

EARLY CHILDHOOD EDUCATORS' EXPERIENCES IMPLEMENTATING A SOCIAL
COMPETENCE PROMOTION PROGRAM FOR PRESCHOOL-AGED CHILDREN:
THE "SAFE SPACES" PROGRAM

by

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Abstract

The primary aim of this research was to describe the implementation of the Safe Spaces program across child care settings. The Safe Spaces program is a universal primary preventive program designed to foster preschool-aged children's emotional and social competence via a series of lessons that teach children emotional understanding and prosocial behaviours. The program was piloted in one child care centre in 2001 and is currently being implemented in over 50 child care settings across British Columbia, Canada. Although the Safe Spaces program has anecdotal evidence suggesting positive outcomes, little is known about whether or not the program is being implemented as intended across different child care settings and how child care centre characteristics, including early childhood educators' beliefs and experiences, might influence program implementation. Accordingly, 10 Early Childhood Educators (ECEs) drawn from five child care centres implementing the Safe Spaces program were asked to provide information via a series of questionnaires, interviews, and implementation record logs about the implementation of the Safe Spaces program in each of their centres. Results revealed high implementation (i.e., program adherence, extent to which specific program components are delivered as prescribed in program manuals and dosage, the frequency with which program techniques are implemented) of the Safe Spaces program across centres. Despite these reports, educators revealed that centre, child, and implementers' characteristics were related to the adoption and implementation of the program. Challenges and successes help identify recommendations for future implementation.

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An Implementation Evaluation of a Social Competence Promotion
Program for Preschool-Aged Children: The Safe Spaces Program

There is growing evidence to suggest that well-designed, effectively implemented, comprehensive classroom-based social and emotional learning programs can influence children's ability to achieve better cognitive and learning outcomes, enhance access to factors that buffer individuals in adverse situations, and promote pathways to positive adaptation among those in risk groups (e.g., Graczyk et al., 2000). Given the myriad of prevention programs available, it is critical that educators and researchers have information about how programs addressing social and emotional competencies may vary in quality, scope, and effectiveness. One dimension frequently ignored by researchers evaluating the effectiveness of school-based social and emotional competence promotion programs is a study of a program's implementation, that is the extent to which the intervention was delivered as it was intended (Durlak, 1995). Indeed, despite the theoretical and practical benefits of evaluating program implementation, few outcome evaluations of prevention programs have systematically included any data about attributes relevant to program implementation, including program integrity and factors that influence program implementation as seen from the perspective of the program implementers.

The Safe Spaces program is a classroom-based universal primary preventive program aimed at first, fostering preschool-aged children's emotional and social competence; second, promoting young children's helping, caring, and sharing behaviours; and third, decreasing young children's aggressive and bullying behaviours. Although the Safe Spaces program has anecdotal evidence of positive outcomes, little is known about the effectiveness of program implementation and the factors that may have been related to the integrity of the implementation of the program. Hence, the primary purpose of this research is to describe the implementation of

the Safe Spaces program across several child care settings and to provide data on the factors that may have been related to the program's implementation from the perspective of the early childhood educators (ECEs) who have implemented the program.

The Science of Prevention

Prevention can be considered as a multidisciplinary science that draws upon basic and applied research conducted in many fields, such as public health, epidemiology, education, medicine, and community developmental and clinical psychology (Durlak, 1995). Historically, three major types of prevention have been considered in reference to when problems develop. Primary prevention is an intervention directed to normal populations to preclude the occurrence of problems. Secondary prevention involves intervention during the early development of difficulties, before they become well-established disorders. Finally, tertiary prevention is intervention to reduce the prevalence of established disorders or problems. For the purpose of this study, further review of the science of prevention will focus on primary prevention.

As described by Durlak (1995), primary prevention can be defined as a collection of strategies that attempt to prevent problems from developing in currently normal populations by changing the environment, by changing individuals, or by doing both. Six major approaches for primary prevention have been distinguished according to the level of intervention and the method used to target populations (see Figure 1). Due to the nature of primary preventive programs, these approaches are neither mutually exclusive nor competitive. Some programs fit into more than one category, and approaches are often combined in environmental programs.

In terms of the focus of intervention, programs can be divided according to their specific target: the person or the environment. According to Durlak (1995), programs that focus on the person attempt to work directly with children to prevent specific problems or to use a skill-

building or competency-building approach to teach children important behaviours or skills that will directly enhance their functioning. Programs that focus on the environment, also called ecological interventions, attempt to influence individuals indirectly, through environmental manipulations.

Environmental programs often stress the importance of studying environmental-individual interactions, because it is assumed that environments affect individuals differently. The second dimension of primary prevention programs consists of the ways in which populations are selected or targeted for preventive work. The first approach is the universal or global strategy in which available populations, not considered to be maladjusted in any major respect or at risk for any particular problem, are selected to participate in this selection (e.g., all fifth grade children in an elementary school). In a second approach, children considered not yet dysfunctional but to be at risk for eventual problems are selected for this strategy (e.g., children of alcoholics or drug-addicts). The final approach focuses on those about to experience important life transitions, developmental tasks, or stressful life events. According to Durlak (1995), the assumption behind this approach, also called transitions or milestones approach, is that certain events or transitions can produce negative outcomes if they are not successfully negotiated or effectively mastered by those about to experience them (e.g., transition to kindergarten, children with divorcing parents).

The Importance of Emotional and Social Competence

Recent years have witnessed a growing portion of school-aged children experiencing a number of social-emotional and behavioural problems that interfere with their interpersonal relationships, school success, and their potential to become competent adults and productive citizens (Greenberg, Domitrovich, & Bumbarger, 1999).

Childhood aggression, in particular, has been identified as a salient concern among researchers, clinicians, and educators alike because of its continuity in the manifestation of aggressive behaviours in children (Farrington, 1991; Loeber, Wung, Keenan, & Giroux, 1993) and concomitant problems associated with childhood aggression such as peer rejection and hyperactivity (Coie & Dodge, 1998; Parke & Slaby, 1983). At the same time, never before have we known so much about how young children learn, think, and act. Researchers have discovered that the newborn brain develops at an astonishing speed during the first few years of life (Amiel-Tison & Gosselin, 2001). Transitions from one developmental period to another are marked by reorganization around new tasks, but are also based on the accomplishments of earlier periods. Within this organizational perspective, children's emotions, cognition, and behaviour are coordinated in ever more complex ways as they mature (Greenberg et al., 1999).

Although growing brain connections prepare a young child to learn such things as colours, numbers, and letters, these connections also support an often ignored aspect of children's development: the social and emotional capabilities needed to make a successful transition from home to school.

Over the last twenty years, findings from a number of research studies have clearly demonstrated that children's emotional and social skills are linked to their academic standing (Wentzel & Asher, 1995). Evidence shows that young children with positive relationships with parents, caregivers, and teachers are more confident and likely to be successful in the learning environment (Raver, 2002).

By contrast, children who have difficulty paying attention, following directions, getting along with others, and controlling negative emotions of anger and distress, do less well in school (Arnold et al., 1999). More recently, evidence from longitudinal studies suggests that this link

may be causal: For many children, academic achievement in their first years of schooling appears to be built on a firm foundation of children's emotional and social skills (Ladd, Kochenderfer, & Coleman, 1997).

Psychologists have also found that children's aggressive, disruptive behaviour has serious, long-term costs, both to the children themselves, and to their communities. Specifically, twenty years of research have now clearly established that aggressive young children who are rejected by their classmates in their first years of schooling are at risk for lower academic achievement, greater likelihood of grade retention, greater likelihood of dropping out of school, and greater risk of delinquency and of committing criminal juvenile offences in adolescence (Vitaro, Larocque, Janosz, & Tremblay, 2001).

Given the plethora of evidence suggesting children's social and emotional adjustment plays an important part in predicting their likelihood of school success, the next question is then: How do we know whether a child is socially and emotionally competent? In the next section, I introduce some of the manifestations of children's social and emotional learning.

Manifestations of Social and Emotional Learning (SEL)

A socially and emotionally healthy, school-ready child is essentially one who can make friends, get along with his or her peers, and communicate well with teachers. A more formal definition of social and emotional school readiness is offered by the National Education Goals Panel (1999):

Children's school experience is more positive and productive when they have a sense of personal well-being, grounded in stable, caring relationships in their early lives...A solid base of emotional security and social competence enables children to participate fully in learning experiences and form good relationships with

teachers and peers. In building and maintaining such relationships, key social skills are: respecting the rights of others, relating to peers without being too submissive or overbearing, being willing to give and receive support, and treating others as one would like to be treated. To the extent that children develop these social skills and attitudes, they function better in the school setting (p.3).

In the case of preschoolers, SEL skills are organized around the developmental tasks of positive engagement and managing emotional arousal within social interaction, while successfully moving into the world of peers (Parker & Gottman, 1989).

As already stated, a number of researchers have shown that children who enter kindergarten with positive SEL profiles develop positive attitudes about school, successfully adjust to the new experiences there, and demonstrate good grades and achievement (Birch & Ladd, 1997). Based on this evidence, I describe some of those essential preschool SEL indicators in more detail as they have been illustrated by the Collaborative for Academic, Social, and Emotional Learning (CASEL) (2002).

Self-Awareness and Emotional Expressiveness

Self-awareness and emotional expressiveness are two central components of SEL include experiencing and expressing emotions in a way that is advantageous to moment-to-moment interaction and to relationships over time. The experience and expression of emotion signals whether the child or other people need to modify or continue their goal-directed behaviour. Hence, such information can shape the child's own behaviours. For this purpose, preschoolers can learn to use emotional communication to express nonverbal messages about a social situation or relationship (e.g., giving a hug).

Self-Management

Negative or positive emotions may need regulating, for example when they threaten to overwhelm or need to be amplified. Mastering this skill, children learn to retain or enhance those emotions that are relevant and helpful, to attenuate those that are relevant but not helpful, to dampen those that are irrelevant. These skills help them to experience more well-being and maintain satisfying relationships with others.

Social Awareness

Key aspects of the social awareness component of SEL include emotion knowledge, and the recognition and identification of feelings in others. Denham, McKinley, Couchoud, and Holt (1990) have found that young children who understand emotions have more positive peer relations. More specifically, emotional knowledge yields information about emotional expressions and experience in self and others, as well as about events in the environment.

Responsible Decision Making

Responsible decision-making assumes importance as the everyday social interactions of preschoolers increase in frequency and complexity. As a result, young children must learn to analyze social situations, set social goals, and determine effective ways to solve differences that arise between them and their peers.

Relationship Management

Relationship management include aspects such as making positive proposals to play with others, initiating and maintaining conversations, active listening, cooperating, sharing, taking turns, negotiating, and seeking help when necessary. Abilities such as these enhance the more general strategies of self- and other-awareness, self-management, and responsible decision-making.

All this suggests, as we have seen before, that managing age-appropriate social and emotional competence is critical for young children entering school, but what can we do as researchers and educators to improve children's social and emotional competence? Given the centrality of previously mentioned components of SEL to concurrent success in the early years, and perhaps even more importantly, to later academic, interpersonal, and intrapersonal success, it is important to consider universal and targeted prevention programming in the area of social and emotional development (Denham & Weissberg, 2003).

According to Denham and Weissberg (2003), although there is evidence-based research supporting the importance of early SEL, as well as growing support for specific SEL practices during early childhood, attention to successful SEL is needed to advance sound practice that enhances children's success in schools and life. In the following section, a list of promising social and emotional learning programs with research-based evidence for their successes will be outlined, describing specific SEL instructional techniques.

Social and Emotional Learning Programs

Because early aggressive behaviour is the single best predictor of delinquency and later aggression (Farrington, 1991), such behaviours have emerged as a target for early prevention and intervention efforts in school, with the rationale that such programs may be more effective in reducing antisocial and aggressive behaviours than later treatment or penalties (Institute of Medicine, 1994; Offord, Boyle, & Racine, 1991).

Additionally, over the last twenty years, a series of studies has clearly demonstrated that children's emotional and social skills are linked to their early academic standing (Wentzel & Asher, 1995). Children who have difficulty paying attention, following directions, getting along with others, and controlling negative emotions of anger and distress, do less well in school

(Arnold et al., 1999; McLelland, Morrison, & Holmes, 2000). More recently, evidence from longitudinal studies suggests that this link may be causal: For many children, academic achievement in their first few years of schooling appears to be built on a firm foundation of emotional and social skills (Alexander, Entwistle, & Dauber, 1993; Ladd et al., 1997; O'Neil, Walsh, Parke, Wang, & Strand, 1997).

According to Raver (2002), emerging research on early schooling suggests that the relationships that children build with peers and teachers are (a) based on children's ability to regulate emotions in prosocial versus antisocial ways and (b) serve as a "source of provisions" that either help or hurt children's chances of doing well, academically, in school (Ladd, Birch, & Buhs, 1999).

Although many of these social and emotional learning programs recognize that children's emotional development is grounded in their earlier experiences in infancy and toddlerhood, their primary focus is in targeting children in kindergarten or 1st grade. Using modeling, role playing, and group discussion, some school programs have been implemented to change the way that children think about emotions and social situations. Teachers can devote relatively small amounts of class time to instruct children on how to identify and label feelings, how to appropriately communicate with others about emotions, and how to resolve disputes with peers. The potential gain is that these programs can be offered "universally" to all children in a given classroom, for relatively low cost. As a result, the climate of the classroom may become significantly less chaotic and more conducive to learning (Conduct Problems Prevention Research Group, 1999).

Three social and emotional learning programs will be briefly described because they represent excellent examples of universal prevention programming in the area. In their curricula,

they include components for preschool-aged children and have been selected based on the guidelines developed by the Collaborative for Academic, Social, and Emotional Learning (CASEL) for effective social and emotional learning programs and their implementation (i.e., the four primary categories of design features that can be used to distinguish quality SEL programs are: classroom curriculum features, coordinated efforts involving entire schools, families, and the community, evaluation and monitoring, and training and other implementation supports) (Graczyk et al., 2000). All of them have received awards from many institutions and have also been recognized as “Select Programs” by CASEL, its highest level of recognition. Some of these programs and their research will serve as guidelines for the implementation evaluation of the Safe Spaces program and some will demonstrate how more empirical evidence of program effectiveness and program implementation is necessary in the area of social and emotional learning programs for preschool-aged children.

Promoting Alternative Thinking Strategies (PATHS) Curriculum

The PATHS program was developed by Dr. Carol A. Kusché and Dr. Mark T. Greenberg, Director of Prevention Research Center for the Promotion of Human Development at Pennsylvania State University. It is a comprehensive program for promoting emotional and social competencies with a central emphasis on teaching students to identify, understand and self-regulate their emotions (Greenberg et al., 1999). The PATHS curriculum promotes emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills.

The program is based on the Affective-Behavioural-Cognitive-Dynamic (ABCD) Model of Development, which postulates that to fully understand one’s own behaviours, those of

another person, or interpersonal interactions, it is necessary to take emotions, thoughts, and communication skills into account (Greenberg et al., 1999).

