

# Fostering Healthy Futures for Preteens

Review: February 2023

**Note on provider involvement:** This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

**Fostering Healthy Futures for Preteens (FHF-P) is a 9-month preventative intervention working with pre-adolescent children placed in court-ordered social care due to maltreatment. The intervention can take place in a range of settings (homes, schools, communities) with the aim of reducing delinquency, externalising behaviours and mental health symptoms.**

The programme employs a cognitive behavioural approach, with a heavy focus on teaching children social skills. The programme consists of two components.

The first are manualised skill groups and the second is a one-to-one mentoring scheme.

The manualised skill group meets for 30 weeks for 1.5 hours per week during the academic year, comprising of 8 to 10 children and 2 group facilitators.

Mentoring also occurred during the academic year, where mentors were paired with two children, each of whom they met 2 to 4 hours per week.

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Evidence  
rating: 3

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Cost rating: 5

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## EIF Programme Assessment

Fostering Healthy Futures for Preteens has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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Evidence  
rating: **3**

### What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

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## Cost rating

A rating of 5 indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

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Cost rating: **5**

# Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

## Preventing crime, violence and antisocial behaviour

**Reduced delinquency (self-report and court-recorded)**

Based on study 1

## Supporting children's mental health and wellbeing

**Reduced score on mental health index**

Based on study 1

**Reduced level of posttraumatic stress symptoms**

Based on study 1

**Reduced score on disassociation scales**

Based on study 1

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## Key programme characteristics

### Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents

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### How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual
- Group
- Home visiting

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### Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home
- Secondary school
- Community centre

The programme may also be delivered in these settings:

- Secondary school
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## How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
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## Where has it been implemented?

United States

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## UK provision

This programme has not been implemented in the UK.

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## UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

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## Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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# About the programme

## What happens during delivery?

### How is it delivered?

FHF-P is delivered using skill groups and mentoring. Skill groups are delivered across 30 weeks for 1.5 hours per week during the academic year each by two group facilitators (clinicians and graduate student trainees) to 8-10 children. Mentoring is delivered across 30 weeks on a one-to-one basis, lasting for 2-4 hours, between a graduate intern and each child.

### What happens during the intervention?

- Skills Groups. The groups follow a manualized curriculum that combines cognitive-behavioral strategies with activities designed to help children process experiences relating to ACEs. For example, topics include: emotion recognition, problem solving, anger management, cultural identity, change and loss, and resisting deviant peer pressure. Multicultural stories and activities are integrated throughout.
- Mentoring. Mentors work to: 1) create relationships with children that serve as positive examples for future relationships, 2) advocate for needed services, 3) help children generalize and practice skills learned in group, 4) engage children in educational, social, cultural, and recreational activities, and 5) promote positive future outlooks. Both of the FHF-P program components work to improve social skills (primary output), which are then hypothesized to improve the mediators, as specified above.

## What are the implementation requirements?

### Who can deliver it?

The programme is delivered by three practitioners:

- Group supervisor; recommended qualification: QCF 7/8
- Skills Group Co-Leader; recommended qualification: QCF 6
- Mentor; recommended qualification: QCF 6

### What are the training requirements?

Practitioners receive 8-9 days of training and attend a yearly 8h booster training.

## **How are the practitioners supervised?**

Practitioners are supervised by 2 clinical supervisors as well as a skills supervisor.

## **What are the systems for maintaining fidelity?**

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring
- External supervisor watches video of programme implementation

## **Is there a licensing requirement?**

Yes, there is a licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

FHF-P is a positive youth development program that uses mentoring and skills training to empower young people to foster their own healthy futures. Improved social, cognitive and behavioural functioning lead to a reduction in problem behaviours (such as delinquency and substance use), and more competencies, better mental health functioning and higher quality of life.

The programme is for young people with one or more adverse childhood experiences, such as maltreatment, out-of-home placement, instability in housing, caregivers or schools, and/or parental substance use, mental illness, or incarceration.

The programme focuses on building youths' self-esteem and efficacy, healthy attitudes and appraisals, positive future orientation, social support, social competence & acceptance, positive peer associations, behavioural regulation, and coping strategies.

