

## GUIDEBOOK

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Downloaded from <https://guidebook.eif.org.uk/programme/keep-safe>

# Keep Safe

Review: February 2023

**Note on provider involvement:** This provider has not agreed to EIF's terms of reference, and the assessment has not been conducted and published with the full cooperation of the programme provider. Some or all information on this programme has been obtained from publicly available sources, and so assessments may not include all relevant evidence and published information may contain inaccuracies on programme details.

**Keep Safe is an intervention for young people aged 11 to 17 who are in foster care and aims to reduce internalising and externalising behaviours as well as reduce delinquency and substance use. Keep Safe aims to build young people's prosocial skills and self-efficacy. The programme also includes a caregiver curriculum that aims to improve parenting skills and enhance placement stability.**

Keep Safe is delivered before middle school entry and consists of six caregiver management group training sessions for caregivers and six skill-building group sessions for young people. The programme is delivered over three weeks.

Young people then receive an hour one-to-one support for a year, and caregivers join weekly support group meetings.

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Evidence  
rating: **3+**

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Cost rating:  
**NA**

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## EIF Programme Assessment

Keep Safe 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.

### What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

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## Cost rating

**NA** indicates that the information required to generate a cost rating is not available at this time.

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Cost rating:  
**NA**

# Child outcomes

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

## Preventing substance abuse

### Reduced substance use

Based on study 1, 2

## Preventing crime, violence and antisocial behaviour

### Reduced delinquency

Based on study 1

### Reduced association with delinquent peers

Based on study 2

## Supporting children's mental health and wellbeing

### Reduced internalising and externalising behaviours

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
- Adolescents

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## How is it delivered?

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

- Group
- Individual

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## Where is it delivered?

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

- Secondary school

The programme may also be delivered in these settings:

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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 includes this programme in the following Spotlight sets:

- school based social emotional learning
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## About the programme

### What happens during delivery?

#### How is it delivered?

In the summer before adolescents in foster care start middle school, they attend two weekly group sessions for three weeks (six sessions in total). The programme is delivered by a facilitator and three assistants to small groups (6-7 young people per group).

Caregivers also attend two group sessions per week over three weeks. These group sessions are facilitated by two practitioners who have experience fostering young people.

## What happens during the intervention?

The sessions for young people focus on increasing their social skills for:

- building positive relationships with peers and adults
- developing self-confidence
- reducing their receptivity to bad influence from peers

The three-week programme for young people is concludes with a ceremony where young people announce their goals and commitments to each other as well as to their foster parents.

The sessions for caregivers focus on:

- providing a stable home
- preparing young people for middle school
- using appropriate reinforcement techniques
- setting realistic expectations

Through homework assignments, caregivers are encouraged to practice new parenting skills at home.

Both caregivers and young people are then provided with follow-up support over the course of a year:

- Young people receive 1h one-on one support each week. These coaching sessions reinforce the above social skills, but also address the risks of substance use, and provide an opportunity to discuss dating and partner relationships.
- Caregivers are invited to attend a weekly support group meeting.

## What are the implementation requirements?

### Who can deliver it?

Practitioners who facilitate the programme components for caregivers are experienced foster carers with a QCF Level 6 qualification or higher.

There's no information on the qualifications needed for practitioners who facilitate the sessions for young people.

## **What are the training requirements?**

Facilitators receive a five day training.

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

After facilitators have received the five day training, they can start facilitating the programme. The first three times they facilitate the full programme, Keep Safe group meetings are recorded and reviewed, and there are weekly consultations with facilitators to support fidelity, and address any questions. After the third completion of the full programme, facilitators can get certified if they achieve fidelity benchmarks.

Certified practitioners have quarterly check-ins where development plans are put in place if needed to support fidelity.

Certified practitioners can receive further training and become a trained trainer if they wish.

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

When newly trained practitioners start delivering the programme, all group sessions are recorded. There are weekly consultation sessions for new practitioners.

After practitioners have facilitated the programme to three groups, they continue to have quarterly check-ins.

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

*Not available*

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

### How does it work?

The young people's curriculum aims to strengthen prosocial skills, and includes:

- practising sharing/cooperating with peers
- practising strategies for meeting new people
- developing skills to deal with feelings of exclusion,
- learning strategies for talking to peers and adults about life in foster care.
- reviewing perceptions around abstinence from substance use, sexual activity, and violence.

Each session typically consists of (i) an introduction to the session topic, (ii) role plays, (iii) a game or activity during which girls can practise new skills. The sessions also encourage open conversations about self-image, characteristics and behaviours

The concluding ceremony is meant to reinforce young people's self-confidence and self-image.

The caregivers' curriculum aims to enable foster parents to develop a behavioural reinforcement system to encourage positive behaviours at home, school, and in community settings

Before group session, practitioners conduct a 10-min phone interview with caregivers about young people's emotional or behavioural difficulties, as well as the types of discipline and supervision used. These interviews enable practitioners to connect the curriculum content to the daily challenges participants face. Foster parents are given homework assignments that encourage them to practise new skills at home.