Greenberg and colleagues (Greenberg & Kusche, 1997, 1998; Greenberg, Kusche, Cook, & Quamma, 1995) conducted several randomized controlled trials of the program with a variety of populations and found that PATHS produced significant improvements in social problem solving and understanding of emotions at post-test. The Conduct Problem Prevention Research Group (1999) examined the effects of PATHS in the context of a larger conduct problem preventive intervention. In this study, two measures of implementation, program dosage and program fidelity, were used to assess the quality of implementation. Ratings of teacher skill in program implementation and classroom management predicted classroom differences in positive program outcomes.

More recently, a new version of the PATHS curriculum was developed for preschool children (C. Domitrovich, personal communication, October 31, 2005). Using a randomized trial design and an evaluation of its implementation, findings indicated that new Preschool PATHS leads to improvements in children's knowledge about emotions as well as their social and emotional competence as judged by both teachers and parents.

PATHS has been designated as a "Model" program by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Services Administration (SAMHSA), as a "Promising" program by the U.S. Department of Education (USED), and as a "Promising-Level 2 (Risk Prevention)" program by the U.S. Surgeon General (USSG).

Second Step Program

The Second Step program was developed by the Committee for Children. The Second Step curriculum is a comprehensive research-based program for violence prevention. It has been designed for preschool to high school aged children to develop student's social and emotional skills, while teaching them to change behaviours that contribute to aggressive behaviours and violence. The program is organized in three sections -empathy, anger management, and impulse control- and provides multiyear coverage of violence prevention.

The Second Step program covers social and emotional aspects such as taking responsibility for actions, honesty, emotional literacy, and problem solving. The program also includes a six-session parent workshop in which parents practice the skills children acquire in Second Step and learn how to reinforce them with their children at home.

Several studies have evaluated the effectiveness of the Second Step curriculum, including a two-year longitudinal study in which teachers observed an improvement in social competence and a decrease in anti-social behaviours among students receiving the curriculum (Grossman et al., 1997). Trained observers, blind to condition, found that primary grade children showed decreased physical aggression and increased pro-social behaviour in class and on playgrounds if they participated in Second Step.

McMahon and colleagues at DePaul University conducted a pre/post evaluation of the *Second Step* preschool-kindergarten program with 109 predominantly African American and Latin American three- to seven-year-old children from low-income urban families (McMahon, Washburn, Felix, Yakin, & Childrey, 2000). Findings demonstrated that following completion of the *Second Step* lessons, the children demonstrated an increased conceptual knowledge of social

skills and a decrease in observed levels of physical aggression, verbal aggression, and disruptive behaviour.

In addition to the distinction given by CASEL, the program also has been designated as a “Model” program by the Substance Abuse and Mental Health Services Administration (SAMHSA) and as an “Exemplary” program by the U.S. Department of Education (USED). Even though the Second Step program has been evaluated several times, no research has been done on the implementation evaluation of the preschool-kindergarten curriculum.

I Can Problem Solve (ICPS) Program

The ICPS program is a school-based intervention program that trains children in generating a variety of solutions to interpersonal problems, considering the consequences of these solutions, and recognizing thoughts, feelings, and motives that generate problem situations. Myrna B. Shure, a developmental psychologist from Drexel University, developed the program with a cognitive approach that teaches children how to think, not what to think (Shure & Spivack, 1982).

During the duration of the program, students learn that behaviours have causes, that people have feelings, and that there is more than one way to solve a problem. As children learn to associate how they think with what they do, children become more caring and better able to share, cooperate, and get along with others. Throughout the intervention, instructors utilize pictures, role- playing, puppets, and group interaction to help students’ thinking skills, and children’s own lives and problems are used as examples when teachers demonstrate problem-solving techniques.

Although the program is appropriate for all children, it is especially effective for young (age 4-5), poor, and urban students who may be at highest risk for behavioural dysfunctions and

interpersonal maladjustments. Studies evaluating the effectiveness of the ICPS program have indicated that ICPS improves children's behaviour as observed by teachers and reflected in peer acceptance, consequential thinking skills, and academic achievement test scores (Shure, 1993; Shure & Spivack, 1982). As stated before with the Second Step program, there is limited evidence of the effectiveness of the ICPS program for preschool-aged children and its implementation.

The program, however, as been designated as a "Promising" program by the U.S. Department of Education (USED) and the Substance Abuse and Mental Health Services Administration (SAMHSA), as a "Promising- Level 2 (Risk Prevention)" by the U.S. Surgeon General (USSG) and as an "Exemplary" program by the Office of Juvenile Justice Delinquency Prevention (OJJDP).

In reviewing these programs, it is important to highlight the considerable variability in the extent that attention has been paid to the measurement of implementation. According to Domitrovich and Greenberg (2000), prevention science is a rapidly advancing field and is at the point where a number of preventive interventions have documented the ability to change developmental trajectories and reduce negative outcomes. Surprisingly, many of the highest-quality programs fail to take adequate steps to monitor and verify program integrity (Domitrovich & Greenberg, 2000).

An Example of a Social and Emotional Competence Program for Preschool-Aged Children:

The Safe Spaces Program

The Safe Spaces program is a universal primary preventive social and emotional competence promotion program that focuses primarily on teaching key prosocial and emotional vocabulary and skills identified as essential in preventing bullying behaviours (Westcoast Child

Care Resource Centre, 2003). More specifically, the program aims, on one side, at fostering preschool-aged children's emotional and social competence, promoting young children's helping, caring, and sharing behaviours, and on the other side, decreasing young children's aggressive and bullying behaviours. The program, developed by staff at Westcoast Childcare Resource Centre in Vancouver, is an innovative preventive intervention that fills a critical gap in the social/emotional programs available for preschoolers.

The Safe Spaces program is based on four major concepts known as the Safe Spaces Rules: (1) My Body is Safe: This means that no one will hit me, kick me, push me, or hurt me; (2) My Feelings are Safe: This means that no one will laugh at me or make me feel like a failure; (3) My Thoughts, Ideas, and Words are Safe: This means that I can express my feelings and opinions without being interrupted or punished; and (4) My Work is Safe: This means that no one will disrupt or damage the materials with which I am working.

The developmentally appropriate curriculum has been developed in four modules (i.e., Safe / not Safe; Friendly / not Friendly; Fair / not Fair; Emotions; and Problem Solving) and the concepts are taught and implemented as the program progresses. The Safe Spaces program teaches the concepts via stories, puppet play, photographs, and art activities, and encourages open discussion of interpersonal issues with young children (Westcoast Child Care Resource Centre, 2003).

In keeping with other comprehensive social competence promotion programs, embedded within the Safe Spaces program are explicit components aimed at creating a positive social milieu in the centre where all children, staff, and families feel valued and a sense of belonging (Cohen, 2001; Goodenow, 1993; Noddings, 1992). The Safe Spaces program is also highly consistent with the goals and principles of anti-bias, anti-racist education as determined by the

work of Derman-Sparks (1992). Since 2001, when the Safe Spaces program was piloted in one centre in Vancouver, it has been adopted by more than 50 child care centres across British Columbia.

Implementation Evaluation

There is variation in how implementation is defined and measured, yet one basic definition proposed by Yeaton and Sechrest (1981) is “the degree to which treatment is delivered as intended” (p.160). Similarly, Durlak (1995) described implementation as “what a program consists of in practice” (p.5) and the degree to which it is delivered according to how it was designed (Durlak, 1998).

Program implementation has also been called program fidelity (Moncher & Prinz, 1991), treatment integrity (Dane & Schneider, 1998), or treatment adherence (Jakes, 2004). Durlak (1995), proposed that systematic study of the implementation process requires the specification and operational definition of crucial components of a program and the development of objective procedures to assess implementation quality.

The Importance of Implementation Evaluation

If measures of integrity are not included in a program evaluation, it is difficult to determine whether the lack of positive outcomes are due to a poorly conceptualized program or to an inadequate or incomplete delivery of the prescribed services (Dane & Schneider, 1998). Likewise, if program integrity is not determined, program evaluations may underestimate the potential value of a prevention program, putting potentially effective interventions at risk of discontinuation (Felner, Philips, Dubois, & Lease, 1991)

The study of implementation is important for two main reasons: implementation can vary considerably across settings, and the quality of implementation is related to program outcomes.

Greenberg, Domitrovich, Graczyk, and Zins (2005) described seven functional reasons for conducting implementation research and including implementation information in every evaluation: (a) an approach to know what actually happens during an intervention trial, (b) a source of ongoing feedback that is useful for continuous quality improvement, (c) a procedure to document compliance with important legal and ethical guidelines (Illback, Zins, & Maher, 1999), (d) a method for establishing the internal validity of a program, (e) a procedure to confirm the program's theory, (f) an approach to advance knowledge regarding best practices for replicating, maintaining, and diffusing research-based programs in complex and diverse real-world systems (Rogers, 1995; Scheirer, 1994), and (g) an approach to strengthen program evaluations.

Durlak (1995), has indicated that the level of program implementation is never 100% and is often seriously deficient. Moreover, it has been found that significant results occur for prevention programs only when the intervention is properly implemented. Durlak (1997) noted that less than 5% of over 1200 published prevention studies provide data on program implementation. A meta-analysis of indicated prevention programs found that 68.5% of the programs were described too broadly to be replicated, and very few included measurement of treatment fidelity (Durlak & Wells, 1998). A recent meta-analytic review of prevention program evaluation studies published from 1992 to 2003, indicated that implementation evaluation has taken on increasing importance as 46% of researchers now report on quality and quantity of implementation (Wolf, Durlak, & Bryant, 2004).

Program integrity may be compromised by a poor fit between the setting and the proposed intervention (Dane & Schneider, 1998). For instance, the majority of preventive interventions are conducted in schools; their success will depend on the recognition by school administrators, teachers and other personnel of their utility and practicability within an already

full school schedule (Elias & Clabby, 1992; Meyer, Miller, & Herman, 1993). Otherwise, staff at school is unlikely to devote much time and energy to the delivery of the program. School-based psychosocial interventions compete for class time with the demands of educational curriculum. If teachers cannot find time to fit preventive interventions into their class schedule, and if they do not share the researcher's belief in the importance of the program, then they may implement the program incompletely or not at all (Meyer et al., 1993).

Historical Perspectives on the Study of Implementation

The study of program implementation in school-based prevention research has received significant historical contributions from three interconnected disciplines: education, school-based prevention, and program evaluation. Since the 1970s, educators have given increasing importance to assessing the degree to which an educational approach or intervention was implemented as intended (Charters & Jones, 1974). In the 1980s, implementation issues were described in extensive detail (Maher & Bennett, 1984; Maher, Illback, & Zins, 1984). For Maher and colleagues, the basis for implementation is program design, and an implementation evaluation describes how a program is being delivered, and identifies the conditions under which the program is functioning. More recently, a variety of factors have been proposed that may have contributed to the decrease in attempts to study implementation in the education field in the 1980s: high cost, less interest in large-scale evaluations, and the fact that many implementation studies reached the same conclusion: the non-specific effects of high-quality teaching outweighed the specific effects of any single educational intervention (Gersten, Baker, & Lloyd, 2000). In the 1990s, interest in the study of implementation re-emerged in the field of educational evaluation. This led to discussions on theories of implementation and on measurement of implementation. However, even now, educational researchers normally do not

include measures of implementation, in part because measures that are cost-effective and psychometrically sound still need to be developed (Gersten et al., 2000). Additionally, the educational field seems to be struggling with these issues in the absence of a sound conceptual framework to guide efforts to study implementation processes (Greenberg et al., 2005).

In the fields of school-based prevention and positive youth development, researchers have given substantial attention to research on implementation, because intrinsic factors (related to the program itself) and extrinsic factors (related to the environment in which the program is being implemented) are believed to influence program implementation (Durlak, 1998; Weissberg & Greenberg, 1998). Nevertheless, this field also needs a comprehensive program model that explains the relationships between implementation factors and processes, and the determinants of program effectiveness (Greenberg et al., 2005).

Until the mid-to-late 1980s, the centre of attention of the program evaluation field was accurate measurement of program outcomes. By the late 1980s, however, increasing awareness of the need to identify factors that enhance (or impede) program effectiveness, led to the identification of a subset of such factors that affect successful program implementation. Researchers realized that even high-quality programs may not yield positive outcomes unless they were implemented with integrity. Scheirer (1994) described evaluation process that addresses implementation issues as complementary to outcome evaluation. Generally, process evaluations measure two core aspects of program delivery: the scope of implementation (Did a sufficient number of targeted participants actually receive the intervention?) and the extent of implementation (Were the intended number of program components delivered as planned?) (Greenberg et al., 2005). Process evaluations also consider whether other factors might have contributed to the degree of variation in the scope and extent of program implementation.

Aspects of Implementation Evaluation

The two core features of implementation described by Dane and Schneider (1998) are implementation promotion and implementation integrity. On one side, implementation promotion refers to all of the supports that are available to preserve the implementation of the program, such as preplanning (e.g., capacity, awareness, commitment), quality of materials (i.e., design and format of materials), technical support (i.e., training delivery and content), and implementer readiness (e.g., perceptions, skills, knowledge) (Greenberg et al., 2005). On the other side, implementation integrity refers to the degree to which an intervention is conducted as it was originally intended (Durlak, 1997).

Dane and Schneider (1998) also specified five aspects of implementation quality when they reviewed the extent to which program integrity was verified and promoted in evaluations of primary and early secondary prevention programs that had been published between 1980 and 1994. In their report, program integrity was a multidimensional construct defined as: (a) adherence, which is explained as the degree to which program components were delivered as prescribed, (b) exposure, the frequency and duration of the program delivered, (c) quality of the program delivery (e.g., implementer enthusiasm, leader preparedness, global estimates of session effectiveness, and leader attitudes toward program), (d) participant responsiveness (i.e., participant response to program sessions which may include indicators such as levels of participation and enthusiasm), and (e) program differentiation. Program differentiation referred to any attempts by the program evaluators to verify the design conditions so that only the experimental group received the intervention.

Factors that Influence Implementation

It has been suggested that to adequately assess implementation, information is needed about the specific program components, the way in which those components were delivered, and the characteristics of the context (e.g., individuals, setting) in which the program was conducted (Dane & Schneider, 1998; Pentz et al., 1990).

According to Greenberg et al. (2005), the science regarding how routine practice programs are implemented in natural conditions is poorly developed. Recently, a model of implementation was developed and described by the Center for Mental Health Services (CMHS) of the U.S. Department of Health and Human Services (Greenberg et al., 2005). According to Smith (2004), the rationale for creating this model was to provide a summary of the critical factors identified in the literature as having the potential to affect implementation quality and to organize the factors in a coherent way. For example, a program relies on an organization to allocate resources; coordinate activities; and recruit, train, and supervise implementers and other staff. How well a program is implemented may be related to how well the organization is structured (Chen, 2005).

Chen (1998) provided a practical program evaluation model for factors that influence the implementation of a specific program (see Figure 2). These factors include characteristics of (a) the implementation system (i.e., process and structure of the implementation and training system), (b) characteristics of the implementer (e.g., teacher and school staff), and (c) characteristics of the setting in which the program is implemented (e.g., school climate, principal support, and district support). According to Domitrovich and Greenberg (2000), these factors are likely to influence both the implementation itself as well as the evaluation of the outcomes.

