



Foster

Teens in care

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Aim and scope

'Foster' aims to inform IFCA members and a wider readership of those with an involvement in foster care of current issues in foster care and of developments in policy, practice and research. It aims to be accessible to a broad range of readers.

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A group of diverse teenagers, including boys and girls of various ethnicities, are smiling and huddled together in a group hug. The image is overlaid with a solid orange color, which serves as a background for the text.

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BUSS® (Building Underdeveloped Sensorimotor Systems) with adolescents

by Katie Wrench

Introduction

Developmental trauma brings with it so much disruption for children and families, from toxic in-utero experiences and neglectful physical care, to an absence of nurture and safe relationships. Current practice working with children in foster care and adoption often focuses on the psychological and relational aspects of these losses, but BUSS® was developed to augment these with an understanding of the impact such experiences can have on the development of a child's foundation sensorimotor systems.

BUSS® (LLoyd 2016, 2020) was first developed by Sarah Lloyd, an occupational therapist and experienced psychological therapist while she was working in CAMHS in Scotland. From 2018, Sarah was seconded into a therapeutic social work service and regional adoption agency in the north of England where the model of working with families and early years groups continued to be developed.

The theoretical underpinning of BUSS® combines a neurosequential understanding of trauma and attachment processes with sensory integration theory. Sensory integration theory describes, on a neurological level, how different sorts of touch and movement experiences in a baby and developing child, facilitated within a nurturing environment, build bodily regulation. This foundation of bodily regulation then forms a platform for the development of emotional and social development and learning.

However, when children have experienced developmental trauma, they're unlikely to have had the nurturing early attachment relationships, touch and movement experiences that allow their foundation sensorimotor systems to develop so that they're functioning well. BUSS® is founded upon the principle that this is a disruption to the child's development and as such it is therefore possible to go back and support the development of these foundation sensorimotor systems at a later stage, when the child is in a loving, nurturing relationship with a foster carer, guardian or adoptive parent. Until a child has agency over their body, their mind has to consciously 'manage' their body, thinking about how they're sitting or how they're going to walk. Once bodily regulation

is developed, the body is able to manage itself and capacity is freed up for playing, relating and learning.

This was certainly our experience with many children in foster care when I managed a team of psychological therapists and therapeutic social workers; there was a small but significant number of children who, despite having stable foster placements, with attuned, therapeutic parenting, and having been offered the best evidence therapies, just didn't make the progress we would have hoped for them. They weren't regulated enough on a bodily level to make good use of creative therapies, or attachment-focused interventions – they found it hard to sit and focus, they were sometimes literally bouncing off the walls and struggling to make sense of information that was coming from outside their body, like touch, without over- or under-responding to it. They weren't able to be present and regulated enough in the sessions to make use of play or art-making materials. By adolescence we were often lucky if they consented to therapy at all.

Adolescence and implications for BUSS®

BUSS® is an intervention offered from birth to early adulthood and typically comprises nine sessions over a four-month period. The BUSS® practitioner works with parents and foster carers to first make an assessment of the child's foundation sensorimotor systems and then develop a programme of playful games and activities, harnessing the child's strengths and interests, for parents and carers to play with their child. This supports them to go through critical patterns of touch, movement and nurturing interactions that have been missed at earlier stages of development. Regular check-in sessions, where families have videoed what they've been doing, allow for these videos to be watched together, for the practitioner to support adaptations and developments to the programme of activities, and for working towards goals that have been set at the beginning of the work.

However, it is important to acknowledge that adolescence is a time of great challenge and tumultuous change, even for a typically developing child, as a result of a complex set of external and internal forces. There are biological challenges to negotiate in relation to puberty and these biological changes lead in turn to physiological, sexual and emotional changes. These shifts happen at different ages and different rates, so it is easy for adolescents to quickly feel out of step with their peers. Children in foster care and

adoption often have an enhanced sense of 'difference' because of their care status so adolescence brings additional challenges. This can be magnified when they are also managing the challenges that can come with having underdeveloped foundation sensorimotor systems.

