shonkoff et al, 2012; Van der Kolk,

2014). The reported improvements in children's physical organisation and movement competence suggest that BUSS LEAPlets® may help address these underlying disruptions through a bottom-up, body-based approach that is highly relational, oriented to foster carers and children's agency and relationship building. Importantly, the 'bottom up' approach that is a cornerstone of BUSS LEAPlets®; the emphasis on relationships and the agency of children and foster carers was also seen as important to the success of BUSS LEAPlets® in all interviewee groups. This is a further indicator of the efficacy of the intervention and supports its future implementation by organisations that support children in care in Ireland.

The BUSS LEAPlets® facilitators' perspectives provided important insights into how changes to children's development and regulation were supported in BUSS LEAPlets®. Facilitators emphasised the importance of structured sequencing, repetition, predictability, and gradual progression of activities for enhanced self-regulation, particularly important for children whose early life experiences were characterised by inconsistency and sensory chaos. This mirrors findings from UK evaluations, where incremental gains in bodily awareness and coordination were identified as meaningful indicators of developmental progress (Jones, 2021; Smith, 2022). The replication of these outcomes in the Irish context supports the transferability of the BUSS LEAPlets® model across foster care systems, at least from the UK to Ireland. However, more research is needed on BUSS LEAPlets® and its effects on children and foster carers' lives over time. Qualitative longitudinal designs offer significant scope for future research charting the longer-term impacts of BUSS LEAPlets® which can be supported further by quantitative and mixed methods designs. The fact that positive findings emerged strongly in our dataset accords further evidence to the adaptability and transferability of BUSS LEAPlets® as a positive intervention in children's lives.

Participants consistently linked improvements in bodily regulation with gains in emotional regulation and relational capacity thereby illuminating the manifold (and interlinking) effects of BUSS LEAPlets® (see Lloyd, Jones and Smith, 2024). Importantly, foster carers described children as calmer, more settled, and being better able to recover from distress, which affected improved sleep patterns and stronger familial relationships leading to gains in social bonding. While facilitators similarly reported that children's capacity to tolerate transitions, to remain engaged, and recover from challenges increased over time when group conditions were optimal. Changes were frequently attributed to shared movement-based activities that supported co-regulation between children and foster carers not alone in the groups but also in the home. In this regard, BUSS LEAPlets® functioned as a relational intervention as much as a physical one, reinforcing the foster carer's role as a primary regulatory and a relational figure. The programme's emphasis on predictability, repetition, rhythm, and playful interaction reflects principles commonly attuned to caregiver–child interaction as central to therapeutic change. Facilitators highlighted that where foster carers were actively engaged, emotionally available, and clear about the programme's aims, children's regulatory gains and positive attachments to foster carers were stronger and more sustained. That said, BUSS LEAPlets® facilitators and key informants also relayed factors that impacted on the implementation and operationalisation of the programme as outlined in chapter six. These factors need to be addressed in advance of future rollouts of the programme as they potentially militate against better impacts for children and foster parents.

Another notable finding was the shift in foster carers' interpretations of children's behaviour. Many carers described moving away from behavioural or punitive explanations toward a developmental understanding of trauma-related bodily dysregulation that was focused on the child's whole life

story which encompassed the pre-care phase. The notion of 'linked lives' as per Brady and Gilligan (2020) seems meaningful here; how past experiences link to the present understandings and future projections of 'self'. It was not within the remit or scope of this evaluation to interrogate this concept in the context of BUSS LEAPlets® but future work in this vein would be interesting, adding depth and scope to the growing body of work on BUSS LEAPlets®. This reframing of foster carers' understandings about children's development and growth is significant, as foster carers' reflective capacity and trauma-informed understanding are associated with improved child outcomes and greater placement stability (Gilligan, 2021; Harding et al, 2019). BUSS LEAPlets® facilitators viewed this shift as one of the programme's most meaningful outcomes, even where observable changes were modest. The fact that this occurred over a short time span is testament to the value of the intervention and is a further indicator of the work by IFCA and the various agencies that were engaged in this important work.

7.3 | Social Participation, Confidence and 'Doing Family'

Another prominent theme that emerged from all datasets concerned increased social participation and engagement. As shown in previous chapters, foster carers, facilitators, and social work professionals reported that children became more willing to engage with peers, participate in group activities, and attempt new challenges both at home and in educational settings. Their improvements in attention, persistence, and school readiness were particularly evident when BUSS LEAPlets® activities were reinforced within everyday family routines at home with trusted caregivers. The impacts of BUSS LEAPlets® can thus be interpreted as a type of spectrum; the effects of interventions on individuals is contingent on a range of factors including the child's pre-care and in-care experiences, the degree of 'fit' with the child's life worlds and the foster carers' attitudes and commitment to the intervention itself (Moran, McGregor and Devaney, 2019). The impacts of BUSS LEAPlets® are therefore non-linear, highly individual and are contingent to some extent on the caregivers' propensities to engage in BUSS LEAPlets® in the home. This research, although small in scale, found some (albeit limited) evidence that reported effects were more positive in situations where BUSS LEAPlets® was incorporated into different aspects and routines of everyday life ('doing family') and where it was actively supported by all family members. In contrast, the impacts of BUSS LEAPlets® appeared to be much weaker when children and foster carers engaged only sporadically or when they did not engage in it at home. Significantly, chapter six highlighted some areas for improvement in future including the accessibility of information and engaging more with foster carers and children in advance of the programme which is central to maintaining the interest and engagement of foster carers. Findings on the quality of training were extremely positive which is further testament to the workings of this pilot. Research on the extent that daily reinforcement and practicing of BUSS LEAPlets® within the home affects developmental outcomes utilising control groups, would also be significant.