Chen (1998) described two major components of a comprehensive program theory. The first is the causative or causal theory, also known as the program's theory of change, which identifies how the program produces its intended outcomes. The second component is the prescriptive theory which, according to Greenberg et al. (2005), provides guidelines for delivering the intervention and describes the context that is necessary for the successful implementation of the intervention. The identification of the characteristics of an intervention and the environmental conditions that influence program implementation will allow one to test both the causative and prescriptive theories that mediate or moderate program outcomes Weiss (1998).

As stated before, characteristics of a program can influence the quality of an intervention. The first and most important group of characteristics is the key components or "active ingredients" of an intervention (Graczyk, Domitrovich, & Zins, 2002). These include the content, activities, and method of delivery, such as direct instructions or hands-on activities. Additional program characteristics that have the potential to influence implementation quality if they are not delivered as prescribed are timing and dosage. Timing can be described as the pace at which the program should be delivered and dosage can be described as the prescribed level of exposure to the intervention. According to Weiss (1998), when programs are conducted in natural settings and implemented by multiple teachers, program characteristics can vary widely and will not always be carried out in exactly the same manner and with the same degree of integrity.

When classroom-based programs are conducted within ecological systems, different factors within these systems can either strengthen or weaken program implementation in any given setting (Graczyk et al., 2002). Key ecologies for programs carried out in classrooms include those created by the individual children, the classroom, the school, the school district,

and the community (Figure 2). These ecologies may vary considerably from setting to setting, influencing the program implementation. According to Kam, Greenberg, and Walls (2003), understanding the conditions that affect the program delivery and effectiveness within different ecologies is important to provide high external validity to both the theory from which the program was derived and the delivery of prevention intervention itself.

Limited Attention to Implementation

According to Domitrovich and Greenberg (2000), many researchers in program evaluation assess program outcomes but do not include an examination of most, or any, aspects of implementation. As stated before, Durlak (1997) noted that very few published prevention studies provide data on program implementation. Additionally, Gresham and his colleagues (Gresham, Gansle, Noell, Cohen, & Rosenblum, 1993) conducted a review of school-based intervention studies published between 1980 and 1990. Using a very basic definition of implementation, they coded the studies and found that only 35% provided an operational definition of their intervention through a detailed description or reference to a manual.

According to Domitrovich and Greenberg (2000), the majority of clinical trials are conducted without any source of implementation information. A growing number of prevention programs, particularly in the substance abuse literature, monitored implementation extensively and have shown that variability in the quality of implementation is related to program outcomes (i.e., Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995).

Statement of the Problem and Overview of the Study

Determining the effectiveness of programs aimed at fostering preschool-aged children's emotional and social competence by focusing solely on child *outcomes* is insufficient because such evaluations provide only one dimension of program usefulness. Implementation integrity or

quality and the factors that influence implementation must also be considered. Despite successful results for outcomes from demonstration projects conducted primarily by university researchers, according to Domitrovich and Greenberg (2000), many of the highest-quality programs fail to take adequate steps to monitor and verify program integrity.

Although the Safe Spaces program has anecdotal evidence of positive outcomes, little is known about the quality of program implementation and the factors related to program implementation. For this reason, an evaluation of the program's implementation from the ECEs who are implementing the program in their centres is clearly needed in order to determine if the program is being implemented as intended. Such information is essential for the design of future research that could help to determine the program's effect on children's outcomes.

The primary purpose of the present study was to describe the implementation of the Safe Spaces program across child care settings. The specific focus of this project was to describe some of the environmental variables (e.g., child care supervisors, early childhood educators, children, child care environment) related to the implementation of the Safe Spaces program.

The present study was guided by three questions:

1. Was the Safe Spaces program implemented as it was originally intended? More specifically, to what degree were all of the components of the program implemented?
2. Were ecological factors at the level of the ECEs, or child care environment, related to the implementation of the Safe Spaces program? and
3. What were the experiences of ECEs in implementing the Safe Spaces program?

The present study is part of The Consortium for Health, Intervention, Learning and Development (CHILD) research initiative funded by the Social Sciences and Humanities Research Council (SSHRC) of Canada. CHILD is a longitudinal, multi-disciplinary, academic-

community partnership project established to undertake research that responds to identified community needs and interests for the health of children 0 to 6 and their families. The CHILD Project contributes to improved evidence-based policy development and more effective advocacy work, and ultimately provides better conditions for healthy child development.

Method

Setting and Participants

Setting. Five child care settings located in a large western Canadian city were selected to participate in this study. The centres were chosen from Westcoast Childcare Resource Centre's waiting list of centres requesting to receive the required training in the Safe Spaces curriculum. The final list of centres was chosen in consultation with the staff at Westcoast Childcare Resource Centre and centres were chosen to be representative of the cultural and ethnic diversity of the city.

Participants. Ten ECEs (two from each of five child care settings participating in the study) who had recently received training in the implementation of the Safe Spaces program were invited to participate in this study. The study was explained to all ECEs and they had the liberty of deciding if they were interested in participating or not. Those ECEs who indicated their willingness to participate, informed their supervisors who in turn contacted the researchers to give them the names of participating ECEs.

Procedure

Child care centres that were implementing the Safe Spaces program as of June 2003 were identified. Following this identification, a letter inviting each centre to participate was sent to the administrator of five child care centres. These centres were chosen because they represented the range of centres in which the Safe Spaces program is implemented with respect to children's

race/ethnicity and SES of the families utilizing the centres. All five centres invited to participate agreed to do so. After approval was granted, the researchers went to each of the child care centres to describe the purpose of the project to the ECEs, and to provide them with an introductory letter (Appendix I) and a participant consent form (Appendix II). At this time, it was made clear to ECEs that participation in the study was entirely voluntary and that they could withdraw from the study at any time without consequence. Also at this time, two ECEs from each centre were chosen to participate from each centre (note that each centre was allowed to choose which of their ECEs would participate in the research). Participating ECE's were provided with remuneration for their participation in this research study and participating centres were provided with the Safe Spaces program materials (e.g., books, puppets, other materials) which were on loan from Westcoast Childcare Resources. These materials cost approximately \$400.00.

The examination of program implementation was undertaken through questionnaires and interview protocols designed to gather information about specific program components, adherence, dosage, quality of program delivery, and participant responsiveness. The integrity verification questionnaires and interview process are outlined in the following section.

Measures

Three integrity verification questionnaires and an interview were used to evaluate the implementation of the Safe Spaces program. The ECE Background Questionnaire and the ECE Beliefs about Emotions Questionnaire have been used in previous research studies; whereas The Safe Spaces Record Log and the ECE Perspectives on Implementing the Safe Spaces Program Interview were developed for this study in collaboration with the program developers of the "Safe Spaces" program at Westcoast Childcare Resource Centre.

ECE Background Questionnaire. The ECE Background and Safe Spaces Questionnaire was developed by Smith, Schonert-Reichl, Jaramillo, and Chapman-Chen in 2003 (Appendix III) based on the extant literature delineating the critical components identified as important for the understanding of implementation integrity (e.g., Greenberg et al., 2005). The questionnaire was completed by each ECE at the beginning of the study. Several dimensions of each ECE's background were assessed, including: gender, race/ethnicity, highest level of education obtained, years of experience working in an early childhood education context, and years working in current early childhood education centre. In addition, ECEs were asked to report on seven dimensions of their experiences implementing the Safe Spaces program. Dimensions assessed included: (a) understanding of the Safe Spaces program. Specifically, ECEs rated their understanding of the Safe Spaces program using a rating scale assessing their range of familiarity of the program concepts, described as follows: 1 = "*I am not familiar with the concepts,*" 2 = "*I have a bit of understanding,*" 3 = "*I somewhat understand,*" 4 = "*I have an adequate understanding,*" and 5 = "*I fully understand;*" (b) type and amount of training received (i.e., "Which Safe Spaces training have you attended"); (c) frequency of implementation of the Safe Spaces program. For this dimension, ECEs rated the frequency of implementation of the Safe Spaces program by responding to a rating scale described as follows: 0 = "*Never,*" 1 = "*Once/Twice,*" 2 = "*Monthly,*" 3 = "*Weekly,*" and 4 = "*Daily;*" (d) time spent in the implementation of the Safe Spaces program (i.e., "How long have you practiced the Safe Spaces concepts in your centre"); (e) level of difficulty in implementing the program. Specifically each ECE was asked to report her answers based on a rating scale described as follows: 1 = "*Not difficult,*" 2 = "*A little bit difficult,*" 3 = "*Somewhat difficult,*" 4 = "*Difficult,*" and 5 = "*Very difficult;*" (f) adequacy of time. Specifically, ECEs were asked "Do you have adequate time to

incorporate the Safe Spaces concepts into your centre?” and were given a rating scale that ranged from 1 = “*Not enough time*” to 5 = “*Enough time*,” and finally (g) ECE’s beliefs about the benefits of the program in which ECEs were asked to describe their beliefs about the Safe Spaces program by answering the question “How strongly do you believe that the concepts in the Safe Spaces program are beneficial in enhancing social and emotional learning in young children” using a rating scale that ranged from 1 “*Not beneficial*” to 5 “*Very beneficial*.”

ECE Beliefs about Emotions. Each ECE’s beliefs about emotions was assessed via an adaptation of the ECEs’ Beliefs about Emotions Questionnaire (Hyson & Lee, 1996; Appendix IV). Following procedures outlined by Hyson and Lee (1996), participants were instructed, at the beginning of the study, to complete the 23-item measure by reading each statement and checking their level of agreement, that ranged from 1 “*Strongly Disagree*” to 5 “*Strongly Agree*.” The introduction to the instrument emphasized that “people who work with young children have many different ideas about children’s emotional development, and about how teachers can best help children deal with emotional issues.” Participants were also asked to “answer all items even if you are unsure of your feelings.” Six subscales comprise the ECE Beliefs about Emotions Questionnaire¹: (a) *Bonds*: Belief in adult-child affectionate bonds (e.g., “It’s good to hug and touch children affectionately throughout the day”) (4 items; Cronbach’s alpha = .62); (b) *Expressiveness*: Belief in adults’ open expression of feelings (e.g., “Teachers should ‘let their feelings out’ in the classroom”) (4 items; Cronbach’s alpha = .46); (c) *Instruction/modeling*: Belief in teachers’ modeling and instructing appropriate emotion expression (e.g., “Teachers should avoid showing children how to express their feelings”) (4 items; Cronbach’s alpha = .43); (d) *Talk/Label*: Belief in teachers’ talking about and labelling feelings (e.g., “I spend a lot

¹ Note that alphas reported are those obtained from Hyson and Lee’s (1996) research. Alphas could not be calculated due to the small sample size in the present investigation.

of time talking to children about why they feel the way they do”) (6 items; Cronbach’s alpha = .53); (e) *Protect*: Belief in protecting children from distressing emotions (e.g., “If a class pet died, I would not tell the children because they might become too upset”) (3 items; Cronbach’s alpha .41); and (f) *Display/control*: Belief in children’s ability to display emotions acceptably (e.g., “As a teacher, it’s important for me to teach children socially acceptable ways of expressing their feelings”) (3 items; Cronbach’s alpha = .59). As noted above, reliability analysis of the scale showed alphas ranging from .41 to .62 with an average alpha of .51 for Hyson and Lee’s (1996) research.

Safe Spaces Record Log. To obtain a measure of program adherence, program dosage, and quality of program deliver, ECEs were asked to fill out a Safe Spaces Record Log, developed by Schonert-Reichl, Jaramillo, and Smith in 2003 (Appendix V), on a weekly basis in their centres during staff meetings. The Safe Spaces Record Log was designed to be a quick and relatively easy way in which ECE implementing the Safe Spaces program could record their Safe Spaces activities and was developed based on the recent literature delineating dimensions of program implementation of which researchers should be cognizant (Greenberg, 2004; Greenberg et al., 2005). The Safe Spaces Record Log was organized in four main sections following the description of the Safe Spaces manual and the program’s organization in four modules: Safe/Not Safe, Friendly/Not Friendly, Four Universal Feelings, and Conflict Resolution. Each section of the Record Log consisted of two secondary sections, the core activities section (main activities) and additional activities section (secondary activities) as described in the Safe Spaces manual.

To measure program adherence, explained by Dane and Schneider (1998) as the extent to which specific program components were delivered as prescribed in program manuals, ECEs were asked to report the number of activities that they taught during the implementation of the

program (e.g., “Did you post the Safe Spaces Centre Rules and Pictures for families to see?”). Program dosage, the frequency with which program techniques were implemented (Dane & Schneider, 1998), was assessed by asking ECEs to report the frequency of implementation of activities using a rating scale described as follows: 1 = “Often,” 2 = “Sometimes,” and 3 = “Never.” Finally, to measure quality of program delivery, described by Dane and Schneider (1998) as global estimates of session effectiveness, ECEs were asked to report the quality of activities delivered by responding to the question, “If [activity] was implemented, in your opinion, how did it go?”, and give an estimate of the quality of implementation using a rating scale that ranged from 1 “Very good” to 5 “Not good.” To facilitate interpretation of the results and analysis, the participants’ responses were reversed scored, with 1 = “Not good” to 5 = “Very good.” Activities in the Record Log included: circle time activities (e.g., “Discussion Pictures for Safe/Not Safe Behaviours”, “The Friendly Jar”); stories (e.g., “The New Friends Felt Board Story”, “This is our House Story”); and songs (e.g., “Name Song”, “Helping Hands Song”).

ECE Perspectives on Implementing the Safe Spaces Program. Data were collected via a semi-structured interview (Appendix VI) designed to investigate the dimensions of implementation integrity and factors that facilitated or impeded the implementation of the Safe Spaces program in each of the five participating centres. These interviews were thought to be effective in exploring the unique experiences and perspectives of ECEs in the early childhood centres. Interviews were conducted in groups of two due to the time commitment required for the interviews and the busy schedule of the ECEs in their centres. Interview questions were developed by Schonert-Reichl, Jaramillo, and Smith in 2003, based on an understanding of the essential components of the Safe Spaces program and issues of implementation as conceptualized by Dane and Schneider (1998). Questions assessed the following dimensions: (a)

training and staff participation in the Safe Spaces program (e.g., Do you think you would have been able to implement the Safe Spaces program if you did not get the training?); (b) general overview about the Safe Spaces program (e.g., What do you perceive to be some of the strengths in implementing the Safe Spaces program?); (c) links between the Safe Spaces program and centre regular curriculum (e.g., Can you see any links between the Safe Spaces program and your regular curriculum?); (d) implementation process (e.g., What information can you provide us regarding the factors that promote or impede the successful implementation of the Safe Spaces program?); (e) technical support (e.g., Do you find it helpful that someone from Westcoast comes to do demonstrations?); and (f) program improvement (e.g., Are there things that could be added to help support the implementation of the Safe Spaces program?). Audiotape recordings from these interviews formed the basis for the subsequent qualitative data analysis.

Data Analysis

The primary purpose of the present study was to describe the implementation of the Safe Spaces program across five child care settings. Due to the small sample size, this project focused on the identification and description of some of the environmental variables (e.g., ECEs' background, child care environment) that were related to the implementation of the Safe Spaces program from the ECEs perspectives. Based on the understanding that the use of both qualitative and quantitative approaches to research brings a number of advantages (McGrath & Johnson, 2003), data analytic strategies included the description of implementation integrity across early childhood settings gathered through both quantitative and qualitative data. To accomplish this, Safe Spaces implementation integrity data were analyzed using the multi-dimensional aspects of implementation, as outlined by Dane and Schneider (1998). The characteristics of the context in

which the program was delivered were also taken into account as suggested by Chen's model (1998) for factors that are related to the implementation of a specific program.