Given all the challenges of adolescence for a typically developing child, it is clear that many adolescents in foster care and adoption will be using up a lot of their good energy just to manage things in daily life that their peers take for granted. Things like writing for extended periods during exams or being able to sit in class on a chair without needing to fidget or get up and move around. Or perhaps walking down a noisy corridor to get from one lesson to another with other students banging and crashing into them leads them to feel completely overwhelmed, so by the time they reach the classroom, they're more ready to explode than learn. They have lived their whole lives in a body that just isn't working efficiently for them and will undoubtedly have made their own clever adaptations to try to make life easier or more bearable for them. It can be exhausting work.

In her book *Building Sensorimotor Systems in Children with Developmental Trauma*, Sarah Lloyd (2020:229) interviews Amber's mum. Amber was fourteen at the time they began working together and her mum described just how tired she would be after school. "She never wanted to do any clubs or activities... she would be exhausted by the end of the day and would need to go to bed quite early for a child her age... it has had such an impact on her confidence and relationships. Even in year one she was moving herself away from the other children because she didn't want them to see what she couldn't do, saying that she was different from them."

Where adolescents have a good understanding of their early history and perhaps have engaged in life story work with their foster carer or adoptive parents it becomes possible to make connections between some of the challenges they might be experiencing in the here and now and their experiences as an infant or small child. To be able to normalise this – 'no wonder it can be difficult to let yourself enjoy a hug with your mum – sometimes touch was scary for you as a baby' – can be such a relief: there is nothing wrong with them and they can be part of making things better. This is such a hopeful position to hold.

BUSS® as a dyadic intervention – the challenges and successes during adolescence

Psychologically speaking, the most important tasks of adolescence are the formation of a personal identity together with individuation: ‘whereas a child is joined with parents and family, the adolescent moves away into a separate space becoming a separate individual’ (Geldard & Geldard, 1997:9). Parents and carers are replaced as the primary mode of reference for a young person by his peer group, as it is the friendship group who will be perceived to offer unconditional support. Young adolescents spend up to fifty per cent more of their free time out of school with their friends rather than with adults or caregivers, as groups of friends begin to expand and close relationships become more intimate (Brewer, 2001).

This can bring additional challenges in relation to BUSS® because it is an inherently relational intervention. Movement is one important aspect of the work, but these children haven’t just missed out on early movement opportunities – they have also missed the attuned, nurturing relationships and touch experiences that should sit alongside them. This can sometimes be more difficult to recreate at this time in a child’s life when their motivation to spend time with their parent or carer is likely to reduce. Additionally, where relationships might already be strained between the young person and their carer, or there is instability in the relationship, this has the potential to become a barrier to a successful BUSS® intervention. Parents and carers sometimes moan: “We can’t get them to do anything.” But if we can find a work-around for this, sometimes, with a little creative thinking, we can help create little moments of connectedness or shared enjoyment that can scaffold the relationship through that turbulent adolescent period. We also know parents and carers are the experts on their children and are usually the right people to judge how far to go with the games on any given day. One parent described how they left the assessment feeling a bit daunted, knowing this was going to be a challenge to replicate at home. “Trying to set time aside specifically didn’t really work without a fight. I gave in and allowed technology to be used whilst laying on his tummy. This then gave him the opportunity to move higher and higher with his phone / iPad. Blow football also became a regular game between father and son.”

Often, as practitioners, we will need to revisit the games we’ve suggested or to encourage carers to be more opportunistic about how and where they can be integrated into the day. One parent shared: “Our son has always had a snack after school.

This would usually be eaten whilst he did his homework. That was changed to commando crawl to snacks and a drink that had to be drunk with a straw. This meant it became more fun and was met with less resistance. If this was going well, we could move onto other games... If our son was struggling, we would leave it at that. We didn't want to add pressure as that would stop him from wanting to do it. Plus we knew it was challenging for him." Sometimes inviting the young person to troubleshoot with you can also help if they're willing to join the check-in calls, even just for five minutes. We can take this opportunity to praise the effort made so far, thank them for the amazing videos they've made while they were playing the games at home, or let them show us what they've been practising.

