Foundations
What Works Centre for Children & Families

Last reviewed: February 2023

Intervention website: https://www.keep.org.uk

GUIDEBOOK INTERVENTION INFORMATION SHEET

Keep Safe

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	KEEP SAFE is a parenting intervention for foster and kinship carers of young people between the ages of 11 and 17. The young person and carer attend six group sessions in parallel over a three-week period that commences the summer prior to the young person entering secondary school. During these sessions, carers learn strategies for supporting the needs of a young person in care, while the young person engages in activities aimed at building self-esteem and promoting positive relationships. After the initial three-week intervention is completed, carers participate in weekly support groups for a period of a year, while the young person receives weekly advice on a 1-2-1 basis.
Evidence rating	3+
Cost rating	N/A
Child outcomes	• Supporting children's mental health and wellbeing - Improved emotional wellbeing. • Preventing child maltreatment - Increased placement stability. • Preventing crime, violence and antisocial behaviour - Reduced antisocial behaviour. • Preventing substance abuse - Reduced substance misuse. • Preventing risky sexual behaviour and teen pregnancy - Reduced risky sexual behaviour.

Intervention summary	
Child age (population characteristic)	11 to 17
Level of need (population characteristic)	Targeted Selected
Race and ethnicities (population characteristic)	• African American • Asian American/Pacific Islander • European American • Hispanic / Latino • Mixed racial background • Native American.
Type (model characteristic)	Group and Individual
Setting (model characteristic)	Secondary school
Workforce (model characteristic)	Experienced foster carers can facilitate sessions for caregivers
UK available?	Yes
UK tested?	Yes

Model description

KEEP SAFE is an adaptation of the Keeping Foster and Kinship Carers Supported model for carers of young people aged between 11 and 17 years (also known as KEEP Standard). KEEP SAFE seeks to build young people's prosocial skills and self-efficacy while improving the parenting skills of caregivers and enhancing the young person's placement stability.

KEEP SAFE is designed to be offered over a three-week period during the summer before young people start secondary school. Groups of six to seven young people attend two weekly group

sessions delivered by a facilitator and three assistants while their caregivers attend two group sessions per week facilitated by two experienced foster carers.

The KEEP SAFE content for caregivers uses a trauma-informed approach focusing on: (1) reinforcing normative and pro-social behavior; (2) incentivising positive behavior; (3) building cooperation; (4) teaching new behaviours; (5) using gentle and effective limit setting; and (6) managing emotions while parenting.

The KEEP SAFE content for young people includes activities aimed at building social skills, fostering positive relationships, and developing self-confidence. This phase concludes with a ceremony where participants share their goals and commitments.

Over the following year, caregivers participate in weekly support groups to continue building their parenting skills and share experiences of fostering. Over this same time period, young people receive weekly one-on-one coaching sessions to reinforce skills learned over the summer and address topics like substance use and relationships.

Target population

Age of child	11 to 17 years old
Target population	Children in foster care aged 11 to 17 years old.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Increasing levels of autonomy in adolescence increases the risks associated with substance misuse and antisocial behaviour. The risks associated with adolescence are amplified in young people in care.	Effective parenting practices and positive family relationships decrease the risks associated with adolescent development.	All foster parents and kinship carers with an adolescent child can benefit from knowledge about the risks associated with the adolescent years and effective parenting behaviours for managing these risks.	Foster parents learn to: • Communicate effectively with their young person • Provide age-appropriate autonomy • Set age-appropriate limits • Manage family conflict • Enforce age-appropriate discipline.	• The relationship between foster parents and young person improves • Family conflict decreases • Carers effectively implement age-appropriate autonomy and limits.	• The young person's behaviour improves • The young person is better able to manage their autonomy and make responsible choices.	• Young people in care are at reduced risk of substance misuse or antisocial behaviour • Young people in care are better prepared to make the transition into adulthood.

Implementation requirements

Who is eligible?	Children in foster care aged 11 to 17 years old.
How is it delivered?	KEEP SAFE is delivered in a total of six sessions (two weekly sessions over three weeks) by one facilitator and three assistants to groups of six to seven young people. Caregivers also attend a total of six sessions (two weekly sessions 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 intervention for young people 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 practise 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 one-hour 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.
Who can deliver it?	Foster carers trained in the model can deliver the intervention. There is no information available on the qualifications needed for practitioners who facilitate the sessions for young people.
What are the training requirements?	The practitioners have five days of intervention training.