In order to enhance the rigor of the qualitative analysis of the research interviews conducted, two basic strategies were utilized (Kalafat & Illback, 1998; Lincoln & Guba, 1985). First, the researcher was involved in the Safe Spaces program and attended both sessions of the Safe Spaces program training in June of 2003 and January of 2004. Second, data analysis was conducted according to Krueger's (2000) model for analyzing group interviews and Taylor and Bogdan's (1984) procedure for the discovery of themes in qualitative data. Audiotape analysis was conducted according to Krueger's procedure (2000) and the analysis involved a review of the tape-recorded interview materials and the construction of stories that represented the major themes in the data.

Transcript-based analysis was used as the basis of analysis for the present study. In accordance to Taylor and Bogdan's statement that qualitative data is an intuitive and inductive process (Taylor & Bogdan, 1998), data collected for the present study were analyzed and coded personally by the author. The long-table approach, described by Krueger and Casey (2000), was used as a technique for data analysis. The use of this technique and the process for looking for emerging themes, described by Taylor and Bogdan (1998), facilitated the analysis of the data and the identification of themes and categories, "You must force yourself to search your data for emerging themes or patterns: conversation topics, vocabulary, recurring activities, meanings, feelings, or folk saying and proverbs" (Spradley, 1980). Following Krueger and Casey's technique (2000), the analysis of the interviews followed the next steps: (a) reading through the interviews until the researcher has a good grasp of it; (b) making two hard copies of each transcript; one becomes the working transcript and one stays intact for future references; (c)

labelling the transcripts to identify where quotes are coming from after the transcripts are cut into little pieces for analysis; (d) arranging the working transcripts in a reasonable order (e.g., by categories of participants); (e) placing flip chart or newsprint paper on long tables, on the floor, or on the walls; (f) writing each question to be analyzed on the top of each page of newsprint; (g) cutting and categorizing by using different colours all the transcripts according to the questions formulated and the answers provided; (h) writing a descriptive summary of what each type of group said in response to the question by comparing and contrasting the answers; (i) deciding how much emphasis was given to comments or themes (e.g., frequency, specificity, emotion, and extensiveness); (j) after writing a descriptive summary for each of the questions, look across the questions to see what themes cut across the questions; and (k) writing a report following the questions asked or the themes emerged from the analysis, using the summaries written earlier to describe what was said about the questions or the themes.

Results

The primary purpose of the present study was to describe the implementation of the Safe Spaces program in five childcare settings through the perceptions of ECEs. The results are presented in four sections. In the first section, profiles of the participating ECE, profiles of the early childhood settings, and ECE beliefs about emotions are described. In the second section, implementation of the Safe Spaces program across each child care centres is described, including program adherence, program dosage and quality of program delivery. The third section, ecological factors at the level of the ECEs, or child care environment related to the implementation of the Safe Spaces program are presented. Finally, in the fourth section, the experiences of ECEs in implementing the Safe Spaces program, are described.

Profiles of ECE and Early Childhood Settings

All of the ECE in the sample ($N = 10$) were female and all held an Early Childhood Education License, the minimum requirement to work in an early childhood setting in the province in which the study was conducted. Seven of the ten educators reported additional education including, an Early Childhood Education Diploma with Special Education License ($n = 3$), a Bachelor's Degree ($n = 3$), and a graduate degree ($n = 1$). As noted in Table 1, three educators had less than 10 years of professional experience and the remaining seven had more than 10 years ($M = 12.66$, $SD = 6.99$ years). Four ECE had been teaching in the current location for more than 10 years, two of them for a period between five and 10 years, and the remaining four for less than 5 years ($M = 8.20$, $SD = 4.93$ years). Educators' ethnicity was representative of the urban centre from which the sample was drawn; five were Asian, three were Caucasian, one African, and one Arab.

Descriptive information regarding the implementation of the Safe Spaces program obtained from the ECE Background Questionnaire is presented by centre in Table 1. This information includes: understanding of the Safe Spaces program, frequency of implementation of the Safe Spaces program, time spent in the implementation of the Safe Spaces program, level of difficulty of the implementation of the Safe Spaces program, adequacy of time, and ECE beliefs about the benefits of the program. As can be seen in Table 1, there was little variability across each childcare setting with respect to level of understanding of the Safe Spaces program and belief that the program enhances children's social and emotional understanding. In contrast, variability across child care centres was found with respect to the difficulty incorporating the program into the centre's existing curriculum as well as the time available to implement the Safe Spaces program.

As noted earlier, early childhood education centres were chosen based on their representativeness of the range of socioeconomic and racial/ethnicity of the population from which the sample was drawn. Centres chosen for participation in the study represented a wide range of cultural, ethnic, socioeconomic, and linguistic backgrounds; however, a common characteristic was the high proportion of children whose home language was a language other than English. Descriptive information about the participating centres regarding type of centre, months implementing the Safe Spaces program, children's age range and an average of hours spend by children at centre are shown in Table 1.

In summary, findings from the background questionnaire revealed that ECEs shared similar characteristics regarding gender, minimum education requirement, level of understanding of the program and the belief that Safe Spaces is a beneficial program for children's social and emotional development. In contrast, educators were found to constitute a heterogeneous group regarding ethnicity, experience in teaching early childhood education, and assessing time availability and difficulty implementing the Safe Spaces program. Furthermore, analysis by centre identified different types of centres (i.e., daycare, preschool) and a wide range of children's cultural, ethnic, and linguistic backgrounds.

Descriptive information about ECE's beliefs about emotions was gathered using the ECE Beliefs about Emotions Questionnaire (Hyson & Lee, 1996). As described in the method section, ECE were instructed to complete the 23-item measure by reading each statement and checking their level of agreement that ranged from 1 "*Strongly disagree*" to 5 "*Strongly agree*." Table 2 presents the mean and standard deviation values by centre from the six subscales of the ECE Beliefs about Emotions Questionnaire (Hyson & Lee). ECE in this sample held an array of beliefs about emotions and about adults' roles in supporting the emotional development of young

children. An examination of the responses by ECEs from within each centre indicated that some centres were in exact agreement across each belief subscale and other centres had teachers who were in less agreement. For example Centre B reported identical scores on each item of the questionnaire. Less agreement on the expressive subscale among teachers was noted in three centres. Centre C teachers indicated less agreement on the protecting children from negative emotions subscale.

When examining the data collapsed across childcare settings, findings revealed that ECEs were in agreement that physically affectionate bonds with children were important ($M = 4.37, SD = .47$), and that describing to a child how she/he is feeling is important ($M = 3.45, SD = .55$). ECEs were also in general agreement that young children's ability to display and control their own emotions are important concepts to teach ($M = 4.40, SD = .56$). There was less agreement on some of the other subscales, as indicated by the range of scores on the subscales Instruction Modeling, ECEs' belief that they should provide direct models of expressing; Protect, teacher's belief that children should be protected from negative emotions; and Expressiveness, teacher's belief that they should express their own emotions, even negative emotions, around children. Whereas some of the ECEs indicated that they believed that children did not need to be shown how to express their feelings, other ECEs reported that they believed that children needed explicit models or demonstrations in how to express their feelings (scores ranged from 2.67 to 4.67, $M = 3.73, SD = .77$). Similarly, some teachers believed strongly that children should be protected from negative feelings (e.g., sad or worried), whereas other educators reported that they believed that children should talk about sad or upset feelings (scores ranged from 1.67 to 4.67, $M = 2.63, SD = 1.14$). Finally, whereas some ECEs reported that they believed that teachers should not express their own feelings around children, other ECEs reported that they believed

that teachers should “let their feelings out” in the classroom (scores ranged from 3.50 to 5, $M = 4.08$, $SD = .58$).

Implementation Integrity of the Safe Spaces Program

Implementation integrity refers to the degree to which an intervention is conducted as it was originally intended (Durlak, 1997). Data to determine the implementation integrity of the Safe Spaces program were gathered to evaluate program adherence, program dosage, and quality of program delivered.

Adherence. The degree to which program components were delivered as prescribed was determined based on the ECEs’ reports on the Safe Spaces Record Log. Adherence was reported as the percentage of core, additional, and all (core + additional) activities implemented of the total number of activities indicated by the curriculum.

The average percentage of adherence for the core activities was 83.33% ($SD = 17.73$, Range 50 - 100%) (see Figure 3), whereas the average percentage of adherence for the additional activities was 78% ($SD = 9.72$, Range 63.85 - 90%) (see Figure 4). Analysis of the degree of adherence of all the program activities (core and additional) per centre, revealed a wide range from 57.41% to 94.44%. On average, the participating centres implemented 80% ($SD = 12.69$) of the activities indicated by the curriculum (see Figure 5).

Analysis of the degree of adherence of all the program activities (core and additional) per module, revealed that Module Two, Friendly/Not Friendly, had the highest mean percentage of adherence with 85.86% ($SD = 9.69$), (Range 72.22 - 100%); followed by Module One, Safe/Not Safe, with 82.67% ($SD = 5.33$), (Range 73.33 - 86.67%); and Module Three, Four Universal Feelings, with 76.25% ($SD = 24.17$), (Range 31.25 - 100%). Module Four, Conflict Resolution,

had the lowest mean percentage of adherence with only 64% ($SD = 34.41$), and the widest possible range (0 - 100%), (see Figure 6).

On average, the percentage of adherence for the core activities (83.33%) was slightly higher than the one for the additional activities (78%) (see Figure 7). In Modules One and Two, the mean percentage of adherence of core activities was higher than the average percentage of adherence of additional activities (Module One: core activities: 96%, additional activities: 76%; Module Two: core activities: 100%, additional activities: 80%), but in Module Three the mean total percentage of adherence of additional activities (78%) was a little higher than the one of the core activities (73.33%) (see Figure 7). Module Four had no additional activities.

Dosage. Program dosage, described by Dane and Schneider (1998) as the frequency with which program techniques were implemented, was assessed by asking ECEs to report the frequency of implementation of additional activities using a rating scale described as follows: 1 = "Often," 2 = "Sometimes," and 3 = "Never." As noted in Table 3, the frequency with which additional activities were implemented was relatively high across participating centres; scores per centre ranged from 1.22 to 1.95 ($M = 1.61$; $SD = .12$). Centre C reported the highest frequency of implementation ($M = 1.22$; $SD = .18$) and Centre A reported the least frequency of implementation ($M = 1.95$; $SD = .09$). Similarly, the frequency with which additional activities were implemented was relatively high and similar across modules ($M = 1.64$; $SD = .13$). Module Three (The Four Universal Feelings) reported the highest frequency of implementation ($M = 1.58$; $SD = .60$) and Module Two (Friendly/Not Friendly) reported the least frequency of implementation ($M = 1.67$; $SD = .54$). Centre D did not report any scores for Module One and Three. Module Four (Conflict Resolution) had no additional activities.

Quality of program delivered. To measure quality of program delivery, described by Dane and Schneider (1998) as global estimates of session effectiveness, ECEs were asked to report the quality of activities delivered by responding to the question “If [activity] was implemented, in your opinion, how did it go?” and give an estimate of the quality of implementation using a rating scale that ranged (R) 1 “Very good” to 5 “Not good.” The average quality of implemented activities per centre was 4.49 ($SD = .5$, scores ranged from 3.65 to 4.95) (see Figure 8). An analysis of the data by centre indicated that four out of the five centres reported a quality of program delivered above 4, and only in one centre (Centre B) was the quality of program delivered below 4 (3.65). The average quality of implemented activities per module was 4.47 ($SD = .13$); scores ranged from 4.35 to 4.64) per module (see Figure 9). Module three received the lowest score (4.35) and module one received the highest score (4.64) (see Figure 8).

Ecological Factors Related to the Implementation of the Safe Spaces Program

One of the goals of the present study was to describe some of the ecological factors, at the level of the ECEs and child care settings that were related to the implementation of the Safe Spaces program in the participating child care centres. The following ecological factors were found to be related to the implementation of the Safe Spaces program based on the ECEs’ Background Questionnaire, the Belief’s About Emotions Questionnaire and the Interviews ².

An analysis of the data by centre indicated that four out of the five centres were found to have implemented the Safe Spaces core activities with a percentage of adherence above 80%.

Only one centre (Centre E) was found to have implemented the core activities of the program

² Note that due to the small sample size used in the present investigation, the possible relation between the ecological factors found and the implementation of the Safe Spaces program represents the author’s interpretation, based on the understanding of the implementation evaluation theory and the knowledge acquired about the Safe Spaces program.

with a percentage of adherence below 60%. In terms of additional activities, three centres were found to have a percentage of adherence above 80%, and two centres between 60% and 80%. Combining both types of activities (core and additional) it was found that three centres had a percentage of adherence above 80%, one centre between 60% and 80%, and another centre below 60% (Centre E).

Ecological factors, identified from the analysis of ECE interviews and the background questionnaire, found to be related to low percentages of adherence in this study, can be classified in four categories: (a) factors related to the implementation system, (b) factors related to the implementer, (c) factors related to the setting in which the program was implemented, and (d) factors related to the participants. Each of these in relation to the implementation of the Safe Spaces program will be discussed next, in turn.

Factors related to the implementation system that may have influenced the program implementation adherence included: training attendance difficulties and ECE perceptions of the training (e.g., ECEs not able to attend both training sessions, training activities not perceived as engaging), and situations related to availability and features of the program materials (e.g., inability to use the same program materials in a large group of children at the same time; the number of books were considered by some ECE as not enough; or certain books were considered difficult to understand for younger children).

Among the factors related to the implementer, one that may have influenced the program implementation adherence was time practicing the program. This may be one of the main reasons that explain why Centre E, the centre with the lowest percentage of adherence (57.4% for all the program activities), was also the one with the least amount of time practising the Safe Spaces program (5.5 months as opposed to 12 months for every other setting). Additionally, years of

experience in early childhood education may have also influenced implementation adherence; the centre with ECE that had the lowest amount of years of experience teaching in early childhood education (7 years compared to 13.87 years of experience, the average for all the other centers), was the centre with the second lowest percentage of adherence for the additional activities (69.7% compared to 80.06%, the average of all the other centres). One related factor that may explain the relation between experience and adherence is the level of difficulty reported by ECE in incorporating the Safe Spaces concepts in the centre. That is, the centre with educators that had the lowest amount of years of experience teaching in early childhood education, rated the question “How difficult is it to incorporate the Safe Space concepts into your centre” with a score of 3 (“somewhat difficult”) whereas, the other centres rated the same question with a score of 4.75 in average (5 being “not difficult”).

Two ecological factors related to the setting in which the program was implemented that may have influenced the program implementation adherence are: the time children spent in the centre and the centres’ regular curriculum. Two out of the five centres were preschools and ECE from these centres felt that sometimes they did not have enough time to carry out all the activities of the program due to the short time children spent at the centre (about two-and-a-half hours per day, two to three days per week), while the other three centers were daycares where children typically spent an average of eight hours per day, five days per week. Additionally, ECE expressed limitations to incorporating all the Safe Spaces activities into the regular curriculum; this is reflected in the following statement: “Now and then, we inject the [Safe Spaces] program, because we are teaching other stuff too.”