### Intended outcomes

Supporting children's mental health and wellbeing  
Preventing substance abuse  
Preventing risky sexual behaviour & teen pregnancy  
Preventing crime, violence and antisocial behaviour

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## About the evidence

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

## Study 1

**Citation:** Kim et al., 2011; Smith et al., 2011; Kim et al., 2013; Hu et al., 2021

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**Design:** RCT

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**Country:** United States

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**Sample:** Study participants included 100 girls and their caregivers. 48 girls and their caregivers received the intervention, and 52 girls and their caregivers were in the control group (regular foster care)

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**Timing:** baseline; 6 months follow-up; 12 months follow-up; 24 months follow-up; 36 months follow-up

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**Child outcomes:**

- Reduced delinquency
  - Reduced internalising and externalising behaviours
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**Other outcomes:**

- None measured
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**Study rating:** 3

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Kim, H. K., & Leve, L. D. (2011). Substance use and delinquency among middle school girls in foster care: a three-year follow-up of a randomized controlled trial. *Journal of consulting and clinical psychology, 79*(6), 740–750. <https://doi.org/10.1037/a0025949>

Smith, D. K., Leve, L. D., & Chamberlain, P. (2011). Preventing internalizing and externalizing problems in girls in foster care as they enter middle school: Impact of an intervention. *Prevention Science, 12*(3), 269-277.

Kim, H. K., Pears, K. C., Leve, L. D., Chamberlain, P., & Smith, D. K. (2013). Intervention effects on health-risking sexual behavior among girls in foster care: The role of placement disruption and tobacco and marijuana use. *Journal of Child & Adolescent Substance Abuse, 22*(5), 370-387.

Hu, A., Van Ryzin, M. J., Schweer-Collins, M. L., & Leve, L. D. (2021). Peer relations and delinquency among girls in foster care following a skill-building preventive intervention. *Child maltreatment, 26*(2), 205-215

### **Study design and sample**

The first study is a rigorously conducted RCT. This study involved random assignment of children to a Keep Safe group and a regular foster care group.

This study was conducted in the United States with a sample of 100 girls.

Across the study, the girls' mean age was 11.54 years at baseline.

In terms of ethnicity, girls identified as:

- European American (63%)
- multiracial (14%)
- Latino (10%)
- African American (9%)
- Native American (4%).

On average, the girls had been in foster care 3 years before participating in the study.

The majority of girls had at least one reported incident of physical abuse (56%), sexual abuse (67%), and neglect (97%). 32% experienced all three types of maltreatment.

32% of the girls were in kinship care at baseline.

### **Measures**

- Substance use was measured using girls' three-item self-report of frequency of their consumption of cigarettes or tobacco, alcohol, and marijuana, using a scale ranging from never through daily (self-report)
- Delinquency was measured using the general delinquency scale from the Self-Report Delinquency Scale (self-report)
- Association with delinquent peers was measured using a modified version of the general delinquency scale from the SRD Scale (Self-Report Delinquency Scale (self-report)
- Prosocial behaviour was measured using a subscale from the Parent Daily Report Checklist (caregiver report)
- Internalising and externalising symptoms were measured the Achenbach System of Empirically Based Assessment (caregiver report)

### **Findings**

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

- reduced substance at 36-months follow-up
- reduced delinquency at 36-months follow-up
- reduced internalising and externalising behaviours at post intervention and 36 months follow-up

## **Study 2**

**Citation:** Kim et al., 2017

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**Design:** RCT

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**Country:** United States

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**Sample:** 259 young people and their caregivers were randomised to Keep Safe (n=117) or a control condition (n=142)

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**Timing:** baseline; 6 months follow-up; 12 months follow-up; 18 months follow-up

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**Child outcomes:**

- Reduced association with delinquent peers
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**Other outcomes:**

- None measured
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**Study rating:** 2+

Kim, H. K., Buchanan, R., & Price, J. M. (2017). Pathways to preventing substance use among youth in foster care. *Prevention Science*, 18(5), 567-576.

**Study design and sample**

The first study is a rigorously conducted RCT. This study involved random assignment of children to a Keep Safe group and a regular foster care group.

This study was conducted in the United States with a sample of 259 young people and their caregivers.

Across the study, young people's mean age was 14.3 years at baseline.

59.5% of the young people were female.

In terms of ethnicity, young people identified as:

- Hispanic (47.1%)
- African American (22.6%)
- European American (15.6%)
- multiple races (9.3%)
- American Indian (3.1%)
- Asian American/Pacific Islander (2.3%)

**Measures**

- Substance use was measured using girls' three-item self-report of frequency of their consumption of cigarettes or tobacco, alcohol, and marijuana, using a scale ranging from never through daily (self-report)
- Association with delinquent peers was measured using a modified version of the general delinquency scale from the SRD Scale (Self-Report Delinquency Scale (self-report))

**Findings**

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

- reduced substance at 18-months follow-up
- reduced association with delinquent peers at 12-months follow-up

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of attrition and a lack of clarity around whether the treatment and control group have continued to be equivalent on baseline characteristics after attrition, hence why a higher rating is not achieved.

## Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

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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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