How are practitioners supervised?	The first three times facilitators deliver the full intervention, 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 intervention, 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.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Newly trained practitioners' group sessions are recorded • Weekly consultation sessions for new practitioners • Quarterly check-ins for all practitioners.
Is there a licensing requirement?	N/A
***Contact details**	Contact person: Emma Turnham Organisation: KEEP Email address: Emma.Turnham@mft.nhs.uk Website: https://www.keep.org.uk/ *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.

Evidence summary

KEEP SAFE's most rigorous evidence comes from one RCT conducted in the United States consistent with Foundations' Level 3 evidence threshold, and one other RCT conducted in the United States consistent with Foundations' Level 2+ evidence threshold. KEEP SAFE receives a Level 3+ rating overall.

The first RCT is consistent with Foundations' Level 3 evidence strength criteria, observing statistically significant improvements in KEEP SAFE girls' reports of substance abuse, antisocial behaviour, and risky sexual behaviour three years post-intervention completion in comparison to adolescent girls not receiving the intervention. This study also observed significant improvements in KEEP SAFE's carer's reports of their girls' prosocial behaviour, and on placement stability after 12 months.

The second RCT is consistent with Foundations' Level 2+ evidence strength criteria, observing statistically significant improvements in young people's reports of substance abuse and reduced association with antisocial peers in comparison to young people not receiving the intervention.

KEEP SAFE 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.

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Reduced Substance abuse	N/A	N/A	1, 2
Reduced association with delinquent peers	N/A	N/A	1, 2
Reduced internalising and externalising behaviours	N/A	N/A	1
Improved pro-social behaviour	N/A	N/A	1
Reduced heath risking sexual behaviour	N/A	N/A	1
Improved placement stability	N/A	N/A	1

Search and review

	Number of studies
Identified in search	2
Studies reviewed	2
Meeting the L2 threshold	1
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	0

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	100 girls aged 10 to 12 (mean age 11.54) who were in foster care and were transitioning to middle school, as well as their caregivers
Race, ethnicities, and nationalities	• European American (63%) • Multiracial (14%) • Latino (10%) • African American (9%) • Native American (4%).
Population risk factors	• 68% were in non-kin foster homes, and 32% were in kinship care. • On average, the girls had been in foster care three years before participating in the study.

Study 1	
	• Most girls had at least one reported incident of physical abuse (56%), sexual abuse (67%), and neglect (97%). 32% experienced all three types of maltreatment.
Timing	• Baseline • 6-month follow-up • 12-month follow-up • 24-month follow-up • 36-month follow-up.
Child outcomes	• Reduced substance use (36 months; self-report) • Reduced health risking sexual behaviour (36 months; self-report) • Improved pro-social behaviour (12 months & 24 months; caregiver report) • Reduced associations with delinquent peers (12 months; self-report) • Reduced internalising and externalising behaviours (6 months; caregiver report) • Improved placement stability (12 months, administrative data).
Other outcomes	None
Study Rating	3
Citations	**Study 1a:** 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. **Study 1b:** 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. **Study 1c:** Kim, H. K., Pears, K. C., Leve, L. D., Chamberlain, P. & Smith, D. K. (2013) Intervention effects on health-risking sexual behaviour 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. **Study 1d:** 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.

Brief summary

Population characteristics

The sample consisted of 100 girls in foster care, aged 10 to 12 (mean age 11.54) from two counties in the United States. The girls had experienced significant adversity, with 56% having a history of physical abuse, 67% sexual abuse, and 96% neglect, while 32% experienced all three types of maltreatment. On average, the girls were placed in foster care at 7.63 years old and had spent 2.90 years in care and undergone an average of 4.29 placements (range: 1–20). At baseline, 68% lived in non-relative foster homes, and 32% lived in relative foster homes. The ethnicities of the participants were as follows: 63% European American, 14% multiracial, 10% Latino, 4% African American, and 4% Native American participants.

Study design

This study was an RCT with a total sample of 100 girls. Using a coin flip procedure, 48 girls were randomly allocated to the Keep Safe group and 52 to a regular foster care service control group.