Factors related to the participants that may have influenced the program implementation adherence include: children’s age, language barriers, and participants’ responsiveness. In regard

to the age of children, it was expressed by the educators that some of the concepts, activities or materials of the Safe Spaces program were sometimes too complex for younger children; this is reflected in the following quote: “Some pictures are really hard for the younger kids to comprehend.” Language barriers were identified by ECE as a factor that limited the pace in which children acquired the Safe Spaces concepts. As some educators pointed out: “You have to do it very slowly according to the pace of the ESL children;” “We need a lot of time to talk with the students, because first: some of our children don’t have the language or are still learning it;” “The friendly jar is probably a very good concept, but the children need to be good in English skills.” It is important to take into account that all participating child care centres had a large ESL population. Finally, some activities were not carried out as intended because of poor participant responsiveness (e.g., some children were a little bored, or they could not understand the concepts taught during certain activities). However, it was not always the children’s responsiveness but also the parents’ responsiveness, as indicated by this educators’ statement: “We didn’t set up the baby gallery because some families didn’t have the baby picture of their children.”

Another goal of this study was to find out if the implementation of the Safe Spaces program was influenced by the ECEs’ beliefs about emotions. Despite the fact that all participating teachers answered with the highest score (5 = “*very beneficial*”) when asked to rate the importance of the Safe Spaces program concepts in enhancing the social and emotional learning of young children, there was a wide range in the percentage of all (core and additional) activities implemented per centre (range from 57.4% to 94.4%). The educators’ score in the expressiveness subscale of the Beliefs about Emotions Questionnaire may have influenced the percentage of core activities implemented in each centre. For example, Centre E had the lowest

mean score in the expressiveness subscale ($M = 2.62$) and Centre D the second lowest ($M = 3.12$); similarly, Centre E had the lowest percentage of core activities implemented (50%), and Centre D had the second lowest (81.7%).

Regarding the ecological factors affecting the quality of program delivered for Safe Spaces in this study, factors related to the implementation system and to the implementer, did not seem to have played an influential role. However, two factors related to the setting in which the program was implemented that may have influenced the quality of program delivered were: the frequency of use of the Safe Spaces concepts and activities, and the centres' regular curriculum. The frequency of use of the Safe Spaces concepts and activities seemed to be related to the quality of program delivered. For example, the centre that reported the lowest score in the quality of program delivered (3.7 in a scale from 1 to 5) was the same centre that used the Safe Spaces program concepts and activities less frequently (on a monthly basis). Interestingly, the two centres with intermediate scores in the quality of program delivered (4.5 and 4.5) were the ones that used the program between weekly and monthly, and the two centres with the highest score in the quality of program delivered (4.8 and 5) were the ones that used the program more frequently (on a weekly basis). Regarding the centre's regular curriculum, ECEs expressed limitations in the use of the entire Safe Spaces program on a regular basis due to conflicting time availability with regular curriculum activities.

Finally, ecological factors related to the participants that may have influenced the program quality of program delivered were the same that may have influenced program adherence: children's age, language barriers, and participants' responsiveness. Children's age, language barriers, and participants' responsiveness not only determined if certain activities were implemented or not, but also, once implemented, they seemed to have influenced the quality of

the result of these activities when carried out. Some examples are illustrated in the following quotations: "...not the best pictures, children couldn't understand them, they couldn't discern what was going on;" "[children] couldn't understand..."; "children were a little bored"; "[children] didn't respond with a lot of stories about being sad."

Experiences of ECEs Implementing the Safe Spaces Program

In order to obtain ECEs' experiences implementing the Safe Spaces program, semi-structured interviews were conducted with pairs of participating ECEs. These interviews asked ECE to comment and reflect on their experiences with the Safe Spaces program, as well as to provide their assessment of the Safe Spaces program. Before presenting these results, it is important to consider the following caveats.

First, it is important to note that the results presented in this study represent the viewpoints of the participants, hence, their thoughts and ideas about the Safe Spaces program and its implementation should not be interpreted as objective facts. Second, because ECEs were selected for their personal involvement in the implementation of the Safe Spaces program, their comments were considered as a representation of the experiences lived in each of the participating centres. An attempt was made to assess whether a particular viewpoint was expressed by several participants in each centre and across centres or by only one or two participants and this finding is indicated in the text. Third, although strong and consistent themes emerged across the participants' reports, it is important to consider that there were individual differences among centres, particularly in their demographic characteristics, service provided (i.e., daycare or preschool), and resources, that limit the degree to which any specific themes can be used to apply to a particular centre. For example, in one centre children attend consistently for a year or more and in another centre children only stay for two to three months. Other

characteristics that vary included the proportion of immigrant and refugee families, the number of languages spoken in the centre, and the centre administration, for example one centre was housed in a community centre and another was administered by an immigrant society.

Factors affecting program adoption and implementation. The following eight factors were found to affect program adoption and implementation.

1. *Early Childhood Development Support Structure.* All of the participants reported that the support of the community-based facility, Westcoast Childcare Resource Centre, was an important resource prior to the introduction of the Safe Space program. Participants noted that they relied on the resources in the centre library and personnel at the centre to support programming, in general, and to introduce new staff to training opportunities to develop new skills. Each ECE interviewed noted that they were first introduced to the program by either hearing about it directly from Westcoast or from other ECEs who had provided them with positive reports about Safe Spaces. There was a sense that Westcoast was a resource that ECEs felt comfortable with and supported by in a collaborative way, rather than a “top down” distributor of knowledge. All of the participants referred to the Westcoast Resource Centre staff on a first name basis and felt comfortable “going to Westcoast to get more support” for the Safe Spaces implementation. They reported that personnel at Westcoast were knowledgeable about the Safe Spaces “kit” and they relied on them to supplement the materials. Taken as a whole, these positive reflections on the Westcoast Childcare Resource Centre indicated that a pre-existing positive relationship with the program provider facilitated both the adoption of and receptivity to implementing the program.

2. *Time.* One important factor that was uniformly reported by informants that influenced the implementation of the program was time. All of the participants reported that the program

required time for the ECE to learn how to implement both at centre time and how to implement it across the curriculum throughout the day. Additionally, four educators reported that they might not have the opportunity to go through the whole program with each child because some children do not attend the program full time or they stay in the program for a short period of time (i.e., in one centre children spend an average of 2-3 months). Further, one educator reported that the program was “not easy” because the children really need “a lot of time to get the concepts.” Finding time to integrate the program while meeting other curricular requirements was seen as a solution, but also as a challenge as educators felt that meeting the needs of the “regular” curriculum was difficult to cover in the time they had.

3. *Flexibility of Materials and Program Delivery.* Half of the educators made specific comments about the quality of materials and the ease with which they understood the essential components of each module by reading the manual. The program was not organized in a rigid structure where the educator needed to move from “a to z.” They noted that the activities ‘start from very simple and they go to more complex, so when it comes to the problem solving module’ at the end of the program, “the children already have the vocabulary.” All of the teachers felt comfortable to talk about the concepts “again and again and again.” They felt that the activities could be called forth to accommodate a new circumstance (e.g., “if a child is new, we can do ‘This is our Friend Song.’”) or the activities were appropriate to repeat as many children at this age learn “by repetition” and it was important to “remind themselves” of the concepts ongoingly throughout the year. The concepts were “easy to understand” and some educators reported that they were confident finding alternative or additional materials that were “appropriate for these children to get a better idea” if they encountered children that needed to spend more time on a concept. The books provided in the kit were a good resource; however, one

educator indicated that a longer list of books could enhance the ease with which educator sought out additional resources.

4. *Developmental Appropriateness.* Viewpoints about the developmental appropriateness varied. Some educators reported that the program was easy for the children to understand, despite the fact that many of the ideas may be new to them. One educator reported this sentiment by noting, "It makes sense for the child. They are able to understand the concept and that carries on for the rest of the child's life." Another reflected that the concepts in the program had a direct impact on behaviours in the centre because of their meaningfulness to this age group. She noted that by focusing on positive behaviours, such as "How did you help your friend today?" negative behaviour was declining. It was noted several times that the "Friendly Jar" helped reinforce the program concepts in a very concrete way. After a kind or friendly gesture records are placed in the jar by educators or children and later the contents of the jar are shared with the class. Two educators in one centre noted that the children like that "they are acknowledged' publicly and look forward to the sharing of the contents. Five educators reported that many of the concepts were not developmentally appropriate for some of the younger children, specifically those children under three years of age. These activities included the Friendly Jar, some of the pictures, some of the books, and some of the language concepts. Additionally, many of the children in the centres had English as a second language. An educator noted that "at the beginning it is difficult because of the language barrier, we can see that they have the concepts but they cannot express that they know the concepts because of the language." It was noted that the inclusion of visual materials included in the program were beneficial for teaching linguistically younger or ESL children.

5. *Learning the Language of Safe Spaces.* Some of the initial impressions that educators in one centre expressed in interviews were that the program gave them a common language to create an environment where children felt safe to express themselves and to behave in a way that was caring and safe for both themselves and others. One educator expressed this idea in the following manner:

In the past we did focus on social skills, but maybe it wasn't organized, and maybe each teacher used a different approach. We tried to develop common steps in the centre but of course everyone was different. Everybody uses different words. The program ...allows us to follow the same routine, follow the same steps, and to use the same key words.

Another noted that "the words are very simple and direct, especially with ESL children," and further that "the simplicity gets to the children's systems right away." The "new" language of the program takes time for both the educators and children to adopt. One educator initially expressed discomfort using the "not" word. She noted:

In the program, we don't use NOT words. Sometimes I have to say not friendly/not safe. So, we are using the words, sometimes I feel that they're always using NOT, but we don't say, "No, don't do that," we don't say this, we say yeah, it's not OK to hurt your friend. It's not friendly to hurt your friend. So, that, at the beginning I was thinking, "Would I use this NOT word?" But, it works, so yeah.

One educator noted that children took some time to learn the language of Safe Spaces, as well. She noted that it was not until Module Four that she observed the children using the Safe/Not Safe Language. "They were taking action, we could see that the language wasn't really a barrier, because they knew that and they would sometimes call us, and say that somebody was doing something that's Not Safe, you know." One educator thoughtfully described this as "turning a light on" when the children started to use the language of Safe Spaces.

6. *Experience Plays a Big Role.* Four educators indicated that Safe Spaces was easier to implement when educators relied on the collective experience of the centre. One educator noted that experience helped ECEs to quickly understand the activities that are suggested in the program, "We are a strong staff here. We have got lots of ideas in the back of our heads. We can quickly look at their [Safe Spaces program] ideas and get the message of what they are trying to do, follow their script, and then do it." The same educator noted that "for somebody fresh out of ECE diploma program, when you haven't got all that in the back of your head, it will be hard." One participant commented that she relied on another educator's experience to provide her with models of how to implement the program. I followed [her] lead, because she'd seen it, she did it, and then I supported her." Furthermore, educators thought that implementing the program was a learning process, "I did have to study the binder, even though I went to the training."

7. *The Part that Families Play.* All of the ECEs consistently indicated that family understanding of the program concepts and language would be beneficial for the children. Several of the centres noted the ways in which they had attempted to introduce the program to parents. For example, program concepts were shared with parents at family nights, through the centre newsletter, displaying the children's answers to the problems posed on the conflict resolution module on the wall in the centre, and through an individualized "memory book" for

each child to take home and share with their parents. From the educators' perspective, there were barriers to sharing the program concepts with the families. Many parents did not take the time to connect with the daycare staff when they picked up their children and several of the families did not speak English in the home. In one centre it was reported that there were 17 different languages spoken by parents and educators had difficulty explaining the program to parents and conveying how it could be reinforced in the home. On the other hand, one educator reported that a parent had commented to them after looking at posters of the program that were displayed in the classroom, "This is why my kid is saying these things at home." Some parents expressed more interest in the program than others. An educator heard a parent comment that "her son came home and she [the parent] did something and the son said, 'That is not friendly!'" These comments confirm that the program concepts were clearly learned by some of the children and they were able to transfer the understandings across two environments, an underlying intent of the Safe Spaces program.

8. *Mentoring Support.* In response to the question regarding the factors that promote or impede the implementation, all ECEs were positive about the opportunities to connect with the program mentor offered by the Westcoast Childcare Resource Centre. Educators felt that personal visits by the mentor provided an opportunity to get feedback on instructional effectiveness and tips on new ways to explore the concepts. Additionally, one educator commented, "Children like to see someone else come in, and do circle time, and say, 'Oh this teacher is doing the same thing, so we are learning about that.'..They like to hear the same thing from another teacher, instead of me doing it." There was a sense that the mentor had a deep understanding of the program concepts and was able to make connections across the modules.

Factors Affecting Program Maintenance. The following two factors were identified as factors affecting program maintenance:

1. *Existing curriculum.* Direct questions addressing the maintenance of the program revealed that educators regarded existing curriculum as both an impediment and a factor in maintaining the program. Eight ECEs reported that in their centre, “we were thinking along the same... So, the program is very similar. Safe Spaces is just an enhancement of what we were doing,” and another noted, “It is not hard because it relates to our topic of the month. It is really easy to incorporate to the subject.” On the other hand, two educators from the same centre felt that they were busy implementing existing program curricula and Safe Spaces took second place to this priority. This is revealed in the following statement, “Now and then we inject it in because we are teaching the other stuff.”

2. *Values.* All of the educators noted that the essential components of the Safe Spaces program resonated with their values and this influenced the importance of maintaining the underlying intent and concepts of the program, “It connects with our values, like we need self-acceptance, we need self-esteem, and respect to others.” One educator noted that her first purpose in teaching children is to “teach them how to relate to one another.” This theme consistently was expressed by all of the educators, all of whom implemented the program with high adherence and dosage.

ECEs’ Recommendations for Successful Program Implementation. ECEs’ recommendations for successful program implementation are described as follows.

1. *How to improve the program.* Recommendations for program improvement are described as follows: (a) keep the concepts simple: All of the educators felt that program materials and concepts needed to be kept simple to ease the children’s understanding and

transferability from centre to home; (b) more emphasis on diversity: In urban centres, more “options are necessary in order to adapt the program to implement according to group needs.” For example, if there was a translation of the video, parents could take this home and view it and be able to extend the program beyond the daycare/preschool environment; (c) preparation for disclosures: Four educators from two centres felt that the program should teach them how to handle disclosure as expressed by this educator’s opinion “Children are opening up, they understand what is safe and not safe and we are getting a lot of disclosure which is overwhelming for us;” and (d) expand the activities to build family support: All of the educators felt that it was important to involve the parents in the process of implementation of the Safe Spaces program as expressed by this educator’s opinion, “...relationships with parents are important, so you are supported in that way...”