Improvement to children's movement were also reflected in enhanced physical functioning and daily routines; relational improvements were evident in strengthened relationships with carers, siblings, and peers; and subjective wellbeing was reflected in increased confidence, curiosity, and enjoyment. These outcomes align with research highlighting the interconnected nature of physical, emotional, and social development in children who have experienced trauma (Putnam, 2006). They also reinforce evidence that early intervention is most effective when embedded within caregiving contexts rather than delivered solely in clinical settings (Agazzi et al, 2019). Foster carers' active

participation and the integration of strategies into daily life were consistently identified as critical mechanisms of change by interviewees in all cohorts (foster carers, social workers, BUSS LEAPlets® facilitators and key informants).

A particularly significant range of findings concerns the perceived impact of BUSS LEAPlets® on foster carers themselves. Across stakeholder groups, foster carers were described as gaining confidence, competence, and a deeper understanding of the relationships between the body, behaviour, and emotional regulation. This was very significant to this evaluation. The experiential, hands-on nature of the programme and the modelling provided by facilitators were central to this learning process. This aligns with the core premise of BUSS®, which positions caregivers as primary agents of developmental change rather than passive recipients of professional expertise (Lloyd, 2023). Facilitators strongly endorsed this philosophy, viewing the programme as addressing a gap in existing provision by working ‘further back’ into developmental systems while remaining accessible and non-stigmatising. The findings also reflect broader foster care literature demonstrating that carers who feel skilled, supported, and valued are more likely to sustain placements and experience lower levels of stress (Devaney & McGregor, 2017). Participants frequently contrasted BUSS LEAPlets® with more clinical or deficit-focused interventions, highlighting its relational emphasis and alignment with everyday family life.

7.4 | Implementation, Role Clarity and Sustainability

The group-based delivery model emerged as a key mechanism underpinning change and was identified as a significant factor that affected the successful implementation of BUSS LEAPlets®. Instilling sensory-friendly environments, coupled with skilled facilitation, and peer support created spaces that supported both children’s regulation and foster carers’ learning. The group functioned simultaneously as a therapeutic environment for children and a reflective learning space for carers. Facilitators emphasised that outcomes were highly sensitive to group composition, size, consistency of staffing, and levels of need. Where these conditions were generally well balanced, children’s engagement and regulation were possibly stronger in groups where children presented with different levels of need. When groups were assembled rapidly or included multiple children with very high levels of need without sufficient preparation, facilitators experienced increased challenges and reduced confidence in group work contexts. Comparably, these findings echo UK evaluations of BUSS LEAPlets®, where group participation reduced isolation, normalised carers’ experiences, and fostered shared learning (Smith, 2022). Given evidence that foster carers often experience fragmented and inconsistent supports (Harding et al, 2019), and service delivery is complex and often uneven, the relational and communal aspects of the group therefore appear valuable within the Irish foster care context. While this is very positive, the findings raise important questions about the importance of clarity going forward as regards roles and also the importance of environmental and group-related factors in achieving outcomes. Fostering is itself a complex situation and children’s needs are heterogeneous, reflecting diverse early life experiences, exposure to trauma, relationships with caregivers and foster caregivers, both positive and negative. It is important to note the reported impacts of the programme on foster carers too, in relation to sociability, which was in itself, very valuable.

Participants’ reflections on implementation further highlighted IFCA’s established infrastructure and trusted position within the foster care sector as key enablers of successful delivery. Training,

supervision, and facilitator support were generally perceived as being high quality, with the experiential nature of training particularly effective in translating theory into practice. However, facilitators did identify several structural challenges that constrained impact and affected their confidence. These included limited lead-in times, gaps between training and delivery, lack of role clarity within facilitation teams, staffing, and insufficient alignment with statutory care planning processes. From an implementation perspective, these findings reinforce the importance of clarity, planning, preparation, and stable teams, to achieve improved outcomes. Time and resourcing also emerged as critical sustainability issues. Facilitators also noted that the duration of the programme was insufficient for some children, particularly those with more entrenched regulatory difficulties, and suggested longer or staged follow-on support to consolidate gains. In some cases, children were offered the opportunity to attend a second iteration of BUSS LEAPlets® and anecdotal evidence suggests that some did so. Follow-up research on the effects of BUSS LEAPlets® on those who participated for the second time would also be valuable. While this evaluation yielded many perceived benefits for children and families in terms of relationships, improved bodily and emotional regulation and self-esteem, these matters necessitate greater reflection and discussion in advance of a further rollout of BUSS LEAPlets® to maximise positive outcomes and enhance programme efficiency.

7.5 | BUSS LEAPlets®: Exploring its Implications for Policy, Practice, and Research

The findings suggest that BUSS LEAPlets® has strong potential as a trauma-informed, relational early intervention for children in foster care. Its focus on bodily regulation, caregiver agency, and everyday practice aligns with Irish policy priorities on prevention and early intervention (Government of Ireland, 2018) and responds to recognised gaps in timely therapeutic provision for children in care (Ombudsman for Children, 2020). Future research should consider employing longitudinal and mixed methods designs to examine sustainability, differential impacts, and cost-effectiveness. Further attention should also be given to implementation conditions, resourcing models, and integration within statutory systems. Extending evaluation studies beyond the UK and Ireland would significantly strengthen the international evidence base for BUSS LEAPlets®. Research by independent professionals including universities and research institutes would also enhance this.

