

THE SOCIAL DEVELOPMENT STRATEGY

HOW CAN PREVENTION SCIENCE HELP YOUTH GROW INTO HEALTHY ADULTS?

Youth today face a world full of risks and challenges, including behavioral health problems like substance use, school drop-out, delinquency, violence, and early pregnancy. Research in the prevention field has often focused on reducing risks and unhealthy behavior. Two recent articles from Haggerty and McCowan (2018) and Cambron, Catalano, and Hawkins (2019) discuss the social development strategy (SDS) as an approach for building protection and preventing problem behaviors. Cambron et al. (2019)

describe the SDS as a model for organizing prevention into a practical strategy that promotes positive youth development while reducing risk. Haggerty and McCowan (2018) review the use of the SDS in effective interventions and their impact on social inequalities such as poverty and health disparities.

Youth generally make decisions based on values learned from their community, family, or school, and shaped by their personality, experiences, and identity. Giving youth opportunities for engagement, the ability to learn and use skills, and recognizing their actions will promote bonding to their community. When youth are bonded to a healthy community, they make healthy decisions and grow into healthy adults. However, if youth are disconnected from community or bonded to an unhealthy community or group, they will be more likely to develop unhealthy behaviors (Cambron, et al., 2019). The SDS combines aspects of three theories: control theory, social learning theory, and differential association theory to understand the development of behavior. Control theory and the SDS agree that prosocial bonding promotes prosocial behavior, with the SDS adding that antisocial bonding promotes antisocial behavior. Based on social learning theory, the SDS hypothesizes that behavior is learned in groups through rewards and punishment. According to differential association theory, there are parallel but separate paths for prosocial and antisocial behavior.

The SDS moves beyond blaming individual youth for their behaviors, toward a broader understanding of the ways in which social structures can harm healthy youth development. The strategy defines two types of systemic inequities: position in the social structure (e.g., race, socioeconomic status, age, gender), and external constraints (e.g., neighborhood safety and community expectations for behavior). The flexibility of the SDS allows it to be adapted and integrated into communities with unique strengths, challenges, and goals for their youth.



The SDS provides a framework for building protection that supports healthy youth development even in the face of structural barriers such as poverty and health disparities.

Evidence for the Social Development Strategy

The Social Development Model builds on 30 years of evidence-based prevention research. Cambron et al. (2019) reviewed long-term research studies and found that the SDS holds together well as a theory for human development. Early interventions based on the SDS have had powerful results. These interventions, when delivered in childhood or middle school, have prevented later adolescent and adult problem behaviors like violence, smoking, drug and alcohol use and abuse, STIs, and criminal convictions and recidivism. These interventions also improved school bonding, civic engagement, positive social engagement in adulthood, and family attachment—and eliminated racial income disparities in adulthood (Haggerty & McCowan, 2018).

Implementation

Intervention programs based on the social development strategy work to increase healthy social opportunities, involvement, and rewards, so families, schools, and communities can help youth build the skills they need in the world. Classroom strategies for teachers, parenting skills, and community-wide use of the SDS are all interventions that have shown positive impact on youth development. In addition, youth who are systemically disadvantaged can increase their sense of empowerment, activism skills, belonging, and wellbeing by being involved in justice-orientated community change initiatives.

Four prevention programs based on the SDS have already produced excellent results: the Seattle Social Development Project (SSDP), Guiding Good Choices (GGC), Raising Healthy Children (RHC), and Communities That Care (CTC). Each of these programs has been successfully tested in long-term studies (Haggerty & McCowan, 2018). These programs have been successful with a variety of populations, from primarily White, low-income suburban youth in the Midwest, to multiethnic, urban youth in the Pacific Northwest, and in 12 small- to mid-sized communities in seven states with varied ethnicities.

The social development strategy can be used in many ways, from improving individual interactions in families, to designing and implementing community-wide initiatives like Communities That Care. The SDS and CTC recognize that communities are unique, and both models have been successfully adapted to urban and rural environments in the United States and abroad with many different kinds of communities: urban, suburban, and rural; communities of color; primarily White communities; and multiethnic communities. The SDS provides a framework for building protection that supports healthy youth development even in the face of structural barriers such as poverty and health disparities.

For additional information on this topic, please refer to the original articles:

Cambron, C., Catalano, R. F., & Hawkins, J. D. (2019). The social development model. In D. P. Farrington, L. Kazemian, & A. R. Piquero (Eds.), *The Oxford handbook of developmental and life-course criminology* (pp. 224-247). New York, NY: Oxford University Press.

Haggerty, K. P., & McCowan, K. J. (2018). Using the social development strategy to unleash the power of prevention. *Journal of the Society for Social Work and Research*, 9(4), 741-763.

The Results:

Communities That Care

- Reduced delinquency by 25%, violence by 15%, alcohol use by 33%, and tobacco use by 32%
- Improved school engagement by 16% and academic achievement by 33%
- \$5.31 return on each dollar invested

Raising Healthy Children / SSDP

- Completely eliminated the disparity between Black and White young adults (age 27) in income, early pregnancies, and STIs
- Each dollar brings a long-term savings of \$4.35 related to health and wellbeing

Sources: Cambron, Catalano, & Hawkins (2019); Haggerty & McCowan (2018)