Case example 1

One thirteen year-old really struggled to tolerate touch, and at times, their relationship with their foster carer was also challenging. There was lots of resistance to following instructions or accepting boundaries. After a slow start the young person began to join the end of the check-in calls and we renegotiated what games to start with. We agreed on firm pressure touch games and, within weeks, the young person would just lay across their carer's knee for as long as she would play the games – the relaxation in their body was instantaneous and the games seemed to provide a lovely moment of connection for the two of them in an otherwise strained relationship.

Parents and carers also find the support that is offered through our monthly Parent Mentor Support groups invaluable – this is an opportunity to meet with others who are going through the BUSS® intervention with their child in a space facilitated by parents trained in BUSS® who have previously worked with the team with their own children. There is no better way to find solutions to challenges or to celebrate successes than through meeting with like-minded people who are sharing similar experiences.¹

One parent recently reported: "I joined the online group meeting and this was fantastic for meeting like-minded parents, whose children experienced the same issues, such as not understanding the difference between hot and cold and difficulties with certain clothes. It was such a relief to know we weren't alone, or as daft as some people thought we were when we explained the issues. From this group I learned bribery was a good tool!" Indeed, at the end of the intervention their child also fed back that it had been good fun playing the games, especially when sweets are involved and the peanut ball. I

am pleased I don't fall over now, and my running is better."

BUSS® as an intervention to build competence and confidence in adolescents

There is evidence that adolescents receive information differently to adults. Adolescence can be characterised by emotional reactivity and high-intensity emotional responses often to relatively minor stimuli. Whereas adults use their frontal lobe to deduce meaning from verbal and non-verbal communication, adolescents rely on their amygdala, the emotional centre of the brain and tend to respond more 'from the gut'. They hear a disproportionate amount of negativity, rejection and criticism and respond on an emotional level to language (adapted from Wrench, 2016). From a BUSS® perspective this is important information – one of our primary aims as we support young people to grow into themselves on a bodily level, is to celebrate their successes and build their sense of competence and confidence in themselves and in their bodies. So the grading of the games and activities is critical. They need to be pitched just right: not so difficult that the young person becomes disheartened or tips into shame and gives up or won't even try, but also not so easy that we're failing to build their foundation sensorimotor skills and it feels patronising. This is why every individual intervention is tailored to meet the needs of any given child and their caregiving system; it isn't a manualised approach.

It can be a challenge for families to frame the games in a way that makes them appealing to adolescents, and here we need to think about what understanding they have about why we think it would be a good idea to play. We might need to think more creatively about the 'hook' – what would motivate them to get involved? Is there something about their life (or their body) they'd want to feel easier about, or something they'd like to become even better at? For one adolescent this was about honing their football skills and we'd look together at YouTube clips of their favourite players dribbling or taking 'no eyes shots' and explain the connection between the games we were encouraging them to play and the skills they might want to improve. For another young person their motivation was to be able to wear platform boots on a night out with their friends – their mum was reluctant to invest given they couldn't walk in a straight line without tripping over their own feet at the beginning of the work. At the final session they sashayed into the room and performed a dance for us in their fabulous new boots!

“There is evidence that adolescents receive information differently to adults... Whereas adults use their frontal lobe to deduce meaning from verbal and non-verbal communication, adolescents rely on their amygdala, the emotional centre of the brain and tend to respond more ‘from the gut’.”