In conclusion, this process evaluation indicates that BUSS LEAPlets® is perceived by interviewees as a highly valuable early intervention that supports children's sensorimotor development, emotional regulation, and relationships. Moreover, the programme's effects on children's confidence, their improved abilities to perform particular tasks, enhanced relationships with their peers, as well as positive changes to foster carers' confidence and agency, indicates that the intervention improved wellbeing to some degree. Delivered by IFCA in collaboration with representatives from other organisations (Tusla, Nurturing in Nature, Barnardos, St Bernard's Children's Services), the pilot demonstrates how accessible, play-based, trauma-informed interventions has the potential to become embedded within foster care systems to support developmental recovery for children who have experienced early adversity. At the same time, facilitator insights underscore that the effectiveness of BUSS LEAPlets® lies not only in its theoretical model, but in the quality of its implementation. Preparation, role clarity, relational engagement, resourcing, and continuity are essential if its potential is to be realised at scale.

7.6 | Chapter Summary and Conclusions

This chapter synthesises the main learning from chapters four, five and six, as interpreted in the light of extant research on children in care, the harmful effects of abuse and neglect and BUSS LEAPlets®. As illustrated in this chapter, the intervention showed mainly positive impacts on children's lives, even over a relatively short time frame, furthering extant knowledge on the impacts of BUSS LEAPlets® and play-based, trauma-informed interventions generally. As shown here in chapter seven and in previous chapters, there are ample examples of good practice from all who were involved in this intervention, including the trainers, facilitators, IFCA, children and foster carers. However, the principal messages for implementation as documented in chapter six require reflection and consideration for future iterations of BUSS LEAPlets® also for further strengthening implementation. It is important to note that this was a relatively small-scale pilot, and it does take time and experience to resolve any issues that might arise in initial programme rollouts. The concluding chapter (eight) summarises the main findings and notes the principal recommendations emanating from the study.



Chapter Eight – Conclusions & Recommendations

8.1 | Summary of Main Study Findings and Implications for Practice

This process evaluation of the BUSS LEAPlets® pilot in Ireland highlights its value as a trauma-informed, relational early intervention for children in foster care as per different groups of interviewees (foster carers, social workers, BUSS LEAPlets® facilitators, key informants). Furthermore, in general terms, the study shows that for the most part, this pilot implementation worked well and delivered on its central objective – to improve outcomes for children and families. The BUSS LEAPlets® programme was widely understood to support children’s sensorimotor development and bodily regulation, with improvements observed in posture, coordination, balance, and movement confidence. These gains were not viewed in isolation, but as foundational shifts that supported emotional regulation, and relational safety. Structured, predictable activities and repeated sensory input were described as critical mechanisms in promoting these developmental changes, particularly for children with histories of early adversity.

Enhancements in bodily regulation were closely linked to improvements in emotional regulation, attachment, and relational capacity. Foster carers consistently reported that children became calmer, more resilient, and better able to recover from distress, findings which appeared to be more pronounced when carers were actively engaged in the programme. A particularly notable outcome was carers’ reframing of children’s behaviour through a trauma-informed lens, towards understanding regulatory challenges to children’s movements as developmental in origin. This shift in perspective was seen as both meaningful and sustainable, reinforcing carers’ reflective capacity and supporting long-term placement stability. The evaluation also highlighted gains in social participation, social learning, and overall wellbeing. Children were described as increasingly willing to engage with peers, attempt new challenges, and participate in both family, peer and potentially school activities. Improvements were observed across physical, relational, and subjective domains of wellbeing, suggesting that the programme’s effects were interconnected and multifaceted.

An important dimension of the pilot concerned foster carers’ agency, learning, and confidence. Carers reported increased competence, practical skills, and reflective capacity, fostered through experiential, hands-on learning and modelling by facilitators. This emphasis on caregiver agency aligns with the theoretical foundation of BUSS® LEAPlets, positioning carers as central agents of positive developmental changes. Enhanced carer competence was linked to greater placement stability, improved child outcomes, and increased carer wellbeing. The group-based delivery model was also seen as a key mechanism of positive change. Predictable, supportive group environments facilitated both children’s regulation and carers’ learning. The composition and consistency of groups, as well as the skill of facilitators, were identified as critical to programme effectiveness. Peer support within the groups was particularly valued, reducing isolation among carers and enhancing opportunities for shared learning and reflection.

Implementation and sustainability were influenced by a combination of enablers and challenges. IFCA’s established infrastructure and facilitator support were critical to successful delivery, while barriers were also identified which potentially militates against success. Participants emphasised that

sustaining the programme and consolidating gains would require adequate resourcing, structured facilitator supervision, improved information, and potentially longer or staged follow-up for children with more complex needs. Finally, the evaluation underscored the central role of social work practice and Tusla in embedding BUSS LEAPlets® within foster care systems. Active engagement by social workers in referral, care planning, and follow-up was identified as essential for ensuring that the programme became integrated into statutory care pathways rather than operating as an isolated intervention. Alignment with Tusla's *Strategic Plan for Foster Care Services 2022–2025* (Tusla, 2022) and the *Corporate Plan 2024–2026* (Tusla, 2024) provides a policy foundation for scaling and sustaining the programme. Embedding BUSS LEAPlets® within care plans not only strengthens placement stability but potentially validates carers' experiential learning, positioning the intervention as part of a coherent continuum of trauma-informed supports for children in care.

8.2 | Study Limitations

Several limitations should be acknowledged. The evaluation focuses on perceived short-term impacts and does not capture medium or longer-term developmental outcomes. The qualitative sample, while diverse, is not representative of all foster carers and/or children in care, and participants were largely highly motivated carers. These factors may have influenced engagement levels and reported outcomes. Nevertheless, the consistency of findings across stakeholder groups, including facilitators, and their alignment with existing research strengthen confidence in the conclusions and the recommendations offered below (Jones, 2021; Smith, 2022; Lloyd, 2023).