The FHF-P program uses individualized mentoring and teen workshops to support young people - it draws on cognitive behavioural therapy and includes components targeting social and emotional learning and elements of positive psychology. Mentors and teens work together to develop goals and practice achieving these goals through skill development.

The programme builds on young people's strengths and interests by engaging teens in visioning and goal-setting exercises, skills training, and workshops to build on their competencies and reduce adverse outcomes.

In the short term, children will have fewer externalizing behaviours and mental health symptoms and more competencies and better quality of life.

In the long-term, participants are expected to have less of the following: (1) fewer arrests and incarceration, (2) sexually-transmitted infections and unplanned pregnancies, (3) school failure and dropout, (4) multiple and restrictive foster care placements, (5) emergency mental health treatment, and (6) associated costs.

### Intended outcomes

Supporting children's mental health and wellbeing  
Preventing child maltreatment  
Preventing crime, violence and antisocial behaviour

### Contact details

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<https://www.fosteringhealthyfutures.org/programs/teen>



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## About the evidence

Fostering Healthy Futures for Preteens (FHF-P) most rigorous evidence comes from a RCT which was conducted in the USA.

This study identified statistically significant positive impact on a number of child outcomes relating to:

- Preventing crime, violence and antisocial behaviour
- Supporting children's mental health and wellbeing

This programme is underpinned by one rigorously conducted RCT, hence the programme receives a Level 3 rating overall.

### Study 1

**Citation:** Taussig et al., 2021a; Taussig et al., 2019; Taussig et al., 2012

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**Design:** RCT

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**Country:** United States

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**Sample:** 426 children, with children between 9 and 11 years old (at baseline) [M = 10.3, SD = 0.9], where children were eligible if they (a) had been placed in any type of out-of-home care (i.e., foster care, congregate care, kinship care) by court order due to maltreatment within the preceding year, (b) had lived in their current placement setting for at least 3 weeks, (c) resided within a 35-min drive to the intervention group sites at the time of recruitment, (d) did not have a developmental disability that would preclude them from participating in group, and (e) demonstrated adequate proficiency in English.

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**Timing:** post-test; 10 months follow-up; 10 year follow-up

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**Child outcomes:**

- Reduced delinquency (self-report and court-recorded)
  - Reduced score on mental health index
  - Reduced level of posttraumatic stress symptoms
  - Reduced score on disassociation scales
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**Other outcomes:**

- None measured

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**Study rating: 3**

Taussig, H. N., Dmitrieva, J., Garrido, E. F., Cooley, J. L., & Crites, E. (2021). Fostering Healthy Futures preventive intervention for children in foster care: long-term delinquency outcomes from a randomized controlled trial. *Prevention science*, 22(8), 1120-1133.

Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A., & Fadell, M. (2019). A positive youth development approach to improving mental health outcomes for maltreated children in foster care: Replication and extension of an RCT of the Fostering Healthy Futures Program. *American journal of community psychology*, 64(3-4), 405-417.

Taussig, H. N., Culhane, S. E., Garrido, E., & Knudtson, M. D. (2012). RCT of a mentoring and skills group program: Placement and permanency outcomes for foster youth. *Pediatrics*, 130(1), e33-e39.

**Study design and sample**

The first study is an RCT.

This study involved random assignment of children to a FHF-P intervention group and an assessment-only control group. This study was conducted in the USA with a sample of children aged 9-11 at baseline, half of whom were White and Hispanic respectively.

**Measures**

- Delinquency was measured using The Adolescent Risk Behaviour Survey (self report)
- Delinquency was measured using court records (administrative data)
- Mental health functioning was measured using a Mental Health Index (self-report), and the posttraumatic stress and dissociation scales of the Trauma Symptom Checklist for Children (self-report)
- Number of placement changes was measured using administrative data, interviews and social histories.
- Whether a child had experienced a new placement in a residential treatment center was measured using administrative data, interviews and social histories.
- Whether a child had attained permanency by 1-year postintervention was measured using administrative data, interviews and social histories.

**Findings**

This study identified statistically significant positive impact on a number of child outcomes. This includes:

- self-reported and court-recorded delinquency rates
- mental health functioning (self-report)

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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[www.EIF.org.uk](http://www.EIF.org.uk) | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

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