2. *How to support the ECE who deliver the program.* Recommendations are described in three categories: (a) demonstrations of implementation are important: All of the educators felt that demonstrations of effective implementation were needed to maintain support and understanding of the program at a local level. The feedback and connections deepen the ECEs’ understandings and improve their sense of self-efficacy in delivering the program; (b) each centre should have a “champion” or advocate: In some of the centres it was very difficult to identify who was the leader and where it was a team effort. Although the team effort would be ideal, at least one enthusiastic member should promote the program to staff, stay connected to the mentor, and promote the extensions of the program throughout the day. One supervisor described one “champion” as an educator who gained proficiency in implementing the program and this effort has inspired others; and (c) provide a flexible training model: Staff turnover in daycare/preschool centres occurs often. Educators from one centre noted that there was difficulty

getting all staff to both training sessions. In other centre, two ECEs felt that the manual was easy to understand if others in the centre could provide the implementation demonstrations. Two other ECEs felt that alternatives to training for new staff should include video or additional in house training sessions.

Discussion

The primary purpose of the present research was to describe the implementation of the Safe Spaces program across the participating childcare settings. Its focus was to identify and describe some of the environmental variables, such as the ECEs' background, children's characteristics, and childcare environment that could have been related to the implementation process of the Safe Spaces program from the ECEs' perspectives. To accomplish this, five child care centres from a large western Canadian city were chosen to participate in this exploratory study. From these child care settings, 10 ECEs (two from each of the child care centres) who had recently received training or were about to receive training in the implementation of the Safe Spaces program accepted to participate.

More specifically, the present study aimed at addressing the following three questions: (a) to what degree were all of the components of the program implemented? (b) how were ecological factors at the level of the ECEs, or child care environment related to the implementation of the Safe Spaces program? and (c) what were the experiences of ECEs in implementing the Safe Spaces program? To answer these questions, and in accordance with Greenberg (2004), who highlighted the importance of using multiple methodologies including the use of descriptive studies when conducting research in the field of school-based prevention, data were gathered through both quantitative and qualitative approaches. The Safe Spaces program implementation integrity data were analyzed using the multi-dimensional aspects of

implementation (e.g., program adherence, program dosage, quality of program delivery, and participant responsiveness), as outlined by Dane and Schneider (1998).

Results from the present study demonstrated an average of 80% of program adherence and an average of 1.61 of program dosage, based on a rating scale that ranged from 1 = "*Often*," to 3 = "*Never*", to the Safe Spaces program curriculum in the participating centres. Additionally, the average of quality of implemented activities per centre was 4.49 based on a rating scale that ranged from (reversed) 1 "Not good" to 5 "Very good." The percentage of program adherence is relatively high considering that empirical research has found lower levels of program adherence in previous implementation evaluation studies. For example, a national probability sample of 3,691 school-based prevention activities (operating in the spring of 1998), used to describe the quality of implementation, compare the quality of implementation or prevention practices with typical prevention research, and test hypotheses regarding the predictors of the quality of implementation of school-based practices, found that only a 61% of prevention activities were conducted (Gottfredson & Gottfredson, 2002).

As stated by Greenberg (2004), one of the most important questions to address regarding implementation evaluation is what factors influence the quality of implementation. "Research should focus on a variety of factors including the curriculum model and the implementation support system, as well as non-program factors involving characteristics of teachers, students, and policies and regulations of school and governmental bodies" (p.10). Similarly, ecological factors related to the implementation system, the implementer, the setting in which the program was implemented, and to the participants were identified in this study as factors that may have been related to the implementation of the Safe Spaces program. These results are in agreement with Chen's model (1998) for factors that are related to the implementation of a specific

program. The most important ecological factors identified in this study related to the implementation system were: aspects regarding training, and technical support and quality of materials. Ecological factors regarding the implementer were: experience teaching ECE and practicing the concepts of the Safe Spaces program, and their appreciation of the level of difficulty in implementing the program. Ecological factors regarding the setting in which the program was implemented were: regular curriculum and time spent by children at centre. Ecological factors regarding the participants were: age, language barriers and responsiveness.

The present study supports the idea that identifying the main ecological factors that are related to the degree to which a program is implemented is of critical importance to better understand the implementation process and to develop more effective program implementation evaluations. An important implication of this study is that it could be of great benefit to program developers to determine if the Safe Spaces program is being implemented as intended and to identify the factors that facilitate or impede the program's successful delivery. This knowledge could help them make the necessary adjustments before program effectiveness is assessed since it is difficult to determine whether the lack of positive outcomes is due to a poorly conceptualized program or to an inadequate or incomplete delivery of the prescribed services (Dane & Schneider, 1998). The results presented here, along with child outcome studies, could assist policy makers in decision making around early childhood universal SEL programs. Furthermore, this study serves as reference for other researchers who are undertaking implementation evaluations of universal SEL programs designed for preschool-aged children.

It is important to be aware of the limitations of the present research. One limitation is that, given the small sample size, as well as the diversity of the sample, one must use caution when generalizing these findings to other populations. This sample size also imposes limitations

on the use of several statistical analysis methods. The Beliefs about Emotion Questionnaire (Hyson & Lee, 1996) was selected in the present study due to its relation to the Safe Spaces program's main topic: emotions. In using this measure, one must be aware of the low level of the Cronbach's alphas reported in the original article (i.e., reliability analysis of the scale in the original article showed alphas ranging from .41 to .61 with an average alpha of .51). Moreover, because of the small sample size, no statistical analyses could be conducted. It certainly would behoove future researchers evaluating the effectiveness of social-emotional competence promotion programs to include with their measures of implementation a measure assessing educators' beliefs about emotions in the classroom with a much larger sample than the one used herein. Another limitation is that this study used implementers as the only source of information to evaluate program implementation; therefore, it reflects their particular perspective. Although it is known that educators' confidence in the effectiveness of an intervention, and in their own knowledge and skills, affect the ability to deliver a program successfully (Elliott, 1988), implementers' scope of the implementation is limited. For this reason, other researchers have used not only implementers as a source of data for the purpose of implementation evaluation, but also have assessed the support and leadership of the school principal (Kam et al., 2003) and participants' responsiveness (Kazdin, 1981).

This study raises many questions about the factors that are related to the successful implementation of SEL programs for preschool-aged children. To answer these questions, additional theory-based studies that use bigger samples and that include not only implementers' perspectives, but also assess child care supervisors' support, and participants' responsiveness using classroom observations of student behaviours during program activities are necessary. Additionally, as suggested by Greenberg (2005), researchers should work with stakeholders (e.g.,

school leaders, community leaders and families) involved in projects to identify the potential barriers to implementing a program specific to a community and to develop effective strategies to address them. Collaborative efforts that are research-based could offer a better chance for successful implementation of preventive programs that effectively enhance children's social and emotional development.

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Appendix I

**“Safe Spaces and Early Childhood Development” Project,
Examining Implementation Research Plan for 2003-2004:
Information for Early Childhood Educators in Participating Centres**

Date: December, 2003

Contacts:

Principal Investigator: Kim Schonert-Reichl, Ph. D.

Associate Professor

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Website: www.wstcoast.org

Project Co-ordinator: Angela Jaramillo, B.A.

UBC Graduate Students, Faculty of Education

Phone: 604-822-3420

What is the purpose of this study?

- The purpose of this study is to examine the different ways in which the Safe Spaces program is implemented across a variety of early childhood education centres.
- This evaluation will assist Westcoast Child Care Resource Centre in determining whether or not current implementation supports (e.g., training, curriculum materials, mentoring) are adequate for delivery of the Safe Spaces Program.
- **In this project, we are not in any sense examining EC educators' expertise with the program.** We are only interested in determining different ways in which the Safe Spaces program is implemented and the factors that promote or impede its full incorporation into a preschool curriculum.

- This research project is part of a The Consortium for Health, Intervention, Learning and Development (CHILD) research initiative -- a multi-disciplinary, academic-community partnership project established to undertake research that responds to identified community needs and interests for the health of children 0 to 6 and their families. The Project will contribute to improved evidence-based policy development and more effective advocacy work, and ultimately provide better conditions for healthy child development in British Columbia and elsewhere.
- Funded by the City of Vancouver, the Safe Spaces program was first piloted with young children in a Vancouver child care program. Since that time, the Safe Spaces program has grown tremendously and is now being implemented in 24 centres across British Columbia. This study will be the first of its kind to examine the program's implementation across a variety of early childhood education centres.

When will this study take place?

December, 2003	Initial contacts with centres
January, 2004	First questionnaires/short interviews with two centre staff Set up Record Log of implementation of Safe Spaces
June, 2004	Individual interviews with two program staff Record implementation of Safe Spaces

PLEASE NOTE: PARTICIPATING CENTRES WILL BE PROVIDED WITH THE *SAFE SPACES* MATERIALS VALUED AT \$400.00 FOR THEIR PARTICIPATION IN THIS PROJECT.

What will the ECE centre staff be asked to do?

- Two centre staff will complete a brief questionnaire and interview on their background and their experiences/perspectives on the Safe Spaces program.
- Complete a monthly log sheet of Safe Spaces' activities that are implemented.
- Two centre staff will participate in an individual interview in order to obtain more in-depth information of the EC educators' implementation experiences with the Safe Spaces program. These interviews will be approximately 1/2 hour.
- Co-ordinate with the Project Co-ordinator times that are convenient for setting up questionnaire distribution and interviews.

What do we need from each Centre?

1. A convenient time to co-ordinate logistics of the evaluation.
2. A central contact person at the centre who will serve as a liaison.

Appendix II

December, 2003

**Department of Educational and Counselling
Psychology, and Special Education**

Faculty of Education

2125 Main Mall

Vancouver, BC, Canada V6T 1Z4

Dear Early Childhood Educator:

You have been selected to be a participant in a research project that we are conducting entitled "**Safe Spaces and Early Childhood Development.**" This study is a partnership between several staff members at Westcoast Child Care Resource Centre (Deborah McNeil, and Sarah Chapman-Chen) and researchers at the University of British Columbia (Dr. Kim Schonert-Reichl, Angela Jaramillo, Veronica Smith) to examine the process of implementation of the *Safe Spaces* program. This project is being funded by the Social Sciences and Humanities Research Council (SSHRC). **Early Childhood (EC) Educators who participate in this study will receive a copy of the results. In addition, we will present the results of this study to all participants at the completion of the study.** This study is the first of its kind in Canada examining the innovative program, *Safe Spaces – A Bullying Prevention Program for Young Children*. Listed below are several aspects of this project that you need to know.

Purpose: The purpose of this study is to examine the ways in which the *Safe Spaces* program is implemented across a variety of early childhood education centres in Vancouver. This evaluation will assist Westcoast Child Care Resource Centre in determining whether or not current implementation supports (e.g., training, curriculum materials, mentoring) are adequate for delivery of the *Safe Spaces* program. **In this project, we are not in any sense examining EC educators' expertise with the program.** We are only interested in determining different ways in which the *Safe Spaces* program is implemented and the factors that promote or impede its full incorporation into a preschool curriculum.

Study Procedures: Two EC educators from each of the participating early education centres will be asked to complete a questionnaire that asks information about their background, level and amount of training in the *Safe Spaces* program, access to *Safe Spaces*' classroom materials, understanding of the program, and current practice in each of the essential components of the *Safe Spaces* program. These EC educators will also be asked to keep a brief record of the components of *Safe Spaces* program that are delivered on a weekly basis in their centres. This recording protocol will address which components are delivered during group times, incidental playtime activities, or by engaging parents in home activities. Questionnaire completion will take approximately 2 hours in total. For each participating centre, the two EC educators who complete the questionnaire will be also be invited to be individually interviewed by one of the researchers in order to obtain more in-depth information of the EC educators'

implementation experiences with the Safe Spaces program. These interviews will be approximately 1 hour.

Remuneration/Compensation: Participating centres will be provided with the *Safe Spaces* materials (e.g., books, puppets, other materials) which they now have on loan from Westcoast Childcare Resources. These materials are valued at approximately \$400.00.

Confidentiality: All of the information provided on the questionnaires will be kept completely confidential and will not be available to the program developers, Safe Spaces mentors, or any other preschool personnel. **No specific EC educator will be referred to by name or identified in any way in the report of the results of this study. Names will be removed from questionnaires and replaced with ID numbers. Questionnaires will kept in a locked file cabinet in my research office at UBC.**

Contact: If you have any **questions or concerns regarding the Safe Spaces program, activities, and materials**, please do not hesitate to contact Westcoast Multicultural and Diversity Services at 604-709-5661.

If you have any **questions about this research project**, please do not hesitate to call us at 604- or e-mail me at: If you have any concerns about your treatment as a research participant, you may contact the Research Subject Information Line in the UBC Office of Research Services at Participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time, even after signing this consent form. Refusing to participate or withdrawal will not jeopardize your job or professional standing in any way.

Please keep a copy of this consent form for your own records.

Sincerely,

Kim Schonert-Reichl, Ph.D.
Principal Investigator

Angela Jaramillo
Project Coordinator

CONSENT FORM

Study Title: “Safe Spaces and Early Childhood Development”

Researchers: Kimberly A. Schonert-Reichl, Ph.D.
Angela Jaramillo
University of British Columbia
Department of Educational and Counselling Psychology, and Special Education

(KEEP THIS PORTION FOR YOUR RECORDS)

I have read and understand the attached letter regarding the study entitled **“Safe Spaces and Early Child Development.”** I have also kept copies of both the letter describing the study and this permission slip.

_____ Yes, I will participate.

Signature _____

Please Print _____

Date _____

✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

(DETACH HERE AND RETURN)

I have read and understand the attached letter regarding the study entitled **“Safe Spaces and Early Childhood Development.”** I have also kept copies of both the letter describing the study and this permission slip.

_____ Yes, I will participate.

Signature _____

Please Print _____

Date _____

Appendix III

ECE Background and Belief Questionnaire
--

Name: _____ Daycare/Preschool: _____

Date: _____

Section One: Please tell us a little bit about yourself.

1. Are you? Male Female

2. To which ethnic or cultural group(s) do/did you or your ancestors belong? (Check **all** that apply to you)
 - _____ African/Caribbean
 - _____ Asian (Chinese, Japanese, Vietnamese, Korean, etc.)
 - _____ Arab/West Asian (Armenian, Egyptian, Persian, or Iranian, Lebanese, Moroccan)
 - _____ European (Italian, French, German, Austrian, English, etc.)
 - _____ First Nations (Native, Indian, Aboriginal)
 - _____ South Asian (Indo-Canadian, East Indian, Pakistani, etc.)
 - _____ Other (please describe) _____

3. What is your educational level (Check **all** that apply)?
 - _____ Some Undergraduate Coursework
 - _____ Early Childhood Educators License
 - _____ Post Basic Special Needs License
 - _____ Post Basic Infant-Toddler License
 - _____ Early Childhood Educators Diploma
 - _____ Early Childhood Educators Certificate, working toward 500 hrs.
 - _____ Bachelor Degree
 - _____ Master's Degree
 - _____ Other _____

4. Please describe any additional programs or certificates that you have that are related to your work with children.

5. How many years have you been teaching in an ECE program in total? _____

6. How long have you taught in your current location? _____

7. Currently, how many hours a week do you work?

6. Do you have adequate time to incorporate the *Safe Spaces* concepts into your centre?

1	2	3	4	5
Not enough time		Somewhat adequate time		Enough time

7. How strongly do you believe that the concepts in the *Safe Spaces* program are beneficial in enhancing social – emotional learning in young children?

1	2	3	4	5
Not beneficial		Somewhat beneficial		Very beneficial

Thank you for completing this questionnaire. Your responses will help us better understand the Safespaces Program.