8.3 | Principal Recommendations for Future Delivery

Based on this evaluation, our main recommendations are as follows. While these recommendations are based on a small-scale pilot of BUSS LEAPlets®, they speak to implementation generally and may have resonance and validity for other organisations in the future, should the programme be expanded in scale (i.e. adapted for universal service delivery in Ireland):

Enhance Implementation and Sustainability

Maintaining quality delivery requires attention to structure, staffing, and group dynamics. Our evaluation yielded many positive impacts of BUSS LEAPlets® on children and foster carers' lives but also showed areas for improvement. Our recommendations, grounded in this data, are:

- Ensure sufficient lead-in time for planning, clarity of facilitator roles, and staffing consistency.
- Continue to develop and maintain existing structured supervision and coaching systems to support facilitators and maintain implementation fidelity.
- Consider staged or follow-on sessions to consolidate gains, particularly for children with complex needs.
- Engage with foster carers and children face to face before sessions begin to enhance interprofessional learning on children's individual needs and their suitability for inclusion in future programme roll outs.

Tailoring activities to children’s developmental levels, abilities, needs, and attention capacities significantly improved engagement. Flexible delivery models that can be adapted to each child’s level of regulation, attention, and individual needs should therefore be prioritised. This is important to develop service delivery that is attuned to the needs of individual children and families, maximising outcomes and impacts.

Strategic Alignment and Advocacy

The Irish Foster Care Association (IFCA) is well positioned to support strategic integration and advocacy for sustainable implementation. As per previous chapters, trust in the organisation was high amongst participants in this pilot. Should IFCA opt to roll out further iterations of BUSS LEAPlets® in the future, the following are important points:

- Advocate for alignment of BUSS LEAPlets® with Tusla’s *Foster Care Strategic Plan 2022–2025* (Tusla, 2022) and *Corporate Plan 2024–2026* (Tusla, 2024) priorities. This is key to maximising opportunities for BUSS LEAPlets® to be delivered at scale and for leveraging national, large-scale organisations like Tusla.
- Promote integration with existing initiatives, including Meitheal and collaborative commissioning models.
- Support efforts to secure sustainable funding, appropriate staffing, and organisational infrastructure to further enhance implementation.
- Continue to engage with other organisations to assist with implementation to strengthen participation, partnership and collaboration.
- Champion the recognition of foster carers as skilled developmental partners and advocate for structured peer-support and reflective learning opportunities. This may include financial remuneration.
- Through strategic leadership and advocacy, IFCA can play a key role in embedding trauma-informed, movement-based developmental approaches within the broader foster care system.

Extend the Evidence Base through Research

Further research will strengthen the programme’s credibility and scalability. We recommend that more independent research is conducted in Ireland, should this be rolled out in the future, and elsewhere (UK, Europe) to further enhance and disseminate knowledge on BUSS LEAPlets® and deliver it at a larger scale. Strengthening the evidence base will support policy integration and medium to long-term investment.

- Conduct longitudinal and mixed-methods research to assess sustainability of outcomes, cost-effectiveness, and differential impacts across age groups and placement types.
- Explore opportunities for scaling the programme across diverse foster care settings in Ireland and internationally.
- Examine implementation variables such as facilitator consistency, group size, and carer engagement to better understand mechanisms of change.

- BUSS LEAPlets® is a highly adaptable model (Wrench, 2025). Extending the model to other settings like schools and conducting research into its adaptability in these contexts, could enhance the evidence base around adaptability overall.
- While this study looked at the extent that BUSS LEAPlets® enhanced wellbeing to some degree, future research that evaluates its effects on wellbeing per se, would enhance the evidence base also.

8.3.1 *Recommendations for Social Work*

Foster a Trauma-Informed, Developmental Approach Across Stakeholders

A shared developmental lens across social work and social care professionals will strengthen programme impact.

- Provide training for social workers and social care workers and social care leaders, on the interconnection between bodily regulation, emotional regulation, and relational capacity.
- Promote a developmental understanding of behaviour to reduce reliance on punitive or deficit-focused approaches.
- Reinforce awareness that regulation skills developed in BUSS LEAPlets® can transfer to wider social contexts.
- As per previous chapters, interviewees observed that engagement skills developed within BUSS LEAPlets® generalised to everyday environments. Practice frameworks could therefore be enhanced by building on this transferable impact.
- Recognise and actively address systemic barriers within social work systems to include high workloads which can constrain coordinated practice delivery and sustain developmental approaches across services.

Embed BUSS LEAPlets® within Statutory Care Planning

BUSS LEAPlets® should be formally integrated into statutory care planning processes to maximise continuity and developmental impact. Embedding the programme within statutory frameworks will strengthen accountability, integration, and sustainability.

- Social workers should actively refer children to the programme and reinforce movement-based and regulation strategies within placement and care plans.
- Clear, structured communication between facilitators, foster carers, and social workers including children in care and fostering link workers, should be established to ensure alignment of goals and shared understanding of each child's developmental needs.
- Programme outcomes and strategies should be explicitly linked to care planning objectives to support consistency across home, school, and community contexts.

Continue to Strengthen Foster Carer Support and Agency

Foster carers are central to consolidating and extending children's developmental gains. Strengthening their role as primary agents of change is essential for both policy and practice. Based on our analysis, BUSS LEAPlets® contains many important elements that emphasise children and parental agency and participation and crucially, on foster carer's own learning. Therefore, we recommend that Tusla:

- Provide extended opportunities for foster carers to access experiential training and reflective spaces that deepen their understanding of movement-based and trauma-informed approaches.
- Recognise and appropriately resource foster carers as key contributors to developmental progress.
- Support carers to integrate BUSS LEAPlets® strategies into everyday routines, caregiving interactions, and family life.
- Offer more structured opportunities for peer exchange, particularly around managing behaviour, sensory sensitivities, and transitions.
- Encourage facilitators to regularly check carers' understanding during sessions to enhance accessibility and engagement.
- Consider internal and external factors that would affect uptake and implementation of BUSS LEAPlets® and its delivery at a national level.