Measurement

Assessments took place at baseline and six-, 12-, 24-, and 36-month follow-up.

Baseline

- **Child report** measures included interview items concerning anti-social behaviours and substance use and the Parent Daily Report Checklist (PDR).
- **Caregiver report** measures included the Parent Daily Report Checklist (PDR) and the Achenbach System of Empirically Based Assessment (ASEBA).
- **Administrative records** included child welfare system records concerning placement changes.

Six-month follow up

- **Child report** measures included the Parent Daily Report Checklist (PDR) (1b).
- **Caregiver report** measures included the Parent Daily Report Checklist (PDR) (1b).
- **Administrative records** included child welfare system records concerning placement changes (1a, 1c).

12-month follow-up

- **Child report** measures included a modified version of the general delinquency scale of the Self-Report Delinquency Scale (SRD) (1d) and the Inventory of Parent and Peer Attachment (IPPA) (1d).
- **Caregiver report** measures included the Parent Daily Report Checklist (PDR) (1a) and the Achenbach System of Empirically Based Assessment (ASEBA) (1a).
- **Administrative records** included child welfare system records concerning placement changes (1a, 1c).

24-month follow-up

- **Caregiver report** measures included the Parent Daily Report Checklist (PDR) (1a) and the Achenbach System of Empirically Based Assessment (ASEBA) (1a).
- **Administrative records** included child welfare system records concerning placement changes (1a, 1c).

36-month follow-up

- **Child report** measures included items assessing substance tobacco, alcohol and marijuana use (1a, 1c), the general delinquency scale of the Self Report Delinquency Scale (SRD) (1a, 1d), and interview items concerning health-risking sexual behaviours (1c).
- **Administrative records** included child welfare system records concerning placement changes (1a, 1c).

Study retention

Six-month follow-up

98% of the total sample participated in the 6-month follow-up assessment, representing 100% of intervention participants and 96.2% of control participants.

12-month follow-up

9% of the total sample participated in the 12-month follow-up assessment, representing 97.9% of intervention participants and 96.2% of control participants.

24-month follow-up

92% of the total sample participated in the 24-month follow-up assessment, representing 91.7% of intervention participants and 92.3% of control participants.

36-month follow-up

90% of the total sample participated in the 36-month follow-up assessment, representing 93.8% of intervention participants and 86.5% of control participants.

Results

Study 1a: Kim et al. (2011)

Data-analytic strategy

Structural Equation Modelling (SEM) was conducted for each outcome measure. To include the full intent-to-treat randomised sample, full information maximum likelihood (FIML) estimation was used.

Findings

The study found that the intervention led to significantly lower levels of substance use (substance use composite score, which is a mean of three substance use indicators), compared to the control condition, 36 months post-baseline. The group differences were greater for tobacco use and

marijuana use than for alcohol use. The study also found that girls in the intervention group had significantly fewer placement changes at 12 months post-baseline, and there was also a significant effect of the intervention on participants' prosocial behaviour at 24 months post-baseline.

The intervention was not found to have a significant impact on internalising and externalising behaviour 24 months post-baseline, or on delinquency at 36 months post-baseline.

Study 1b: Smith et al. (2011)

Data-analytic strategy

Stepwise hierarchical linear regressions were used to analyse the data.

Findings

The study found that the intervention led to significant reductions in in participants internalising and externalising problems at 6 months post-baseline. No significant differences were observed in prosocial behaviour between the intervention and control groups at this timepoint.

Study 1c: Kim et al. (2013)

Data-analytic strategy

The study used Structural Equation Modelling (SEM) with Full Information Maximum Likelihood (FIML) estimation to test direct and indirect effects of the intervention on health-risking sexual behaviour.

Findings

The study found that the intervention led to significantly fewer acts of health-risking sexual behaviour compared to those in the control group at 36 months post-baseline. The study also found that girls in the intervention group had significantly fewer placement changes at 12 months post-baseline.

Study 1d: Hu et al. (2021)

Data-analytic strategy

Structural Equation Modelling (SEM) with robust maximum likelihood estimation, addressing missing data under the Missing at Random (MAR) assumption was used to analyse the data.