Safespaces and Early Child Development Research Team
MCRI and CHILDS Project, University of British Columbia

Appendix IV

ECE's Beliefs About Emotions Questionnaire

For each sentence, circle the number that describes **HOW TRUE** it is for you.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Don't agree or disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. People are better teachers if they aren't emotionally involved with the children.	1	2	3	4	5
2. It's good to hug and touch children affectionately throughout the day.	1	2	3	4	5
3. In my classroom, I avoid being physically affectionate or "huggy" with the children	1	2	3	4	5
4. Children need to feel emotionally close to their teachers	1	2	3	4	5
5. It's good for a teacher to let children know when she is feeling angry	1	2	3	4	5
6. Teachers should "let their feelings out" in the classroom	1	2	3	4	5
7. When I am upset with the children's behaviour, I try hard not to show it	1	2	3	4	5
8. I constantly show the children how much I love them	1	2	3	4	5
9. When a child is angry because another child won't share a toy, I often tell the child exactly what words she could use to express her feelings.	1	2	3	4	5
10. Teachers should avoid showing children how to express their feelings.	1	2	3	4	5
11. I think it's better for children to figure out how to express their feelings on their own, instead of having the teacher show them how.	1	2	3	4	5
12. When one of my children is upset about something, I usually try to put into words how he or she is feeling.	1	2	3	4	5
13. I often label the children's feelings for them, such as " You seem worried about our trip to the swimming pool."	1	2	3	4	5

14. When children are upset or angry about something, it's not the best time to talk about their feelings.	1	2	3	4	5
15. I believe that some teachers spend too much time talking to children about their feelings.	1	2	3	4	5
16. I spend a lot of time talking to children about why they feel the way they do.	1	2	3	4	5
17. Children in my class are too young for me to discuss the causes of their feelings with them.	1	2	3	4	5
18. Teachers should not read children stories that might make them sad or worried.	1	2	3	4	5
19. Children should be taken to funerals and other family events, even if they might feel sad or upset as a result.	1	2	3	4	5
20. If a class pet died, I would not tell the children because they might become too upset.	1	2	3	4	5
21. Children the age of those I teach are really not ready to control the way they express their feelings.	1	2	3	4	5
22. Children in my class are really too young to display their feelings in "socially acceptable" ways.	1	2	3	4	5
23. As a teacher, it's important for me to teach children socially acceptable ways of expressing their feelings.	1	2	3	4	5

Please provide any additional comments that might be important for us to know as part of this evaluation.

Thank you for completing this questionnaire. Your responses will help us better understand the Safespaces Program.

Safespaces and Early Child Development Research Team
MCRI and CHILDS Project, University of British Columbia

Appendix V

Record Log of Implementation of Safe Spaces

Name: _____ Date: _____

Daycare/Preschool: _____

❖ Section One: Module 1 – Safe/Not Safe

Safe Spaces Module 1: Curriculum Activities1. Did you post the Safe Centre Rules and pictures for families to see? Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

2. Did you set up a baby gallery? Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

3. Did you tell the story of “*Five Little Babies Bouncing on the Bed*”? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

4. Did you introduce the Baby Song? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

5. Did you present the discussion pictures for safe and not safe behaviours? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

Safe Spaces Module 1: Additional Activities
--

Activity	Yes	No	If yes, how often?			If not, reasons?
			1 Often	2 Sometimes	3 Never	
<i>Hello world</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Hello Sheet: Around the world greetings	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
I say "Hello"	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
<i>Name song</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Hands are not for Hitting board book	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Helping Hands song	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Early Childhood Picture Communication Sets	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Rescue/Save-American Sign language cards	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Helping hands art activity and bulletin board	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
Rescue stories and pictures	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	

❖ Section Two: Module 2 – Friendly/Not Friendly

Safe Spaces Module 2: Curriculum Activities
--

1. Did you tell the *New Friends* felt board story? Yes No

- If yes, how did it go?

1 2 3 4 5
 Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

2. Did you present the discussion pictures for friendly/not friendly concepts? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

3. Did you introduce the Winston puppet/persona doll with *The Name Song* into friendly not friendly behaviours? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

4. Did you introduce the Marta puppet/persona doll with *The Name Song* into friendly not friendly behaviours? Yes No

- If yes, how did it go?

1 2 3 4 5
Very good Somewhat good Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

❖ Section Four: Module 4 – Conflict Resolution

1. Did you post the Conflict ABCs poster where children and their families can see it?

Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

2. Did you introduce a problem story about sharing? Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

3. Did you introduce a problem story about being left? Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

4. Did you introduce the story *This is our House*? Yes No

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

5. Did you decorate the Peace Table and post the Conflict ABCs chart?

- If yes, how did it go?

1	2	3	4	5
Very good		Somewhat good		Not good

Explain _____

- If not, what were your reasons for not implementing this part of Safe Spaces?

Thank you for completing this questionnaire. Your responses will help us better understand the Safespaces Program.

Safespaces and Early Child Development Research Team
 MCRI and CHILDS Project, University of British Columbia

Appendix VI

ECE Perspectives on Implementing the Safe Spaces Program: Interview

- ❖ INITIAL CONTACT WITH WESTCOAST AND THE SAFE SPACES PROGRAM
 - How did you hear about Safe Spaces and how did you decide to call Westcoast?

- ❖ TRAINING AND STAFF PARTICIPATION IN THE SAFE SPACES PROGRAM
 - When did you have your training?
 - How many staff members went to the training?
 - What do you do with the new staff that come in to the centre and do not have the information about the Safe Spaces program?
 - Do you think you would have been able to implement the Safe Spaces program if you did not get the training?
 - Do you think that having the training in June in order to start in September is too much of a time period in between?

- ❖ GENERAL OVERVIEW ABOUT THE SAFE SPACES PROGRAM
 - What are your initial impressions of Safe Spaces?
 - What do you perceive to be some of the strengths in implementing the Safe Spaces program?
 - What do you perceive to be some of the limitations in implementing the Safe Spaces program?

- ❖ LINKS BETWEEN SAFE SPACES PROGRAM AND CENTRE REGULAR CURRICULUM
 - Can you see any links between the Safe Spaces program and your regular curriculum?

- ❖ IMPLEMENTATION PROCESS
 - What have you done so far with the Safe Spaces program?
 - In which month did you start implementing the program?
 - Would you say that the Safe Spaces program is easy to implement?
 - What information can you provide us regarding the factors that promote or impede the successful; implementation of the Safe Spaces program?

- ❖ VISITS FROM WESTCOAST STAFF
 - Do you find helpful that someone from Westcoast comes to do demonstrations?

- ❖ PERSONAL EXPERIENCES IN IMPLEMENTING THE SAFE SPACES PROGRAM
 - Describe two of your experiences in implementing the program in your centre.
 - Have you seen any examples of children recognizing the Safe Spaces vocabulary?

- ❖ PREVIOUS EXPERIENCES IN IMPLEMENTING SIMILAR PROGRAMS
 - Did you have any previous experiences with implementing programs similar to Safe Spaces or other programs in Early Childhood Education?

- ❖ ADDITIONAL INFORMATION
 - Is there any other information that you can provide us regarding the implementation of Safe Spaces?
 - Are there things that could be added to help support the implementation of the Safe Spaces program?
 - Have you done any things with the family; have you tried to involve the families?

- ❖ CENTRE INFORMATION
 - How many children do you have at the centre and how old are they?
 - How do you feel with that age range in doing Safe Spaces?

Table 1
Profiles of Participating Early Childhood Educators and Early Childhood Settings

Category	Scale Range	Centre A	Centre B	Centre C	Centre D	Centre E
Profiles of Participating Early Childhood Educators						
Years teaching in ECE	-	7	14.5	14.5	12.5	14
Years teaching in current location	-	7	7	10.25	6.25	10.5
Level of understanding of SS	1 to 5	4	5	4.5	5	4
Frequency of implementation	1 to 5	3.5	3	4	4	3.5
Level of difficulty incorporating SS	1 to 5	3	5	5	4	5
Time availability to implement SS	1 to 5	4	5	5	3	5
Believe SS enhance children's social & emotional learning	1 to 5	5	5	5	5	5
Early Childhood Settings						
Type of Centre	-	Daycare	Daycare	Daycare	Preschool	Preschool
Months implementing SS	-	12	12	12	12	5.5
Children's age range	-	24 months to 5 years	24 months to 5 years	24 months to 6 years	36 months to 5 years	36 months to 5 years
Hours spend by children at centre	-	About 8 hours a day, 5 days per week			About 2.5 hours a day, 2-3 days per week	

Table 2

Early Childhood Educators Beliefs about Emotions: Educator's mean score (SD) for each of the Six Emotion Belief Areas. Two educators per each of the five centres (N=10).

Area (Subscale)	Scale	Centre A	Centre B	Centre C	Centre D	Centre E
Bonds (4 Items)	[1=Strongly disagree]	4.50 (1.00)	4.75 (.50)	3.25 (1.71)	4.25 (.50)	4.25 (.50)
		4.50 (1.00)	4.75 (.50)	5.00 (0)	4.25 (.50)	4.25 (.50)
Expressiveness (4 Items)	[2=Disagree]	4.25 (.96)	3.75 (.50)	3.75 (1.89)	3.25 (.96)	2.75 (.96)
		3.75 (.96)	3.75 (.50)	3.75 (1.89)	3.0 (.82)	2.50 (.58)
Instruction/Modeling (3 Items)	[3=Don't agree or disagree]	2.67 (2.08)	3.33 (.58)	2.67 (2.08)	4.67 (.58)	4.67 (.58)
		4.00 (1.73)	3.33 (.58)	3.67 (.58)	4.67 (.58)	3.67 (2.31)
Talk/Label (6 Items)	[4=Agree]	3.67 (.82)	3.83 (.75)	3.5 (.84)	4.83 (.41)	5.00 (0)
		3.67 (.82)	3.83 (.75)	3.5 (1.38)	4.5 (.55)	4.50 (.84)
Protect (3 Items)	[5=Strongly agree]	4.00 (1.00)	2.0 (0)	2.33 (2.31)	1.67 (1.15)	1.67 (1.15)
		4.00 (1.00)	2.0 (0)	4.67 (0.58)	2.33 (0.58)	1.67 (1.15)
Display/Control (3 Items)		5.00 (0)	3.67 (1.15)	4.00 (1.73)	4.33 (.58)	5.00 (0)
		5.00 (0)	3.67 (1.15)	4.33 (.58)	4.0 (1.00)	5.00 (0)

Table 3

Safe Spaces Program Implementation Dosage: Frequency with which additional activities were implemented. mean scores (SD).

Module	Scale	Centre A	Centre B	Centre C	Centre D	Centre E	Average per Module
Module 1	[1= Often] [2=Sometimes] [3=Never]	1.80 (.87)	1.80 (.98)	1.38 (.70)	N/A	1.67 (.82)	1.66 (.84)
Module 2		2.15 (.66)	1.75 (.43)	1.08 (.27)	1.38 (.49)	2.00 (.88)	1.67 (.54)
Module 3		1.90 (.83)	1.20 (.40)	1.20 (.40)	N/A	2.00 (.76)	1.58 (.60)
Average per Centre		1.95 (.09)	1.58 (.27)	1.22 (.18)	1.38 (0)	1.89 (.05)	1.61 (.12)

Figure 1.
 Conceptual Overview of Approaches to Primary Prevention
 (Modified from Durlak, 1995)

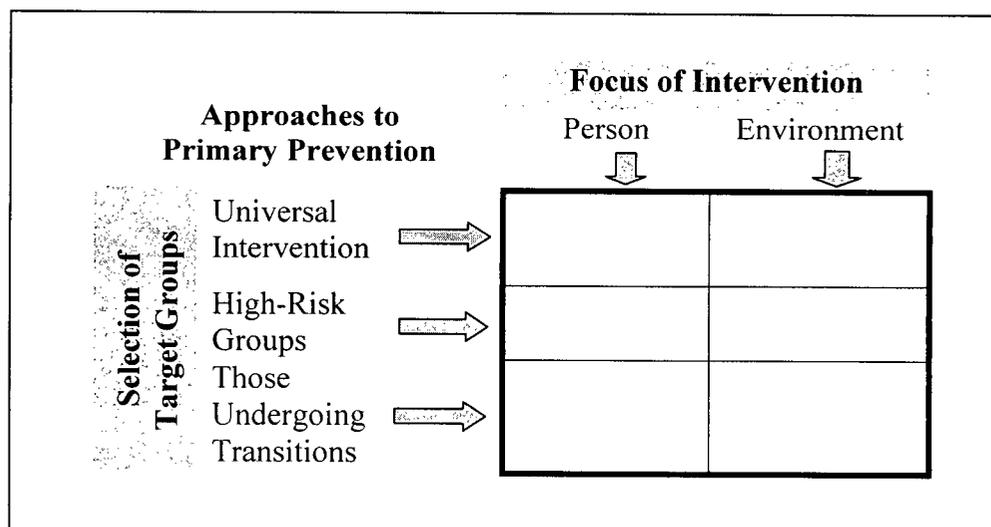


Figure 2.
Model of Implementation Evaluation (Greenberg, Domitrovich, Graczyk, & Zins, 2002;
Modified by Smith, 2004).