Foster carers reported that consistent facilitators strengthened trust, communication, and confidence. Ensuring facilitator continuity will therefore enhance programme impact and relational security.

8.4 | Final Remarks

The BUSS LEAPlets® pilot demonstrates that play-based, body-focused, trauma-informed interventions can be effectively embedded in foster care systems to support children's developmental recovery and foster carers' professional and relational capacity. Realising the programme's full potential requires strategic integration, structured implementation, foster carer support, and active social work engagement. Aligning with Tusla's strategic priorities offers a potential pathway for scaling, sustaining, and embedding BUSS LEAPlets® within Ireland's early intervention and foster care frameworks.



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Appendices

APPENDIX – A

Interview Guide: Foster Carers

1. Can you tell me a little bit about your experience as a foster carer/guardian and your foster child who are attending LEAPlets®?
2. How did you hear about LEAPlets® and why did you decide to join the LEAPlets® programme?
3. What did you hope to get from the LEAPlets® programme? Do you think that was achieved? If so, why? If not, why not?
4. Can you tell us about any skills that your child may have been having difficulty with that you are concerned about?
5. Can you tell us how that impacted on your child and family life?
6. How do you believe these difficulties were impacting on your child's wellbeing and quality of life?
7. Before LEAPlets® how were you and your child managing?
8. Has LEAPlets® provided you and your child with activities to support your child's specific needs? Can you tell us about these activities?
9. Have you noticed any other changes – perhaps in concentration, play or language?
10. Did your child enjoy LEAPlets®? If so, why, or why not?
11. In your child's words, what have they said about their experience of the programme?
12. How has the LEAPlets® programme has been helpful to you as a foster carer/guardian in supporting your child, and how?
13. Do you think you will continue with these activities after the programme is completed?
14. What was your experience of being in the group?
15. What about other foster carers/guardians's children? Did they share anything with you during the programme that would suggest that they also had similar experiences?
16. Is the programme different or like what you expected? Can you tell me more about that?
17. How could the intervention be improved (if at all)?
18. Can you tell us about your relationship with your child prior to attending LEAPlets® and since completing LEAPlets®? How is it different/similar?

19. Have you used the activities at home with your family? Have other family members got involved in the activities?
20. How has LEAPlets® impacted on your child's relationships with other children?
21. Has it impacted on your child's self-confidence at all and their abilities to participate in family life?
22. Can you give us an account of your overall experience and your hopes going forward as a foster carer/guardian, for you, your family, and your foster child?
23. Do you think all foster carers/guardians should have access to LEAPlets®?
24. What worked best in your opinion about the LEAPlets® groups?
25. Was everything explained clearly to you, or could this be improved in any way?
26. How would you describe the quality of the facilitation?
27. Was there anything else that could be improved or changed in your view?
28. Was there anything about the programme you found difficult or that you didn't like?
29. What recommendations would you make for the future?

Thank you sincerely for your time. Is there anything else you would like to add?

APPENDIX – B

Interview Guide: Social Workers

1. Can you briefly tell me about your current professional role?
2. Can you share your knowledge and understanding of the impact of trauma on children's development?
3. Can you extend your answer to include children in care and their foster carers?
4. Currently, how are foster carers supported to address the needs of children in their care who have experienced developmental trauma?
5. Would you see the BUSS LEAPlets® programme as a resource to address this need?
6. Can you tell me about your knowledge and experience of BUSS LEAPlets® programme and if you have examples of foster children and foster carers from your practice who have used the programme?
7. In your expert opinion, how has participating in the BUSS LEAPlets® programme impacted on the child's development and or progress?
8. Do you think the BUSS LEAPlets® programme can build foster carer's understanding, confidence and skills to support their foster child? How?
9. Do you think the BUSS LEAPlets® programme can contribute to the foster carer's

understanding of the child's developmental experiences in order to support daily life at home, in school, and in other social settings?

10. Do you think BUSS LEAPlets® can contribute to creating stronger networks of support for the child in care and the foster family? How?
11. What has the feedback from foster carer been about BUSS LEAPlets® programme?
12. Has the child said anything about their group experience?
13. Does anything stand out for you?
14. Are there instances do you think when BUSS LEAPlets® might work better with other types of interventions? If so, what kinds of interventions might this be?
15. Can you tell me about the referral process?
16. Has the process of referring the child to the BUSS LEAPlets® programme lead you to consider the child's needs in a different way?
17. Would you be interested in accessing BUSS LEAPlets training?
18. Could you describe how the BUSS LEAPlets® programme may inform or support social work and their work with families?
19. Could you describe how the BUSS LEAPlets® programme may inform or support interdisciplinary and multidisciplinary practice?
20. Do you think that BUSS LEAPlets® should be available to children in care and their foster carers nationally?

Thank you sincerely for your time. Is there anything else you would like to add?

APPENDIX – C

Interview Guide: BUSS LEAPlets® Groupwork Facilitators

1. How did you first hear about BUSS LEAPlets® and what were your initial impressions of the programme?
2. Can you tell me about how you came to be involved and why you wanted to do this?
3. Tell me what you know about BUSS LEAPlets® briefly and how it works?
4. Can you tell me about the impacts of trauma on children's development from your experience, specifically in relation to the body and bodily regulation and how BUSS LEAPlets® may alleviate or offset this?
5. What do you think about the training manuals and training materials? How do they work, and could they be improved?
6. How is information provided to foster carers about BUSS®?