Adolescents as experts on their bodies – through a BUSS® lens

We also find that it is possible to engage many adolescents in conversations that put them in the position of being experts on their own bodies. Jo Robinson, BUSS® Consultant, describes how wonderful it is ‘to watch their confidence grow as they become increasingly interested and curious about noticing and then talking about what is going on for them on a bodily level – this is quite incredible, especially as there are often so many complex issues at play which can feel so overwhelming’. Amber, for example, had already been seen by occupational therapists, educational psychologists and Child and Adolescent Mental Health Services, to try to understand what was happening in her body and brain before finding BUSS®. Her mum described how, very quickly, once they started playing the BUSS® games, they became “a really nice way of connecting, regularly, throughout the day... I think the fact that even within a week we saw a difference spurred us on... Before when I’d ask if she wanted to do something, she’d look as if she did but it always looked as if it was such an effort. Amber would say, ‘Maybe later’ and we’d rarely end up doing it. Now, when I was asking her to do the games, he’d just say yes and we’d get started” (Lloyd, 2020:231). They both understood the rationale for the intervention and the fact that Amber saw some quick results was incredibly motivating.

Being able to externalise what is going on for young people, in a playful way, with a parent or carer alongside for co-regulation, and starting with the body, can also be very powerful – for example being able to talk about how the volume for their touch, smell or noise sense is turned up so high it’s tricky to manage everything else they have to do during a school day. Or perhaps their upper body hasn’t had the chance to become strong enough yet, so it totally makes sense they look like they’ve got ants in their pants, or they get tired when they’re writing. We can then make the link to, understandably, feeling so frustrated when this part of their body isn’t doing what they need or want it to do without using up a great deal of effort and energy. By externalising the challenges

inherent in living with underdeveloped foundation systems, we separate the problem from the young person and thereby reduce shame (White, 2007).

It can be so difficult as an adolescent when you don't understand why this might be, and often other people who have been trying to help haven't known why either. The validation this provides for adolescents in relation to not feeling understood or feeling so different from their peers can be a very powerful intervention in itself. The approach of externalising the problem can be a great way to support engagement, especially when the lack of bodily regulation might have been getting them into lots of trouble at home and at school. This framing of the challenges can also be useful for parents and carers.

Case example 2

One sixteen-year-old young person had a difficult relationship with his carer – there had been lots of aggressive outbursts and the child had subsequently made allegations that had resulted in safeguarding investigations. Through the BUSS® intervention, his carers became more compassionate and understanding of the challenges their child was facing – they soon felt some hopefulness that they could be part of the solution. Over time, the young person began to feel better understood and the relationship grew as they played games and had fun with their child in ways that worked towards building their foundation sensorimotor systems. The parents were supported to see the small child inside their six-foot tall adolescent and towards the end of the work they were enjoying Friday nights playing games together.

Conclusion

As with any therapeutic work with adolescents, there can be challenges and it's only by working with these challenges, understanding where a young person is starting from and what might motivate them, that a model like BUSS® can be supportive of their development. It is such a privilege to support parents and carers to become the main agents of change for their child with this opportunity, through the BUSS® intervention, to support the growth of bodily and emotional regulation – harnessing those key tenets of movement, relationships and playfulness. Many of these young people have already had many years of living with the lasting effects of early neglect and trauma and possibly also have accessed multiple therapies or been involved with diverse professionals throughout their lives. What a relief it can be for them to then experience success in building a better-regulated body and brain in a relatively short period of time without

having to engage in a significant relationship with another therapist. Let's leave the final words to Amber's mum, who, at the beginning of the intervention, was feeling despondent and had low expectations of BUSS®. "The thing that utterly amazes me is that we spent ten years going round and round seeing different people and I'm astonished that at her age we could still make a difference and so quickly" (Lloyd, 2020:234).

About the author

Katie Wrench is an experienced therapeutic social worker who has been Clinical Lead for the BUSS® Model Team since 2020. She has worked with children in care and adoption since 1996. She began work as a care officer in a children's home, before becoming a children and families social worker, a therapeutic social worker, and eventually managing a therapeutic social work team in Leeds. She is also a qualified art psychotherapist, trainer and supervisor. She lives and works in West Yorkshire. Katie and her family also supported children and families as foster carers from 2006 – 2021 by offering short breaks.

End note

¹ You can watch our parent mentors giving an introduction to their role here.
https://youtu.be/5U1Rklcn_A

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