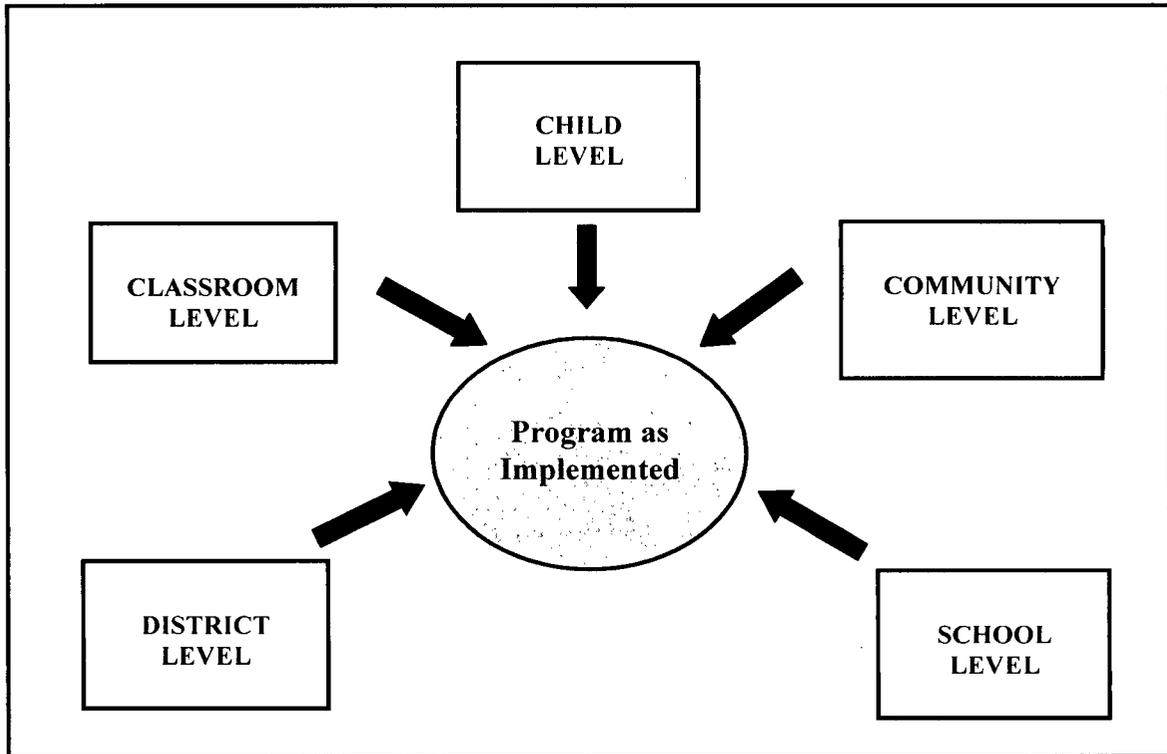


Figure 3.
Percentage of Adherence of Core Activities per Child Care Centre

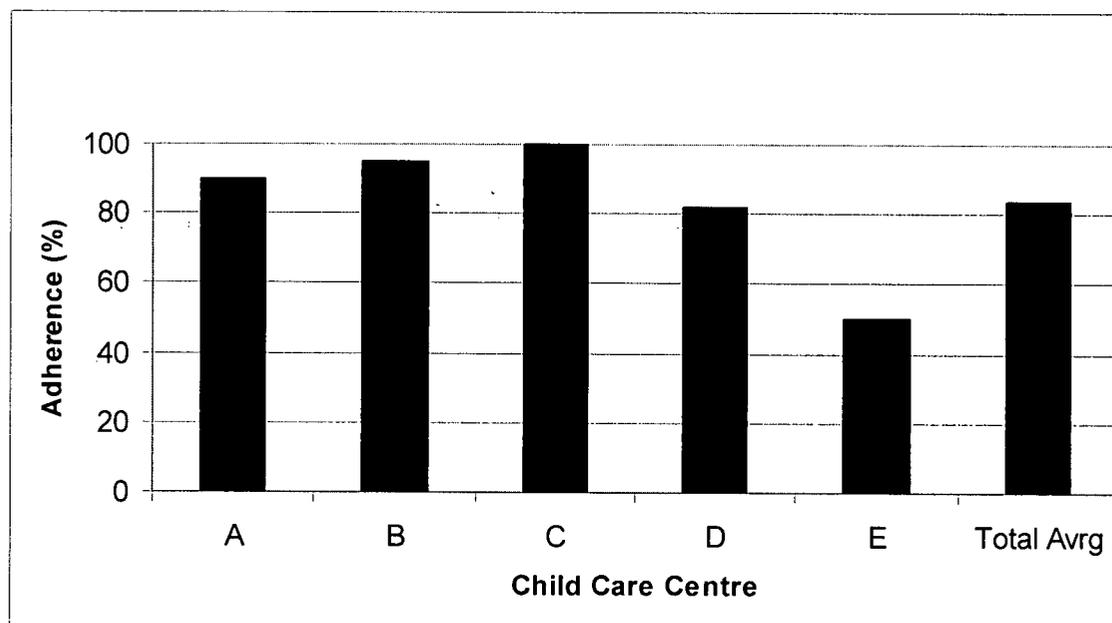


Figure 4
Percentage of Adherence of Additional Activities per Child Care Centre

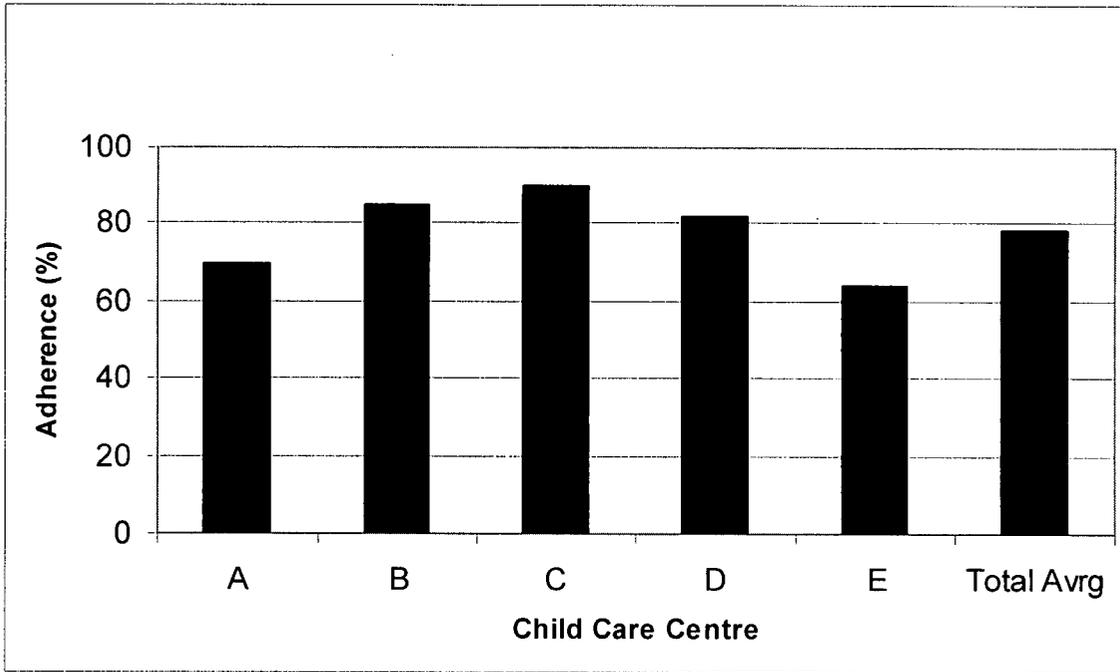


Figure 5
Percentage of Adherence of All Activities (Core and Additional) per Child Care Centre.

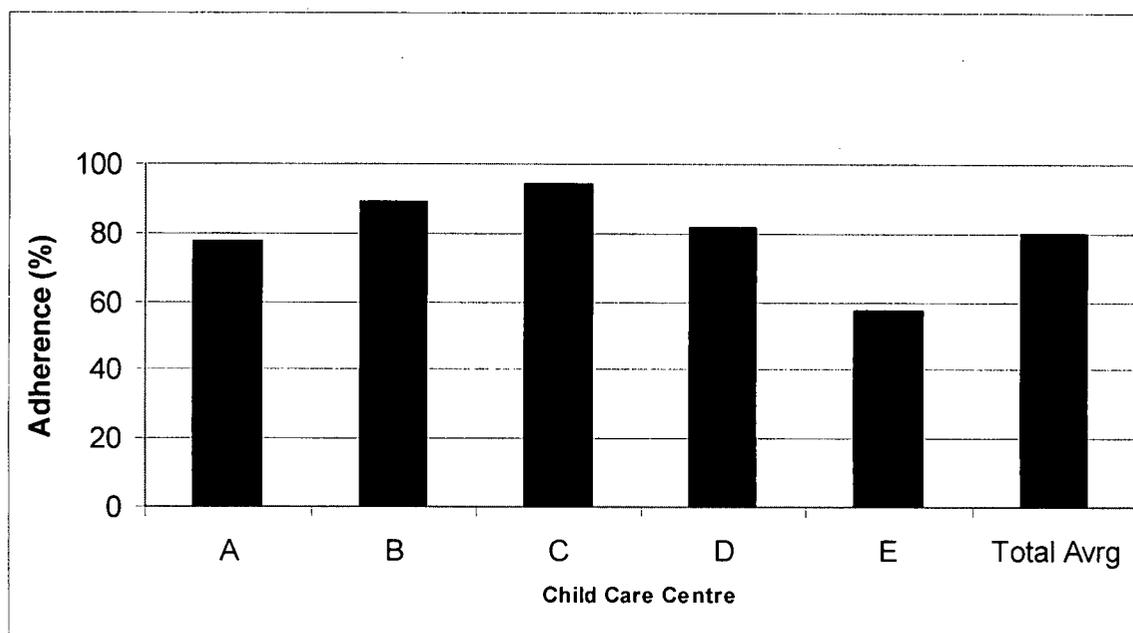


Figure 6.
Percentage of Adherence of All Activities (Combined Core and Additional) per Module

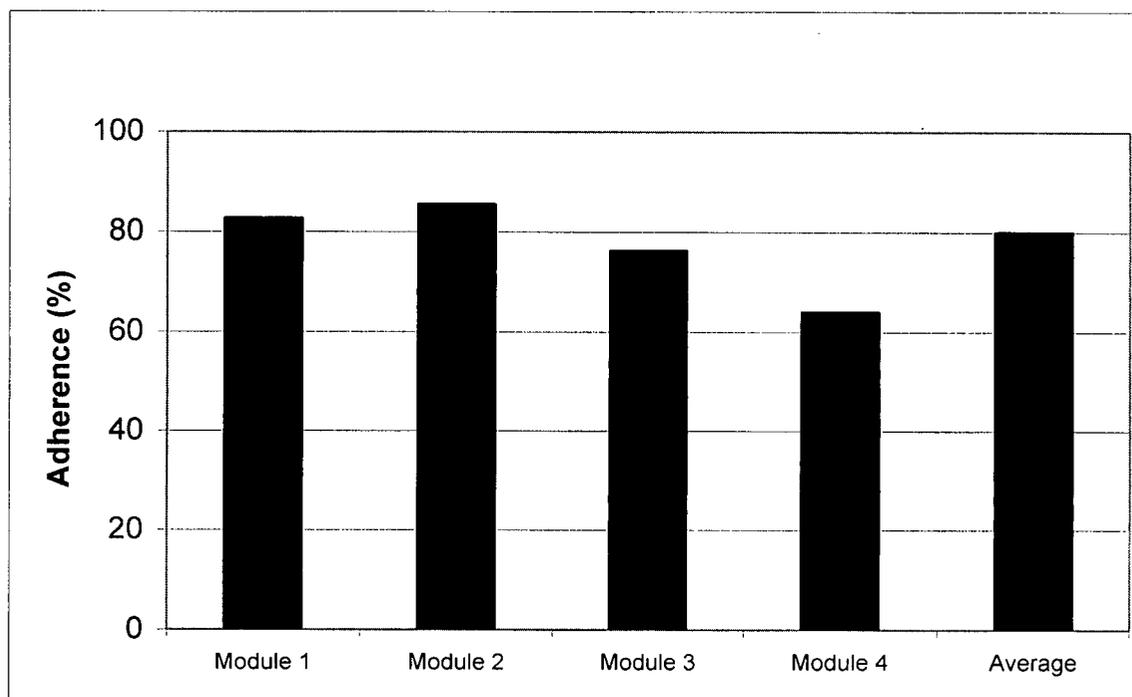


Figure 7.
Percentage of Adherence of Core and Additional Activities per Module

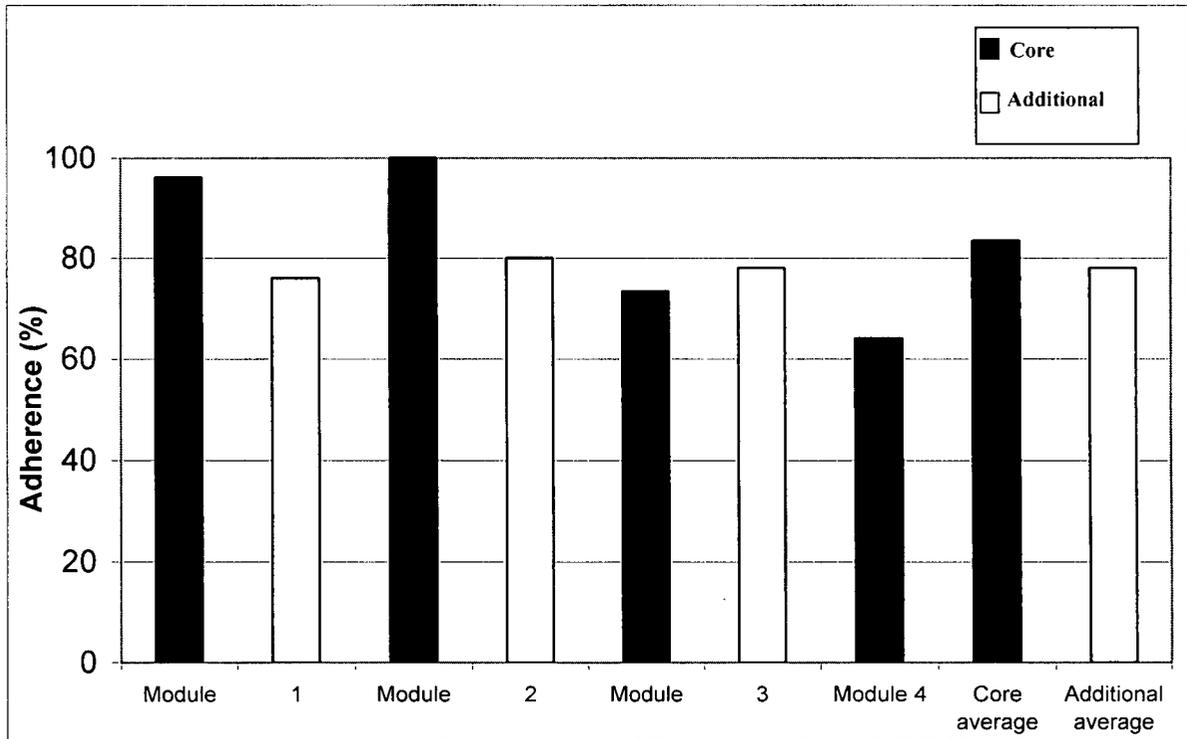


Figure 8.
Average of Quality of Implemented Activities per Centre

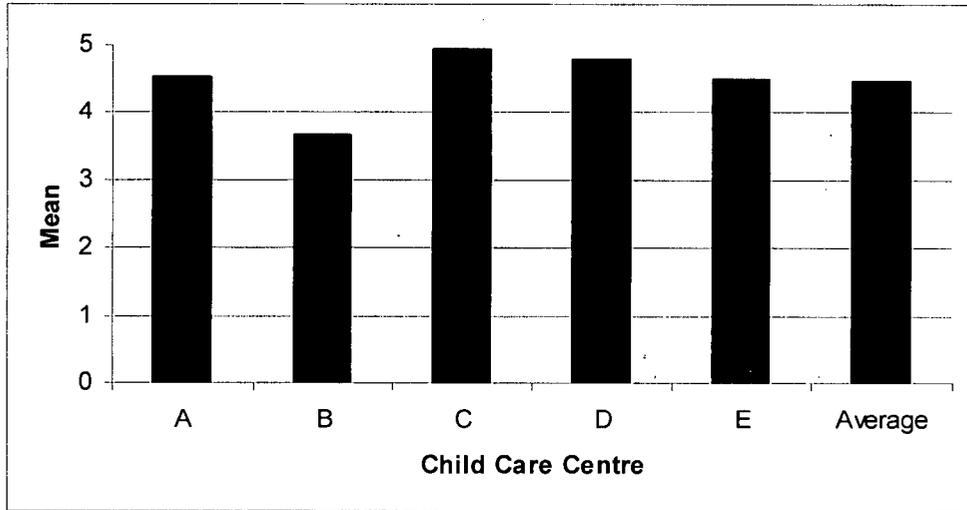


Figure 9.
Average of Quality of Implemented Activities per Module