7. Has this always been communicated in a clear and consistent manner or could this be enhanced?
8. Can you tell me about the facilitator role, and what this involves?
9. What are some of the challenges and enablers to facilitating groups?
10. Have you any evidence that BUSS LEAPlets® works, including anecdotal evidence or stories from foster carers (or examples from the group you facilitated)?
11. How does BUSS LEAPlets® affect children's bodily regulation from your experience?
12. Can you tell me some stories about the effects of BUSS LEAPlets® on children's development from your experience?
13. Have you experience working across BUSS LEAPlets® to include different children's ages and needs? Can you tell me about that?
14. Can you tell me how foster carers are supported through BUSS LEAPlets®? Could this be improved do you think?
15. How does BUSS LEAPlets® support foster carers and foster families specifically do you think?
16. What do you think are the main strengths of BUSS LEAPlets®?
17. Are there weaknesses?
18. Do you think that BUSS LEAPlets® will work with all children in care or are there instances do you think where it may not work or would work less well?
19. Are there instances do you think when BUSS LEAPlets® might work well with other types of interventions? If so, what kinds of interventions might this be?
20. Do you think BUSS LEAPlets® could be improved in any way? If so, how?
21. In your view, what have the main challenges been to implement BUSS LEAPlets® so far?
22. Do you think that BUSS LEAPlets® should be rolled out nationally? If so, why? If not, why not?
23. What do you think the main challenges of this might look like?
24. Is there anything else that you think might be improved in BUSS LEAPlets® and how it has been implemented?
25. Anything else you would like to add?

Thank you sincerely for your time. Is there anything else you would like to add that I have not given you the opportunity to do.

APPENDIX – D

Interview Guide: Key Informants

1. How did you first hear about BUSS® and what were your initial impressions of it?
2. Tell me what you know about BUSS LEAPlets® briefly and how it works?
3. How does BUSS® complement the range of supports that the IFCA offers presently do you think?
4. Why did you decide to implement BUSS LEAPlets®? (Relevant to some key stakeholders)
5. Have you any evidence that BUSS® works, including anecdotal evidence or stories from foster carers (or other professionals)?
6. What do you think are the main strengths of BUSS®?
7. Are there weaknesses?
8. How does BUSS LEAPlets® support foster carers and foster families specifically do you think?
9. Can you tell us about the impacts of trauma on children's development from your experience, specifically in relation to the body and bodily regulation and how BUSS® may alleviate or offset this?
10. Do you think that BUSS® will work with all children in the care or are there instances do you think where it may not work or would work less well?
11. Are there instances do you think when BUSS LEAPlets® might work well with other types of interventions depending on context? If so, what kinds of interventions might this be?
12. Do you think the BUSS LEAPlets® programme could be improved in any way? If so, how?
13. What have the main challenges been for the IFCA to implement BUSS® so far?
14. Is BUSS® a good investment for Irish policy makers in your opinion?
15. Do you think that BUSS® should be rolled out nationally? If so, why? If not, why not?
16. What do you think the main challenges of this might be?

Thank you sincerely for your time. Is there anything else you would like to add that I have not given you the opportunity to do.



APPENDIX – E

Informed Consent Form

STUDY: Evaluating the Impact of BUSS LEAPlets® Early Intervention Groupwork on Children who have Experienced Developmental Trauma, their Foster Carers and Social Workers

Recruitment Site: The Irish Foster Care Association Unit 23, Village Green, Tallaght, Dublin, D24F6XA

There are **two sections** in this form.

Section 1 contains statements of understanding and asks you to tick each if you understand. Please ask any questions you may have when reading each of the statements.

Section 2 asks for your informed consent. Please select either 'yes' or 'no' to indicate your choice.

Thank you for participating.

The end of this form is for the researchers to complete.

1. General Understanding

Tick

I confirm that I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.

I understand that taking part in this study is entirely voluntary. I understand that not taking part will have no negative impact on me.

I understand that I can leave this study at any time during the data collection phase without giving a reason. I understand that leaving this study will not affect my participation/role in the BUSS pilot project now or in the future.

I understand that I will not be paid for taking part in this study or receive any benefits from any products developed as a result of this research study.

I know how to contact the research team if I need to.

By ticking each box above and choosing my options below and signing this document I agree to participate in 'Evaluating the Impact of BUSS LEAPlets® Early Intervention Groupwork on Children who have Experienced Developmental Trauma, their Foster Carers and Social Workers' study as described in the Participant Information Leaflet.

2. Consent	
I agree to take part in this research study, having been fully informed of the risks and benefits in the participant information leaflet provided to me.	Yes ☐ No ☐
I agree to the use of information from my anonymised interview transcript and that my interview information is being used by the research team for this research study as described in the participant information leaflet.	Yes ☐ No ☐
I agree to my anonymised information pertaining to my interview and transcript based on my experiences of BUSS® groupwork pilot will be shared with other academic research institutions involved in the study for the purpose of sharing the research findings. I agree that the study finding will be presented at national and international conferences and will be published in peer reviewed academic journals. (i) In Europe (ii) Internationally	Yes ☐ No ☐

Participant Name (Block Capitals)	Participant Signature	Date
Witness Name (Block Capitals)	Witness Signature	Date

To be completed by the Principal Investigator or Nominee:

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand.

I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the participant information leaflet and consent form to the participant with contact details of the study team.

Researcher name	
Title and qualifications	
Signature	
Date	

Copies to be created and retained:

1 for Participant, 1 for PI and 1 for Hospital Records (where appropriate).