Findings

The intervention demonstrated a significant reduction in affiliation with delinquent peers at 12 months post-baseline. No effect was found on delinquency at 36 months post-baseline or on positive peer relationship quality at 12 months post-baseline.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Prosocial behaviour	PDR (caregiver and child report)	Not reported	No	98	Six months (1b)
Prosocial behaviour	PDR (caregiver report)	d=0.46	Yes	100	12 months (1a)
Prosocial behaviour	PDR (caregiver report)	d=0.46	Yes	100	24 months (1a)
Internalising behaviour	PDR (caregiver and child report)	d= 0.28	Yes	NA	Six months (1b)
Externalising behaviour	PDR (caregiver and child report)	d=0.21	Yes	NA	Six months (1b)
Internalising and Externalising behaviour	ASEBA (caregiver report)	d=0.02	No	100	24 months (1a)
Associations with delinquent peers	SRD (child report)	B= −0.21	Yes	100	12 months (1d)
Peer Positive Relationship Quality	IPPA (child report)	Not reported	No	100	12 months (1d)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Substance use	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)	d = 0.47	Yes	100	36 months (1a)
Delinquency	SRD (self-report)	d=0.36 (1a)	No	100	36 months (1a, 1d)
Health-risking sexual behaviour	In-person interviews (self-report)	d=0.48	Yes	100	36 months (1c)
Placement stability	Welfare system records (administrative data)	Not reported	Yes	100	12 months (1a, 1c)

Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	259 young people aged 11 to 17 years in kin or non-kin foster care and their caregivers

Study 2	
Race, ethnicities, and nationalities	• 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%).
Population risk factors	• On average children had experienced placement changes 2.87 times. • 54.9% of the youth were with non-kin foster caregivers.
Timing	• Baseline • Six-month follow-up • 12-month follow-up • 18-month follow-up.
Child outcomes	• Reduced substance use (self-report; 18 months follow-up) • Reduced association with delinquent peers (self-report; 12 months follow-up).
Other outcomes	None
Study Rating	2+
Citation	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.

Brief summary

Population characteristics

The sample consisted of 259 youth aged 11 to 17 (mean age 14.3), in kin or non-kin foster care, alongside their caregivers (mean age 48.4). The majority were girls (59.5%). 15.6% of them were European American, 22.6% African American, 47.1% Hispanic, 3.1% American Indian, 2.3% Asian American/Pacific Islander, and 9.3% multiple races.

Study design

This study was a randomised controlled trial (RCT) design. A total of 259 participants were randomly allocated to one of two conditions by asking foster parents to select one of two sealed envelopes: 117 families were assigned to the Keep Safe intervention group, and 142 families were assigned to the service-as-usual control group.

Measurement

Assessments took place at baseline and six-, 12-, and 18-months post-intervention.

Baseline

Child report measures included a three-item self-report of frequency of consumption of cigarettes or tobacco, alcohol, and marijuana, using a scale ranging from never through daily.

Six-month follow-up

Child report measures included an interview designed to assess youth relationship with caregiver; outcomes from this measure are not included in this report as it does not meet Foundations' validity and reliability criteria.

12-month follow-up

Child report measures included a modified version of the general delinquency scale from the SRD scale.

18-month follow-up

Child report measures included a three-item self-report of frequency of consumption of cigarettes or tobacco, alcohol, and marijuana, using a scale ranging from never through daily.

Study retention

The retention rates were 91% at 6 months post-baseline, 80% at 12 months, and 72% at 18 months.

Results

Data-analytic strategy

Bivariate correlations and mean differences in study variables between the two groups were calculated, and path analysis was used to test a hypothesised model of how the intervention worked. Around 0.4–32.8% of the data was missing which was managed using full information maximum likelihood estimation.

Findings

The study found that the Keep Safe intervention led to significant reductions in levels of association with deviant peers at 12 months post-baseline, as well as reduced substance use at 18 months post-intervention.

Limitations

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.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Substance use	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)	d=0.36	Yes	186	18 months
Association with deviant peers	SRD scale (self-report)	d=0.37	Yes	236	12 months only

Other studies

No further studies were identified for this intervention.

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Note on provider involvement: This provider has not agreed to Foundations' terms of reference (or the Early Intervention Foundation'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.