Seattle Social Development Project

Program description:
The Seattle Social Development Project (SSDP) targets youth in grades 1 to 6 to increase bonding to school and family as a protective measure against school failure, delinquency, drug abuse, teen pregnancy, and violence. The SSDP is a school-based program with annual teacher training in communication, effective classroom management, and cooperative learning. The program also includes child skill development in communication, negotiation, conflict resolution, and refusal skills. Parents are trained in behavior management, academic support, and skills to reduce risks for drug use.

Typical age of primary program participant: 8

Typical age of secondary program participant: -8

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
						First time ES is estimated			Second time ES is estimated		
			ES	SE	p-value	ES	SE	Age	ES	SE	Age
Crime	P	1	-0.21	0.16	0.00	-0.05	0.16	19	-0.05	0.16	29
High school graduation	P	1	0.25	0.16	0.00	0.06	0.16	19	0.06	0.16	19
K-12 grade repetition	P	1	-0.36	0.17	0.00	-0.09	0.17	16	-0.09	0.17	17
Teen pregnancy (under age 18)	P	1	-0.33	0.16	0.00	-0.08	0.16	19	-0.08	0.16	29
Initiation of sexual activity	P	1	-0.38	0.16	0.00	-0.10	0.16	19	-0.10	0.16	29
Teen births under age 18	P	1	-0.30	0.21	0.00	-0.08	0.21	19	-0.08	0.21	29
Underage alcohol use	P	1	-0.03	0.15	0.00	-0.01	0.15	19	-0.01	0.15	29
Teen births (second generation)	S	1	-0.23	0.21	0.00	-0.08	0.21	19	-0.08	0.21	29

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.

Program Benefits					Costs	Summary Statistics			
Participants	Taxpayers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Investment	Benefits Minus Costs	Probability of a positive net present value
$3,151	$1,686	$212	$755	$5,804	-$3,026	$1.92	5%	$2,779	59%

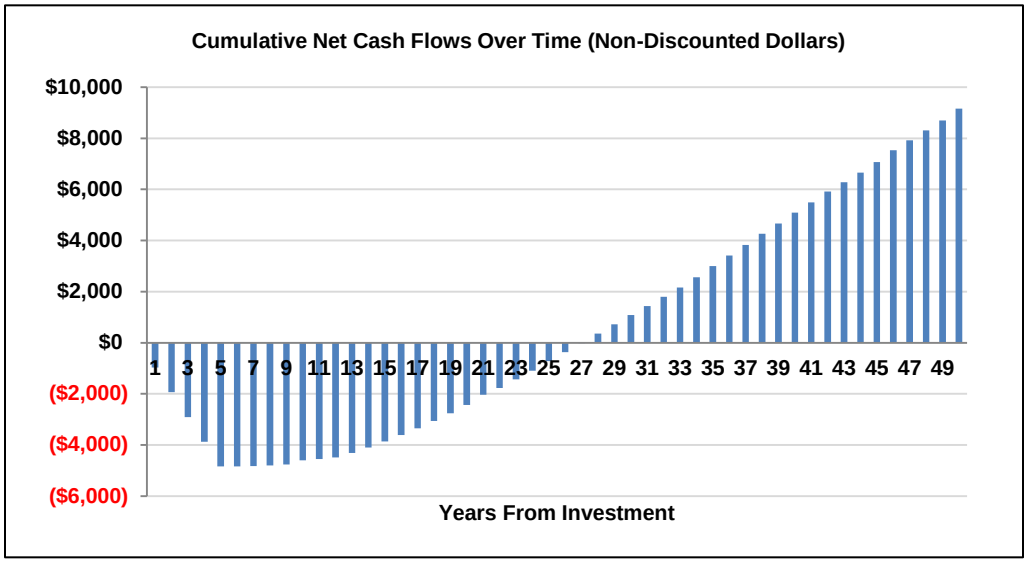
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to: Participants	Taxpayers	Other	Other Indirect	Total Benefits
From Primary Participant					
Crime	$0	$188	$528	$87	$803
Earnings via high school graduation	$3,030	$1,115	$0	$521	$4,665
K-12 grade repetition	$0	$63	$0	$31	$94
Public assistance	$130	-$143	$0	-$100	-$113
Health care costs via education	-$56	$433	-$327	$199	$249
From Secondary Participant					
Crime	$0	$6	$16	$3	$25
Earnings via high school graduation	$47	$17	$0	$9	$73
Child abuse and neglect	$1	$0	$0	$0	$2
Out-of-home placement	$0	$0	$0	$0	$1
K-12 grade repetition	$0	$1	$0	$1	$2
Health care costs via education	-$1	$6	-$4	$3	$4

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or – %)
	$499	5	1999	$0	1	1999	$3,024	10%

Source: Hawkins JD, Catalano RF et al. 1999, Prevention of Adolescent Health-Risk Behaviors, p. 234.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., instrumental variables).	0.75
4- Random assignment, with some implementation issues.	0.75
5- Well-done random assignment study.	1.00
Program developer = researcher	0.5
Unusual (not “real-world”) setting	0.5
Weak measurement used	0.5

Studies Used in the Meta-Analysis

Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine, 153*(3), 226-234.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project. *Archives of Pediatrics & Adolescent Medicine, 159*(1), 25-31.