APPENDIX – F

Participant Information Leaflet

Study Title	Evaluating the Impact of BUSS LEAPlets® Early Intervention Groupwork on Children who have Experienced Developmental Trauma, their Foster Carers and Social Workers
Research Site(s)	School of Social Work and Social Policy Trinity College Dublin
Principal Investigator(s) and Co-Investigator(s) (Study Team) (insert names, titles and contact details including Trinity School/Department/Unit)	Dr. Leigh-Ann Sweeney, Assistant Professor in Social Work, School of Social Work and Social Policy, Trinity College Dublin Dr. Lisa Moran, Dean of Graduate Studies, Head of the Graduate School and Senior Lecturer, Technological University of the Shannon (TUS), Research Hub, East Campus, TUS Athlone, Co Westmeath
Data Controller	Trinity College Dublin (research data)
Data Protection Officer (Research Data)	Data Protection Officer Secretary's Office Trinity College Dublin Dublin 2

Introductory Statement

Because you are currently involved in the pilot BUSS LEAPlets® groupwork programme, we are inviting you to share your experiences with us. The study aims to evaluate BUSS® and your participation in sharing your experiences of BUSS® would help to grow our evidence base around the programme. We would like to know more about the practice and the interventions, like the interaction between relationship, movement and playfulness, and emotional regulation, to strengthen learning and development in these areas. The project is being carried out by the Irish Foster Care Association, School of Social Work and Social Policy at Trinity College Dublin and the Technological University of the Shannon at the BUSS LEAPlets® groupwork sites.

Before you decide whether you wish to take part, please take time to read this information leaflet carefully and you are welcome to discuss the information with the Irish Foster Care Association, the BUSS® facilitators, or the researchers.

If there is anything which is not clear, or if you would like more information, please ask the researchers. You should understand the benefits and any risks of taking part in this study so that you can make a decision that is right for you.

Do I have to take part?

No, you do not have to take part in this study. It is entirely voluntary and up to you. If you decide not to take part, it won't affect your current or future participation in the BUSS® groupwork programme. Don't feel rushed or under pressure to take part. You can change your mind and opt out at any time even if the study has started. If you decide to participate in the study, you can withdraw your information up to 2 weeks after your interview has happened.

Part 1 – The Study

Why have I been invited to take part?

We are interested in understanding experiences of adults aged 18 years and older relating to their participation and involvement in the BUSS® groupwork programme. You are being invited to participate in this study because you have experience in BUSS® as either foster carers on the BUSS® groupwork programme, or social workers who are involved in the BUSS® groupwork programme or BUSS® facilitators piloting the BUSS® groupwork programme.

Why is this study being done?

We are doing this study to understand the experiences of foster carers of taking part in the BUSS LEAPlets® programme with their foster child and to learn their views of the effectiveness of the programme on:

(i) their child's movement, sensory processing, and regulation and (ii) on their own capacities to understand their child's sensorimotor and emotional regulation needs and their responses; and the experience of key practitioners, i.e. the BUSS® groupwork facilitators and the child's social

workers, of the programme's impact on: (i) the child's sensorimotor development, (ii) relationships, (iii) emotional regulation, and (iv) the capacity and confidence of foster carers to understand and respond to their child's needs in these areas.

What does taking part involve?

If you decide to take part, a member of the research team will discuss this information leaflet and consent form with you. You will be given a copy of your signed consent form and this leaflet to keep.

We will arrange a time and location of convenience for you to attend a face-to-face interview with the researcher, and the interview will take approximately 40 minutes. With your permission, the interviews will be audio recorded. During the interview you will be asked questions about your experiences of taking part in the BUSS® groupwork programme.

We will transcribe the interview. You will have an opportunity to check the transcript. Once you are happy with the information you have given, we will delete the audio recordings and names on the transcripts will be anonymised to ensure your privacy.

What are the possible benefits of taking part?

Taking part in this study may not directly benefit you. However, we hope that this research may help us to better understand your experiences of the BUSS® programme and may result in revising components of the programme which will benefit children in care and their foster carers.

Are there any possible disadvantages or risks from taking part?

There are no known risks involved in this study. At all times, the well-being of participants takes priority over research activities.

In the event of the interview triggering an emotional event, the interviewer will stop the session and advise you to contact the Irish Foster Care Association for support, information or advice.

Taking part in the study is confidential and we you will not be identified as taking part in the study or by refraining from taking part in the study. We do this by asking you to contact the principal researcher directly yourself to participate – interviews can occur online and outside of the BUSS® training programme hours or days.

We take many measures to ensure the confidentiality of all the data and therefore the risk to you of a breach of confidentiality is considered very low. We will not share your information with anyone, and we will anonymise your information and keep it stored in a locked filing cabinet at Trinity College and/or Trinity College Shared Drive.

If you are harmed in any way, the researchers on this study are covered by insurance through Trinity College Dublin. This insurance will cover you in the unlikely event that you injured because of taking part in this study.

What will happen to the results of the study?

The results of the study will be reported in academic journals and conferences. Please be assured that this does not include information which can reveal your identity.

Some quotations from the interviews may be used in reports or academic papers. However, no information which reveals your identity will be disclosed and pseudonyms will be used instead of 'real' names.

Part 2 – Data Protection

What information about me (personal data) will be used for this study?

We will use the following information about you:

- Your name and contact details in order to arrange an interview.

The audio recording of your interview and the final transcript will be labelled with a code instead of your name to protect your identity.

Who will access my personal data?

Only the principal researcher will be able to identify you. They will keep the master file of the coding and transcripts which links your identity to the research data in a locked filing cabinet at TCD or stored on TCD Shared Drive.

The principal researcher will replace your name with a code on all research data.

If you consent, we may share the research data collected from this study with other researchers within Europe and worldwide. Any sharing will require a legal agreement which complies with the General Data Protection Regulation (GDPR).

How is the information kept confidential and secure?

Your privacy is important to us. We take many steps to make sure that we protect your confidentiality. We replace your name with a code at the research site, TCD, to ensure your confidentiality. Only the research site can link the research data back to you.

All research data is held securely on a restricted server in TCD, with restricted access to the research team listed above.

The principal researchers are governed by a professional code of ethics to maintain your confidentiality.

A data protection impact assessment was carried out and the risk identified was (low).

Confidentiality may be breached in circumstances in which the research team has a strong belief or evidence exists that there is a serious risk of harm or danger to you or another individual. Disclosure may also be required as part of a professional code, legal process, or Garda

investigation. In such instances, information may be disclosed to significant others or appropriate third parties without permission from you being sought. Where possible, a full explanation will be given to you regarding the necessary procedures and the intended actions that may need to be taken.

How long will my personal data be needed?

Data will be retained for no longer than is necessary. All records where you can be identified (e.g., recordings) will be destroyed after all phases of data collection are complete and the data have been fully anonymised. At this point, your data can no longer be withdrawn from the study as it is no longer identifiable.

The audio recording of the interview will be retained until they have been transcribed and the content verified after which it will be securely deleted.

Anonymised transcripts will be retained for a period of 3 years after the project end date in line with TCD data retention policy.

Your consent form will be retained for the period of the study and then securely deleted.

What is the lawful (legal) basis to use my personal data?

We will only use your personal data for this research project, which we hope will improve the BUSS® groupwork programme and the lives of children in care and their foster carers. We will also ask for your consent as a requirement of Irish law Article 9(2)(j) but we do not rely on this as our legal basis under GDPR.

What are my rights under Data Protection law?

You are entitled to:

- object to our use of your personal data or any further use;
- request access to your personal data and to receive a copy of it;
- request inaccurate personal data be corrected or deleted;
- request restriction of our use of your personal data;
- request deletion of your personal data.

By law you can exercise the above rights in relation to your personal data unless the request would make it impossible or very difficult to conduct the research. For example, if the study is about to be published then we may not be able to delete data as it would impact on the results.

You can exercise these rights by contacting your study researcher Dr. Leigh-Ann Sweeney sweenele@tcd.ie or the Trinity College Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2, Ireland. Email: dataprotection@tcd.ie. Website: www.dataprotection.ie

Part 3 – Approval, Organising and Funding

Has this study been approved by a research ethics committee?

Yes, this study has been approved by The School of Social Work and Social Policy Research Ethics Committee and Tusla Research Ethics Committee. An annual report will be provided to the REC(s) and on completion of the study.

Who is organising and funding this study?

This study is being completed as part of a collaboration between The Irish Foster Care Association, BUSS® UK, Trinity College Dublin and The Technological University of the Shannon. Funding for this collaboration is being provided by the 'What Works – Building Evidence Fund'.

Will I be paid for taking part?

No, we are not paying you to take part in the study.

Part 4 – Further Information

What happens if I change my mind?

Your participation in this study is voluntary and you can change your mind even if the study has started. You do not have to give a reason for changing your mind. This will not affect your participation in the BUSS® groupwork programme in any way.

If you would like to withdraw from the study, please contact Dr. Leigh-Ann Sweeney sweenele@tcd.ie who can organise this for you.

We will discuss with you if you are happy for us to continue to use information about you for example your interview and transcript, which has already been collected. If you do not consent to your personal data being retained for this study, we will delete any information that could identify you.

Please note that we will not be able to remove personal data which has been shared or pooled for use in publication before your request for deletion.

We will not contact you again.

Who should I contact for information or concerns?

If you have any concerns or questions, you can contact:

Principal Investigator: Dr. Leigh-Ann Sweeney at sweenele@tcd.ie

If you have any questions in relation to your rights under data protection law, you can contact the Data Protection Officer, Trinity College Dublin: Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2, Ireland. Email: dataprotection@tcd.ie.

Website: www.dataprotection.ie

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to raise a concern with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, Ireland. Website: www.dataprotection.ie

Part 5 – Next Steps

Will I be contacted again?

We will contact you in seven (7) days' time, to give you time to consider your participation in the study. If we do not hear back from you, we will contact you on one further occasion and if we do not hear from you after that, we will not contact you again.

Thanks

Thank you for taking the time to read this Participant Information Leaflet. You will be given a copy of this Leaflet and the signed Consent Form to keep. Please retain these in case they are needed for future reference.



About the Authors

Dr. Leigh-Ann Sweeney

Dr. Leigh-Ann Sweeney is an Assistant Professor in the School of Social Work and Social Policy at Trinity College Dublin and a CORU-registered social worker. Her professional practice experience spans child and family social work, informing her research and teaching. Dr. Sweeney is committed to service user-led and participatory research approaches that place the voices and lived experiences of families, and communities at the centre of knowledge production. Her research generates evidence to inform social work policy, practice, and systems change, with a particular focus on strengthening supports and improving outcomes for foster carers and children in care in Ireland. Dr. Sweeney's scholarly contributions are published widely in leading international social work and interdisciplinary peer-reviewed journals.

Dr. Lisa Moran

Dr. Lisa Moran is a sociologist specialising in everyday living, qualitative research methods (especially narrative, biographic methods), children in care and higher education. She has worked in HEIs across Ireland and provided consultation to UK universities. She was a senior lecturer in Edge Hill University, Lancashire, England where she taught youth studies, globalisation, the sociology of childhood and equality studies. Lisa has published nationally and internationally and is the former President and Vice President of the Sociological Association of Ireland. She is Dean of Graduate Studies and Head of the Graduate School at the Technological University of the Shannon (TUS).

Irish
Foster Care
Association

Irish Foster Care Association, Synergy Centre, TU Tallaght, Tallaght Campus, Tallaght, Dublin, D24 A386.
Tel: 01 459 9474 Email: admin@ifca.ie www.ifca.ie



An Roinn Leanaí, Míchumais
agus Comhionannais
Department of Children,
Disability and Equality



ciste na
gcuntas diomhaoin
the dormant
accounts fund

TÚSLA
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency