

**REVIEWING COLLABORATION: AN EXERCISE IN CARING CURRICULUM  
DEVELOPMENT**

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## Abstract

This project is a narrative that encompasses a collaborative effort in developing resources for a new health curriculum. The goals of the health curriculum are explored in relation to a local school philosophy, teacher practice and to local health program delivery. The qualitative research includes data collected through written reflections of the teachers participating in the collaborative project. These reflections are discussed in terms of interest and form. The reflections are also discussed in relation to teacher values, school philosophy, and caring curriculum. The narrative provides a picture of a local school as exemplary of a school striving to meet the goals of caring for students' physical, emotional, social, and academic needs.

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## A Collaborative Project and Caring

We learn by both hearing and telling stories. Telling our own stories can be cathartic and liberating. We discover as we tell and come closer to wisdom... Telling and listening to stories can be a powerful sign of regard - of caring - for one another. (Witherell & Noddings, 1991, p. 280)

This project is about curriculum that deals with relationships, but more importantly, it is a narrative about relationships. It speaks about relationships in the context of a specific set of tasks (the collaborative project) and it speaks about relationships within a school. The question that is being addressed is: can a collaborative project, examining a program of study dealing with relationships, reflect that set of curricular objectives about healthy, caring relationships? The collaborative project involved four teachers reviewing the health program of study for Division One students. Particular attention was paid to program resources and program delivery.

### Health and Life Skills Program of Study as Caring Curriculum

Health and life skills involve learning about the habits, behaviors, interactions and decisions related to healthy daily living and planning. They are personal in nature and involve skills based on a body of knowledge and practice that builds on family values and beliefs within the context of personal, family and societal goals. (Alberta Learning, 1999, p. 1)

My interest in the Health curriculum came about initially as a counsellor/teacher in a middle school. At the local level, middle school includes Grades 7, 8, and 9. As part of the middle school focus, the teaching staff decided to use the time allotted for the Health

classes to work on community building and support with a small group of students during advisor time. As teachers, we were charged with getting to know our students and spending time looking at what was happening to them. What were the relationships of the students with their fellow students, their teachers, their homes, and their community? Teaching units were developed that had to do with family relationships, friendships, encouraging healthy bodies and lifestyles and identifying ways in which students could learn the skills and tools to help them become successful in the community.

Subsequent to this foray into Health at the middle school level, I returned to teaching elementary school, first in Kindergarten and in Grade 3 resource and then in a regular Grade 3 program. Trained in early childhood education, I saw kindergarten children as needing foremost to establish a sense of self in a new social context. Kindergarten is, for many children, the first formally organized environment in which they have to establish themselves independent of their family. The daily curriculum is designed to respond to the need to learn to consider others' feelings, respect others' property and share with others.

In Grade 3, where I now teach, the needs of the students have not changed that much. Children at the age of eight and nine years are still learning how to look after themselves and their bodies; they are learning how to make and keep themselves safe from the elements, strangers, and hazards in their environment. They are learning how to get along with others, to act and react responsibly and to handle people and situations around them appropriately. They are learning the skills of living in a responsible, sensitive way with their families, their friends, and their communities, both local and global.

Our society does not need to make its children first in mathematics and science. It needs to care for its children...to reduce violence, respect work of every kind, reward excellence and encourage a place for every child and emerging adult in the economic and social world. Our main educational objective should be to encourage the growth of competent, caring, loving and lovable people. (Noddings, 1995, p. 365)

How do you teach students to be “competent, caring, loving and lovable”? Do I model competence and caring and loving in my classroom? Is the Health and Life Skills Program of Study a curriculum where the goals and objectives are respect for work, reward for excellence, and encouragement for each child to find and take his/her place as a competent, caring, loving and loved individual? Can the process of looking at a program of study in a care-full and respect-full way, reflect a set of curricular objectives? Can a curriculum in which the objectives are encouraging competency, caring and loving, be taught by example? This project and subsequent reflections address these questions about the formal curriculum, the school curriculum, and personal curriculum.

#### Personal History as Curriculum

Curriculum, from *currere*, to run a course or a track, can be applied beyond education and the classroom; it can be used as a template for life. Is my life journey, my personal curriculum one of competence and caring and loving? What is my personal curriculum? What is the course? Where did the track begin?

Care for their children and care for souls brought my family to this land. My grandparents left Scandinavia to follow the promise of a vast land – America, settling finally in the Northwest Territories as missionaries to care for the souls of settlers.

These people have come to this young, free country to make homes for themselves and their children. It is our duty to meet them... and to instill into their minds the principles and ideals of [Christian] civilization. (Missionary Outlook, 1908, cited in Woodsworth, 1977, p. xix)

Caring for the land, caring for their children, caring for the community are parts of my heritage. My grandmother was a teenager when she reluctantly immigrated to Canada. To feed *her* soul she cared for others as a midwife. Her bag, packed with the rudiments of her calling, was at the ready throughout my mother's childhood since they lived on a farm too distant from the nearest town to allow for hospital deliveries.

This legacy of caring harkened to me and I subsequently chose careers of caring for others. Initially, I enrolled in pre-medicine. Floundering in courses and places that didn't fit, I withdrew in my second year. "So what are you going to do now? What do you want to do, Emily?" said the Dean of Women in her effort to focus my thoughts on a career path. "I want to help people." And so it began, caring for people, first in social work and then in teaching. Caring for their past, present and future; caring for their bodies, minds, hearts; caring about their home environments, school environments, and future environments; caring about their relationships.

*I sit alone. Twisting my new identification badge nervously through my fingers, I mutter, "You can do this, Em, you can do this!" The heavy bang of the reception room door signals that it is time. I pick up my briefcase, full of copied worksheets, collected articles, and scribbled guidelines, to follow the uniformed guard through the first and second set of locked doors. At the third set we are joined by a collection of men, small*



*and large, young and old, quiet and wary. That wariness is a momentary reflection of my own feelings. Arriving at the classroom, I take stock of my students, my room and my job as the life skills instructor for inmates at a medium security facility. When asked to elaborate on the curriculum, my superior includes a myriad of suggestions such as budgeting, resume writing, job finding skills and relationship building. The curricular goal – “Get ‘em ready for the outside.”*

*Again, I sit alone. In front of me on the shiny desk are five separate piles of precisely arranged notebooks with matching workbooks and textbooks. Behind me, tacked to the wall, a map of Canada with a bright happy face sticker proclaiming home. A page, written in the fancy script that is Thai, states the timetable, school rules, and the location of classrooms. It means nothing to me. Fifty students file in. With giggles and smiles and curious looks, they wait, standing holding their hands clasped in front of them. “Sawadi kah, Adjan Emily!” Conversational English class begins at Charansanitwong Commercial College in Bangkok.*

*Today, I sit alone. The sunlight fills the classroom during the early hours because the windows face east. There is a sense of anticipation of the full room, of lessons planned, materials readied, the schedule listed, the windows opened letting in the fresh air and spring birdsongs. Students’ drawings and workings cover the bulletin boards. Books, papers, and the math manipulatives have been counted. Then, there is the last hurried exchange of greetings, computer lab bookings switched, and promises of novels to be returned with the students. A day in Grade 3 begins.*

This account of a personal curriculum or track is one that began with an interest in helping people. The story underscores a course that has as its focus, care-giving and care given to people and to relationships. This project focuses on people and relationships. It also examines a health curriculum that addresses relationships and the need to learn the skills of developing responsible, caring relationships. This project also examines how responsible, caring relationships can be taught.

### The Classroom as Caring Curriculum

As a teacher, one of my responsibilities is to respond to the need "...to encourage the growth of competent, caring, loving and lovable people" (Noddings, 1995, p. 365). There is a daily run of competency-related, care-related, health-related issues in the classrooms, playground and halls of the school. Issues of relationship building, healthy lifestyle choices and personal safety are continuously part of individual and collective conversations with students. Sharing, communicating feelings clearly, understanding other points of view, negotiating middle grounds are the stuff of after- recess discussions for everyone, all the time, not just the Health class. I teach Music to the neighboring class of Grade 3 as the next-door teacher teaches my Grade 3 class Health. So what is taught in Health class? Why is the scheduled Health class time, the time that I leave the room? How is the Health program delivered by the "Health" teacher? The formal Health curriculum is not part of my scheduled teaching responsibilities. I am mindful of that, particularly during impromptu conversations about friendship in my Grade 3 class. They are conversations that could be considered part of the Health teacher's responsibility. I am also mindful that, whatever I am saying and doing in talking about relationship-

building with my students, is really part of my self, my belief of learning by doing, seizing the moment, walking the talk. For me, healthy relationships are the being, the fabric, and the core of the classroom environment. But these are topics traditionally housed in the Health curriculum. They are topics that are enclosed in student duotangs at the back of the room when I return from teaching Music.

That students will feel comfortable, safe and cared for within my classroom is my point of departure for each school year. Care is given to the arrangement of student desks, books, materials and “scenery.” Attention is given to physical needs: classroom lighting, room temperature, water bottles, and bathroom breaks. Attention is given to emotional needs. Mornings begin with personal greetings as the students enter the classroom. Conversations about inappropriate behaviors are carried out privately with the individual students. Attention is given to social needs such as acceptance of others and a sense of belonging. Attention is given to academic needs: the need to construct meaning from words and symbols and messages, the need to master basic arithmetic skills for application to more complex problem solving. Attention is given to the need to learn skills that will contribute to future learning. Educational practice suggests there are a number of ways in which these skills can be taught.

### Cooperative Learning

Cooperative learning is one of the vehicles for learning a variety of these skills. Cooperative learning is a manifestation of caring and a manifestation of attending to the skills of learning and living.

Within the [cooperative learning] paradigm...students work together to construct their knowledge and as they succeed in doing so, they become committed to and care about each other's learning and each other as people. Caring about how much a person achieves and caring about him or her as a person go hand in hand. (Johnson & Johnson 1988, p. 1-9)

Group work in a cooperative learning setting means that everyone has a specific job to do. Every group member has the responsibility of making sure that others in the group understand what is being asked of them. Everyone within the group knows what needs to be accomplished. Each student has a sense of ownership for the final product or results within the group. Materials, space, goals, and consequences are shared in a cooperative learning environment.

### Classroom Meetings

Classroom meetings are also part of class routine and part of learning about living with others in a community. Classroom meetings are based on William Glasser's ideas about "quality schools" where "...students try to solve many of their own problems and often help each other" (1990, p. 143). In classroom meetings, students write and speak about their relationship problems. They speak about their problems in a formally constructed manner, taking turns to describe their difficulties with others in the classroom, responding to others' concerns and suggesting ways of solving the problems. Students take responsibility for their behaviors and for finding solutions to problematic behaviors. They learn how to express their feelings with "I" statements, talking about how they feel rather than acting out how they feel. They practice the skills of active

listening, physically turning to face the speaker, making eye contact and responding by paraphrasing what the other has said. They practice problem solving by coming up with possible solutions for altercations in the schoolyard or classroom. The students learn about taking turns as they offer their own ideas about how to deal with what goes on in the schoolyard. They learn about the democratic process where each person has a right to speak. As individuals they show consideration of others' ideas. They learn that a group decision based on a majority vote can be an effective solution, acceptable to everyone and leading to a sense of shared responsibility for the solution and for their classmates. They also learn about how to develop and maintain healthy relationships through curricular materials that have been developed to address this topic.

#### Safe and Caring Schools Project

Developing healthy relationships is a key concept of an Alberta initiative, Safe and Caring Schools Project. The Safe and Caring Schools Project was specifically designed to address issues of social responsibility in and beyond the classroom. The project was built on the belief that the whole community is responsible for the care of children and for the care that needs to be taken in preparing them to deal with the varied expectations in society. To underline this belief, the project meticulously documented the crossover of learning objectives in the Health curriculum with the learning objectives of core subjects. Detailed integration of core subject materials and strategies show how health topics can be related to and delivered as part of language arts, social studies and science. In its philosophy statement, the Safe and Caring Schools Project (1998) includes the following five points:

1. Non-violent values and behaviors must be taught and reinforced in consistent manner by the important adults in children's lives.
2. When safe and caring values are integrated in the school curriculum and reinforced throughout the school, in the home and in the community, children learn to apply these values to all aspects of their lives.
3. Children need to take responsibility for regulating their own behavior.
4. Adults influence children's behavior through modeling.
5. Children are the responsibility of all adults in the community. (p. 3)

This philosophy and the philosophy statement of the Health and Life Skills Program of Study (1999) resonate: "... learning about the habits, behaviors, interactions and decisions related to healthy daily living..." (p. 1). There is also resonance with the philosophy of cooperative learning, "...they become committed to and care about each other's learning and each other as people. Caring about how much a person achieves and caring about him or her as a person go hand in hand" (p. 1-9). There is a resonance with the tenets of classroom meetings, "...students help each other" (p. 143). There is also a resonance with the mission statement of Fleetwood-Bawden School, where I teach and where this project took place.

#### Fleetwood-Bawden Mission Statement

To the extent that materials, resources and personnel are available: we, the staff of Fleetwood-Bawden school believe the ultimate goal of education should be to assist in the development of the whole child (intellectual, physical, emotional, social, creative). We believe that the fulfillment of our ultimate goal will be facilitated by

ensuring those students: develop a sense of responsibility, develop a positive self-image, develop a respect for self and others, and develop a pride in achieving.

(Parent- Student Handbook, 2001)

Cooperative learning, classroom meetings, Safe and Caring Schools Project, and the Fleetwood-Bawden mission statement all require attention to care being given to and for people within the school community. Cooperative learning reinforces the practice of working together on shared goals and thus providing an opportunity for learning about being a partner. Classroom meetings encourage consideration of others feelings and personal responsibility for those feelings. The Safe and Caring Schools Project emphasizes the need to develop social responsibility through modelling and practice. Fleetwood-Bawden philosophy underlines the need for attention being paid to the whole child with particular concern for issues of competence, responsibility, inclusion and affection. How and where these elements fit, in fulfilling my responsibilities as a teacher, and, how and where they fit in the Health curriculum, became a matter of personal concern and a goal for this project. How and where this project developed is, in part, the story of this school.

### The Story of a Caring School

“Picture a place that you call school,” the teacher says to her students as they begin to weave together the disconnected and different perspectives and strands of a story. “Are we going to write a story?” they ask, putting their heads down and closing their eyes as a way to conjure up the images of the setting. “Make a mind map of your favourite spot to be when you are at school. Imagine you are at that spot. What are you

sitting on? What are the sounds that you hear? Who are the people that surround you?

Picture the place that you call your school.”

Picture a school that really is two schools, situated in an older neighbourhood of a small prairie city. The “old” section of the school is constructed on the same site as one of the original schools in the city. In the 1950s, the classrooms are lined with black slate boards, a wall of windows and banks of noisy, erratic heating units. Institutional green walls and beige speckled linoleum complete the scene of classrooms built in response to the educational needs of a postwar baby boom.

Picture the “new” wing of the school built in the 1970s in a time of open classrooms, experiential learning, and team teaching. The primary colors that accent the floors and walls, the modular science tables that form the laboratory, and the large windows that encourage shared views, are trademarks of a time when *sharing*, *peace* and *community* were the buzzwords.

Picture the houses surrounding the school, reminiscent of those in many prairie towns that sprang up in the early 1900s during the era of great migration from Europe. The homes were the dreams of families who came to Canada filled with the hope and promise of land and opportunities, similar to those of my own family. The smaller houses are renovated through the years to accommodate families looking for housing close to the downtown core. From these homes, the school garners about one half of its student population. The second half of the school population is bussed to the school from a recently built suburb across the river; modern-day hope and success are mirrored in the large, architecturally controlled community in which they live.



The children from these homes, five kilometers away, and the children from homes five minutes away, come together at Fleetwood-Bawden. What these children experience and learn is a reflection of what is considered important in education at Fleetwood-Bawden. What is considered important at Fleetwood-Bawden is embodied in the school's philosophy and mission statement. This philosophy and mission statement is an amalgam of different ideas, and has evolved, similar to the physical building that provides a setting for this story.

In the late 1980s, the old and new wings of Fleetwood-Bawden were renovated and became a more physically consistent unit with upgraded classrooms for the "old" wing and classroom walls in the "new" wing. In the early 1990s, the staff of the school undertook a review of the school's philosophy and mission statement, in part, reflecting the physical changes that had taken place. Professional development days were allocated to explore the meaning of the school's mission statement, and the means to accomplish the goals that were enunciated in the mission statement. Four concepts were identified as key elements in addressing these goals.

1. Inclusion – Students have the need to feel like one of the group.
2. Control – Students have the need for some control over their lives.
3. Affection – Students have the need to love and be loved.
4. Competency – Students need to be able to do the assigned tasks successfully approximately 80% of the time.

With each key concept, a working definition was provided to promote discussion. The staff brainstormed lists of possible actions that reflected the intent of each concept. Today, these lists still provide ideas about ways to implement the school philosophy statement. They remain a part of yearly plans and monthly staff meetings. The lists serve as a point of reference for new teachers to the school, wanting to understand more completely the “way” of the school. They also serve as touchstones for longtime staff, providing a framework for reflection on practice and priorities. They provide a thumbnail sketch of the “workings” of the school. They provide a picture of a caring school.

#### School Philosophy and Program of Study

The key concepts that are the basis of the Fleetwood-Bawden school philosophy statement and yearly plans are *control*, *competence*, *affection* and *inclusion*. When a comparison is made between these concepts and the relevant learner outcomes in the 1999 Health and Life Skills Program of Study, the similarities are wide-ranging and comprehensive.

In the original guidelines for discussions about school philosophy and goals, the idea of *control* is explained as: “The students need to feel that they have some control over their lives.” In the school philosophy statement, this concept is considered as the students developing a sense of responsibility. Learner outcomes in the Health and Life Skills Program of Study refer to:

... The learner who is able to: plan, set goals and employ critical reflection; make effective personal decisions; develop behaviors that contribute to the well-being of self and others; respect property of others and understand the concepts of

consequence and accountability; students experience and develop internal locus of control through activities that empower them to make decisions. Through the decision-making processes they choose their response, anticipate consequences, and learn to accept responsibility for the result; these choices establish the basis for proactive choices and behavior. (pp. 1-3)

The discussion guideline about *competence* states, "...Students need to be able to successfully do assigned tasks approximately 80% of the time." The mission statement of the school refers to "...develop[ing] pride in achieving [and] a positive self image." In the Program of Study, learner outcomes speak of:

Students recognizing the strengths, skills, attributes and interests of self; awareness of the uniqueness of self; students note changes in, and an expanding of, their talents and interests; describe and develop strategies to create positive habits; students experience and develop internal locus of control through activities that empower them to make decisions; students learn to value the strengths and gifts of self; describe strategies to deal with success. (1999, p. 14)

The third and fourth concepts are *inclusion* and *affection*. "Students have the need to feel like one of the group, to be part of the whole. Students have the need to love and be loved." References to this aspect of learner outcomes in the Program of Study include:

Opportunities [for students] to demonstrate care, as well as accept and appreciate diversity in the uniqueness of self and others; emphasis on such healthy interactions and values as integrity, honesty and trust; students learn to value the strengths and gifts of self and others; concern for the welfare of others, not only self; identify and

describe positive and negative behaviors that influence relationships; demonstrate respect and consideration through the use of good manners. (p. 2)

The comparison between the school philosophy statement and the new Program of Study shows a number of areas of congruency. The comparison also yields connections and possibilities in teaching and learning at Fleetwood-Bawden. These connections and possibilities are reinforced in the literature about caring relationships. From her early work in identifying caring as a *modus operandi* for teachers to more recent writings that include a variety of care-giving professions, Nel Noddings has espoused caring as a paradigm for moral and ethical relationships. This caring paradigm meshes with and reinforces the Fleetwood-Bawden philosophy.

#### School Philosophy and Caring

The school philosophy speaks of providing an environment where the student will develop a pride in achieving (*competency*) and a sense of responsibility (*control*). In the discussion groups, *competency* and *control* were described as needs to be fulfilled.

When...people come together in the school setting, there is a ...need that must be addressed if students are to bond to the school, their instructors and develop their full potential. That need is competency (the ability to do the work). Students need to be able to do the assigned tasks successfully approximately 80% of the time. They need to be able to see the relationship between personal effort and school success. Students have the need for some control in their lives. (Discussion paper)

Noddings (1996) says:

The competent individual enjoys a sense of control over objects and events which he regularly comes into contact... [therefore] we can see the importance of arranging an environment appropriately for growing children. To call forth a natural ... motivation, the challenge must be within the optimal range. (p. 24)

She thus links *competency* and *control* in her model of a caring educational environment.

Noddings also speaks of *competency* in terms of confirmation.

Confirmation is an act of affirming and encouraging the best in others. When we confirm someone, we spot a better self and encourage its development.... We identify something admirable, or at least, acceptable, struggling to emerge... (Buber, cited in Noddings, 1996, p. 164)

Doing something admirably or acceptably has to do with responsibility. Developing a sense of responsibility requires an understanding of what has to be done, who has to do it, and actually doing it. The pride in achieving, relates to how the tasks are done, that is, the level of *competency* in completing the tasks.

The child wants to attain competence in his own world of experience. He needs the cooperative guidance of a fully caring teacher to accomplish this. The ... teacher... has two tasks: to stretch the students' personal efforts and school success. (Noddings, 1996, p. 24)

Noddings also cites Bronfenbrenner's suggestion that students who experience caring relationships with their teachers gain *competence* "...that is, they become able to master

situations of greater and greater complexity through their cooperative participation” (1996, p. 24).

This caring relationship with teachers relates to the two remaining key elements of the school philosophy, *affection* and *inclusion*. “Students have the need to love and be loved ...[and] to feel like one of the group” (Discussion paper). Noddings writes: “To receive and be received, to care and be cared for, these are the basic realities of human being and its basic aims” (1984, p. 173).

Caring ... connotes... an ever-widening, interconnected web of relations – one that defines the self in relation to particular others, to groups, to communities... The notion of caring is especially useful in education because it emphasizes the relational nature of human interaction. (Noddings, 1991, p. 5-6)

Noddings maintains that the teacher is the one who provides an example and an environment that underlines and encourages caring among all members of the classroom. The teacher is the model for the way of getting along with others. She continues:

Perhaps the most important thing children learn from us is how to interact with people and other living things... We show [our students] how to care by creating caring relations with them... If we want people to approach moral life prepared to care, we need to provide opportunities for them to gain skills in care-giving and, more important, to develop some characteristic attitudes. (1996, p. 163-164)

At Fleetwood-Bawden, the school philosophy and its elements of *competence*, *affection*, *control* and *inclusion* continue to provide a framework for a caring school community.

Opportunities for caring, individually and collectively, are the stuff of daily interactions with students and staff. During monthly staff meetings, teachers evaluate evidence of caring in the school by sharing personal and classroom accomplishments, reviewing students' playground behavior, noting random acts of kindness, and discussing school-wide events and plans for upcoming months. During school-based professional development sessions, teachers consider the relevance of these acts of caring to the current school climate. They revisit their understanding and their plans of how to act and react to reinforce their belief in creating and maintaining a caring environment. The evaluation of Fleetwood-Bawden as a caring environment also becomes the outline for yearly improvement plans. "The basic tenet of the improvement plan [for Fleetwood-Bawden] is the belief that the quality of human interaction impacts significantly on improving academic achievement." (Memorandum to Director of Curriculum). How these key concepts are translated into action in the classroom, and how they fit with curriculum, provides a focus for this project.

This collaboration project is one small part of being a member of the community at Fleetwood-Bawden school. The continuous development, implementation, and reviewing of a meaning-full school philosophy demonstrates "care" for the whole student. The resonance of the school philosophy with the goals of the 1999 draft Program of Study further underlines the relevance of the ongoing care for the students and care for the curriculum. Elaborating on and exploring the concept of "caring" as it relates to the school philosophy highlights the picture of a school committed to a curriculum of caring.

## Reviewing Curriculum through Collaboration

In September 1999, Alberta Learning issued a discussion draft of the Health and Life Skills Program of Study to replace the Health Program of Study published in 1989. The new Program of Study was issued without a teacher guide and with the expectation that an updated document be implemented in 2002. When this project was originally convened, there were no support materials recommended or illustrative examples published to elaborate on the goals and expectations of this new program. The differences between the 1989 and the 1999 Health Programs of Study were not clear. Professional development sessions were planned locally because Health curriculum materials varied widely from school to school and among individual teachers. There were recently developed materials that could be used, depending on the amount of funding available and teachers' familiarity with the product. However, because of cutbacks in funding, money spent on Health curriculum materials and teacher time allotted to Health depended, in part, upon how the Health Program of Study fit into school priorities and philosophies. Total time teaching Health is manipulated, fulfilling individual school needs and priorities. Classroom coverage of the Health curriculum depends on the individual commitment to and awareness of available resources. Within Fleetwood-Bawden school, a variety of approaches and materials were used. The concern was how these fit with new curricular expectations in the 1999 Health and Life Skills Program of Study.

This collaborative project was in response to concern in Division One at Fleetwood-Bawden school. The intent was to create a locally adapted Health curriculum guide for



Grades 1 to 3. The guide was to identify and organize materials and activities that supported the 1999 draft of the Health and Life Skills Program of Study. The project proposed the following steps for the teachers involved:

1. Discussing differences between the old (1989) and new (1999) Programs of Study.
2. Reviewing individual teachers' current materials for teaching Health with a view to their fit with the 1999 Health and Life Skills Program of Study.
3. Assessing the relevance of the Safe and Caring Schools Project materials and objectives for Grades 1 through 3.
4. Examining and assessing the appropriateness of local agency programs for inclusion in the teacher resource package.
5. Reviewing the resulting teacher resource package to see if it covers the intended learner outcomes.

#### Key Elements of the Health and Life Skills Program of Study (Draft 1999)

The philosophy and rationale statement of the Health and Life Skills Program of Study (1999) enunciates a program that explores and reinforces skills for healthy living. "The aim of the Health and Life Skills program is to enable students to make well-informed, healthy choices and to develop behaviors that contribute to the well-being of self and others" (p. 1). Two requirements are identified to achieve this aim. The first is "...an understanding of self..." (p. 1) and the second is "...a safe and caring environment..." (p. 1). To further this aim, strong community connections and

“collaborative partnerships” with parents, health care professionals and community support, are noted as key components of a vision of healthy students.

The Program of Study is organized into three general outcomes, interrelated and interconnected with an overall goal of learning how to make healthy choices that contribute to the well-being of self and others. With each general outcome, specific learning outcomes are categorized by grade level and in developmentally appropriate clusters. The specific outcomes can also be integrated into other subject areas.

The *first general outcome* is: “Students will learn to use resources effectively to manage and explore career opportunities and challenges” (p. 7). The Program of Study connects the concepts of respect for others and property, and consequences and accountability, to the necessary knowledge, skills and attitudes of the work world. Further specific learner outcomes include: “show respect for self and others, personal space and property, demonstrate independence in completing tasks and activities, demonstrate ability to use time effectively, identify relationship between choices and consequences, identify and apply components of decision making” (p. 8). A further element within the general outcome of using resources and exploring career opportunities is identifying personal likes and dislikes as they relate to interests, strengths and abilities.

The *second general outcome* is: “Students will develop effective interpersonal skills that demonstrate responsibility, respect and caring to establish and maintain healthy interactions” (p. 17). The following statement from the Philosophy and Rationale section of the Program of Study introduces this aspect of the Program. “The emphasis is on... values such as integrity, honesty, and trust.... Friendship skills are developed and

then expanded upon to incorporate skills for working in groups, conflict management and to build the attributes of effective team members” (p. 20). Three sub-categories within this general outcome are relationships, group roles and processes, and expressing emotions and feelings. Specific learner outcomes identified in this area include identifying and communicating needs; identifying qualities of positive relationships; demonstrating friendship skills; identifying and demonstrating team building skills; dealing with negative treatment and conflict (p. 18-23). All specific learner outcomes are skills and attributes that contribute to healthy relationships that form the basis of healthy “social, family and school/work settings” (p. 17).

The *third general outcome* is: “The students will make responsible and informed choices to maintain health, and to promote safety for self and others” (p. 27). The skills of gathering reliable information, evaluating and using it to make good decisions are skills that apply across academic, social and personal situations. The skills necessary for making good decisions transfer to responsible school/community citizenship and to personal and community safety.

Specific learner outcomes within this general outcome are divided into three sub-categories. The first subcategory is risk management. Specific topics include preventing the spread of germs, identifying and demonstrating safe behaviors, identifying and describing unhealthy or unsafe relationships and supports and systems available to deal with these relationships. The second subcategory is body knowledge and care. This topic includes nutrition, physical development, dental care, personal hygiene and exercise. The third subcategory is personal choice issues. In Division One this subcategory specifically

deals with appropriate use of medications and inappropriate substance use and is considered a topic at the Grade 3 level only.

The concluding statement in this general outcome provides a unique perspective of health. “Students are encouraged to promote and maintain health as a valued and valuable resource...” (p. 3). Viewing health as a resource rather than as a time slot in the classroom schedule provides opportunities for different ways of teaching the new Health and Life Skills Program of Study. It also provides an entry point for reviewing other differences between the 1989 and 1999 Programs of Study.

#### Differences between the 1989 and 1999 Programs of Study

The 1999 draft Health and Life Skills Program of Study covers the same general topics as the 1989 Health curriculum. However, there are three notable differences. The first difference is the format and organization of the topics. The 1989 curriculum was organized into five themes. General learner expectations were identified within these five themes.

As these themes are developed in the classroom, the goal of health education can be accomplished, if all 3 domains of learning are addressed. Each specific learning objective will have cognitive, affective and psychomotor behaviors associated with it.  
(p. 1)

In the 1999 draft, the topics are organized into three general outcomes with specific learner outcomes that are developmentally appropriate and different in each grade level. Learning domains have been omitted. The general outcomes are “...interrelated and interdependent, each is to be achieved through a variety of experiences.... The specific

outcomes...are progressive and lead to developmentally more complex thinking skills that address the interrelated dimensions of health” (p. 5).

In addition to the organizational difference, two others differences seem to be philosophical. The first difference is the continued reference, in the 1999 draft Health and Life Skills Program of Study, to health education as a responsibility *shared* with others in the community. The first reference is in the philosophy and rationale statement.

To achieve overall health goals for students, curriculum connections between services and resources within the school and wider community are needed... A vision of healthy students also involves the establishment of collaborative partnerships among students, parents, educators, health care professionals and other community supports.  
(p. 1)

In General Outcome 1, the concluding statement refers to the need for students to be aware that they are not alone. “They learn about support networks, mentors, developing healthy relationships and positive interdependence” (p. 7). In General Outcome 2, reference is made to the need for students to learn how to deal with unhealthy interpersonal relationships by expanding their “...support networks for self and others that link the home, school and community” (p. 2). General Outcome 3 identifies the community as a place where students can seek out information. “Life skills are not learned in isolation. Students learn the importance of developing and maintaining support networks and seeking reliable sources of information to assist self and others in making decisions and managing challenges and opportunities” (p. 5). The extensive reference to community supports and resources is absent in the 1989 Health curriculum.

The second significant difference is the different perspective regarding work. The 1989 Health curriculum refers to the goals of education for Alberta in explaining the rationale for the learner objectives in health. One of these goals of education is: “To acquire knowledge and develop skills, attitudes and habits required to respond to the opportunities and expectations of the world of work” (p. A.1). The elementary health curriculum is identified as the place for acquiring these work-related skills. In elaborating on the theme of Life Careers, the general learner expectation is “to understand the importance of work in our society...” (p. B.1) and “[the student] develops an understanding of the concept of ‘work’...” (p. C.10) In the 1999 draft, the word “career” is used rather than work. Reference is made to “...activity in life that is productive and contributes to the well-being of self and others. Successful life careers are founded on a basis of self-knowledge, self-esteem, and the development and maintenance of effective relationships.... A fundamental aspect of career education is to move students from being dependent learners to being independent and interdependent workers” (p. 2).

The significance of the changes includes recognition of wellness as being more than just physical well-being. There is recognition of the need to address the health of the whole person, including physical, emotional, and social healthiness. It is also significant that repeated reference is made to shared responsibility in providing support and opportunities for learning life skills. There is acknowledgement of a broader, community-based responsibility for supporting and maintaining wellness.

Having established some general similarities and differences, we compared general and specific learning objectives from the 1989 curriculum with the general and specific learner outcomes in the 1999 draft and identified the key elements of the 1999 draft.

We reviewed teachers' current materials and kept those that were relevant to the new Program of Study. As individual teachers, we committed to reviewing the materials from the Safe and Caring Schools Project and using them in our individual classrooms as we saw fit. Some local agency programs were noted as useful resources in teaching specific learner outcomes. However, the culminating product of the project (a teacher resource guide) was dropped when we received notification of support materials from Alberta Learning.

With the pending arrival of support materials for the new Program of Study, the initial purpose of the collaborative project was seen as being redundant. However, the second element of this project, viewing and re-viewing collaboration as a process that exemplifies caring and competence and respect, remained. The process and consequences of collaboration became the focus.

#### Reviewing Collaboration

The collaborative group was composed of four Division One teachers. We gathered Health resources that we currently used and met in our school conference room for two separate four hour sessions to review the old (1989) Health curriculum and new (1999) draft of the Health and Life Skills Program of Study. We received professional development funding from our school and the Alberta Teachers Association to review and update resource materials for the 1999 Health and Life Skills Program of Study

because there were no published illustrative examples, teacher guides or recommended resources available at the time of our meeting.

Collection of data included anecdotal notes taken during the sessions and written reflections that were completed by all participants at the end of each session. Personal journal entries were made following each session that were critical reflections, ideas about further work to be done and questions about what had been accomplished. The conversational representations were constructed from notes taken during the sessions. These representations were constructed and included to show how we worked and how we strayed from our original purpose, that is, developing a comprehensive, up-to-date teacher resource guide. At the conclusion of the second session, we agreed to pursue the idea of a health fair for Division One students in our school. Because this session was at the end of our school year and teaching assignments changed, subsequent health fair planning sessions have been undertaken by different teachers and have not been included in the reviewing and reflections of the process described in this project.

Throughout the process of collaboration, we considered health, curriculum, and we considered Health curriculum. We attended to fellow participants' perspectives, their stories, needs and concerns. The project environment was arranged to provide for the physical and social needs of the participants. Attention was given to all contributions. The goal of the project, developing caring curriculum (for Health), guided the process and the project. The project was a real life example of caring and collaborating, modelling working together, working towards a common goal that was bigger than our



individual goals. It was a microcosm of an environment where care was given to and for others, self, and curriculum.

### A Story of Caring and Collaboration

“Why don’t you guys start? I’ll be in just as soon as a sub comes,” Carol says as she pokes her head in addressing our just convened collaborative group. That leaves three of us to begin the process of working through the initial steps of the project. We read through the outline as tentatively planned. We read the letter of consent and a brief overview of what the project could possibly look like at the end. We discuss whether we should wait any longer for Carol and as we discuss this, another staff member knocks and tells us that Maria is going to be driven home by Carol. Maria came into Carol’s room this morning talking of having fainting spells and nausea before even getting to school. We muddle among ourselves trying to think of how we could help and encourage Maria to go home and rest and we inform her that we will take care of the details of classroom coverage. Carol will be back in 15 minutes. Do we want to wait? We decide that we can proceed with looking at the introductory statements in the new Health and Life Skills Program of Study and quickly realize that the statement about the school community is what goes on at our school. We explore the ways that we operate as teachers, and caregivers, and role models for expected behavior. We talk about how we act, to show that respect and care are important parts of being in our school. We ask questions of each other about where these attitudes and beliefs came from; have they always been so in our school? Do they start from the top (administration) and filter down? Or did it happen the other way around, a mix, working in some kind of synchronicity? Is our school really a

place that is safe for children? Do we value and care for the children who are students? How do we know this? Where does it begin? How do we teach it? Where do these values come from? Are we supported by our administration? Do we really have an impact on what is happening for the students in our school? How do we show that we care?

Carol returns within the half hour and we question her as to what we can do to make the situation work for Maria. Should we look into her getting a substitute for next week? Can we take on some of her marking or her classes? Can people go over and see her on the weekend since she is alone? Plans were made among the four of us to call on Maria and gather more information. Finally, as a group, we get down to looking at our school philosophy.

The ultimate goal...[is] to assist in the development of the whole child (intellectual, physical, emotional, social, creative)...ensuring that students... develop a sense of responsibility, develop a positive self-image, develop a respect for self and others, develop a pride in achieving. (Parent-Teacher Handbook, 2001, p. 1)

We talk about our individual comfort level with the stated principles and values. We talk about whether we could work in this environment if we didn't agree with the values. What are the basic values that we collectively operate with on a daily basis? We decide that respect, discipline, and love are the key ones. We also believe that every student in our school has the right to an education that is not disrupted by others. We value and encourage responsible work habits and citizenship by having formal school wide recognition for students who make the effort to become better students and citizens within the school. We acknowledge their efforts in front of the entire school body and

invite parents to celebrate their achievements. We review those accomplishments within the classroom and talk about how we all can learn through the recognition that others are receiving.

Dave, Maria's classroom assistant, knocks and comes in to say that the substitute teacher has come for Maria's class and that a schedule has been worked out for Maria to take some time away from the classroom. Relieved, we get down to the business of the session. Papers are shuffled, curriculum guides produced, boxes of black line masters and booklets stacked, as we reorganize the conference table so that we can sit and see each other's "stuff."

The draft of the Health and Life Skills Program of Study has been around since 1999. Carol has not taught from any other document. Rhonda leafs through the initial pages and finds little changed. Mandy reads the annotated "old" curriculum, finding points of similarity and difference. Carol photocopies a list of resource materials that she found on the Telus Learning site that are applicable to the new program.

Together, we go through the new curriculum to find areas that are new and topics that have been taken out. We do this aloud, randomly reading for each other those areas that appear to be similar or different. We are surprised by the cuts and by the inclusions. We wonder at the wisdom of including certain ideas but leave the question unanswered. Quickly we realize and voice our commonly held notion that, of course we consistently teach these ideas everyday but we don't call it Health. "Its just part of starting the year." "We do this as we go through the 'Me and My Family' unit in Grade 1 Social Studies." "We do this as we talk to the students the first week of school. Its just part of how we

deal with students from the start. We do this stuff as a matter of course. Why would you have to make it part of Health?" "I guess I teach Health a lot more than I thought!" "Why wouldn't you cover this in Social Studies? It fits with the 'Family and Relationships' unit, doesn't it?" "I think we deal with it any time a student comes to us during or after recess with their complaints or tattling about something that went on when they were outside." "To me, that makes sense, rather than waiting for a Health period. You deal with it when it's fresh in their minds." "That's what it's all about ... making it relevant to where they are at." "They can also see that we care about what goes on for them even though they're not in the classroom." "I think it's all about us showing the students that this is the way we treat others." "This is what it's about to be 'friends'."

We look back at the first outcome in the Health and Life Skills Program of Study and see if we can get an idea of how we can continue in an orderly fashion. We reach the third outcome and with minutes until our usual break at recess, we realize that the fresh pot of coffee and muffins haven't been touched. We take our coffees and muffins to the staff room. We joke about having workshops every Friday!

Having established a routine for looking at each grade level for relevant materials, we continue to work through the outcomes of the draft by grade level and specific learner outcomes. We examine outcomes overlap with other subjects, where there are overlaps between grade levels, where there are gaps in current information, and where we ought to include outside agencies. We discuss our own lack of knowledge in areas such as nutrition and healthy lifestyle and chastise ourselves for not necessarily "walking the talk" in all aspects of healthy living. We talk about some of the initiatives at other schools

and how they seem to have affected the student body, the parents and community at large. We talk about similarities and differences in topics and approaches to Health curriculum. We search for the similarities and differences in the 1989 and 1999 programs of study. With little time left in our first session, sentence starters, a framework for providing feedback and reflection, are handed out for written input. We sit quietly for the first time in four hours and think and write. “A caring curriculum is ...; The Health curriculum is ...; In working with other teachers, I find ...; Collaboration among teachers can ...; My students benefit from the Health program when ...; We accomplished...”

Our next session is less focused. One of our group members is away and we find that we have to work hard to stay on task to complete our review of the curriculum documents and our current teaching materials. We spend time discussing the more global picture of children’s health: physical, emotional and social. We continue to find that much of what is stated as being Health curriculum is what we work to do each day in our classrooms under the guise of classroom management. We explore our personal biases, our separate experiences in the classroom, relating our highs and lows. We share our concerns, our uncertainty and our care for students and each other. We also begin the task of collating resources for teaching the new Health and Life Skills Program of Study.

As we continue our collaborative efforts and work through the various materials, we realize that what would be beneficial for us is quite different from what our original intent was, that is, creating a teacher resource guide. In its stead we determine that we will focus our efforts on creating the framework for a health fair that will address the general outcome: students will make responsible and informed choices to maintain

health. We envision a half-day set aside from regular classroom activities. Students will be grouped across grades to participate in activities at different locations throughout the school. Schedules will be designed to rotate the groups through centres where a variety of activities will address specific learner outcomes. The health fair idea would utilize community resources. It would also involve parents as volunteers and presenters, and engage students in new and interesting ways of learning about health related issues.

We plan other ways of dealing with Health curriculum and become energized and animated in our discovery of different ways of delivering the program. The last hour of our meeting is spent brainstorming the where and who and what of Health curriculum delivery in our school. We agree that health related topics are omnipresent in our classrooms, hallways, and playgrounds. We agree that the entire staff, teachers and support staff, is involved in the delivery of this program. We also agree that the health related topics of relationships and respect are integral to our whole school.

Then, together, we write reflections on our time collaborating. "It was more like... visiting, touching base and having another adult to pass by things on." It was "... reassuring to be part of a team." We leave the room, laughing and joking and "... having entirely too much fun." When our administrator asks what we were doing, we all begin with our ideas of how we are going to do things differently next year and how we are going to involve others in planning and how we think this is really a great way to go. He smiles and nods his head.

The microcosm of a group of people working together on a curriculum project in a caring setting is established. We listen to individual concerns and ideas. We act on those concerns. We carefully evaluate and discuss individual, school, and program priorities.

### The Element of Collaboration

Collaboration comes from *co*, together, and *labeure*, work. As Bruner (1993) stated, collaboration is "... a process to reach goals that cannot be achieved acting singly..."

Producing a teacher resource guide was to be evidence of reaching goals, working together, rather than working alone to make sense of new curricular requirements. Where did the attitudes of respect and competence and caring enter into the process? Without the evidence (a teacher resource guide) of collaboration, how was collaboration accounted for?

At the conclusion of our sessions, we each wrote elaborative statements to complete sentence starters. How we felt about working together and how we felt about what we had accomplished became the subjects of reflection on our efforts. The beginnings of sentences were provided as a way of focusing reflections on our efforts. What follows is a re-viewing of our collaborative effort by reviewing the reflections of the participants.

### Re-viewing and Reflecting the Collaboration Process

To survey, to examine, to look back on, to view again, *revoir*, to re-view, that is, to view with purpose, is the intent of this section. As collaborators, we surveyed the contributions we brought to the group. We examined the new curriculum. We looked back on old materials. We viewed with purpose the gaps that were present in our current coverage for the Health and Life Skills Program of Study. We set about to do something

about the shortcomings we identified. We reviewed what was used in the past, what we currently had that worked, and what we needed to make our teaching more effective and current. We reflected on our collaborative efforts.

In writing about reflection as a key element for professional development, Schon (cited in Louden, 1992, p. 178) makes the distinction between *reflection-in-action* and *reflection-on-action*. A simple understanding of his distinction is that *reflection-in-action* is reviewing and reflecting upon what is happening *situ*. *Reflection-on-action* implies a lapse of time, looking back upon the activity. This notion and Louden's (1992) further distinction of *interest* and *form* in reflection provide the framework for re-viewing the reflections we wrote as we worked together on the project.

#### Interests of Reflection

Louden refers to reflection and *interests* as having to do with "the goal or end in view..." (p. 179). *Interests*, then, would have to do with where you want to go with regard to a specific topic (something like a think tank). In this project, the goal was to update and elaborate resources and materials and create a resource guide for the draft of the Health and Life Skills Program of Study. This would seem to be related to Schon's *reflection-in-action*, that is, considering the task. Our task was to come up with activities and materials to address new content and outcomes in the Health and Life Skills Program of Study. The *reflection-on-action*, looking back on what transpired, includes writing done at the conclusion of our collaborative sessions together. "I find enjoyment in being stimulated to think carefully about curriculum and it's implementation." "In working with other teachers I find sharing ideas very worthwhile and a learning experience." "I found it



rejuvenating – exciting – makes me want to begin planning for next year already – in June, get real!” This type of reflection considered the tasks and the process that we were involved in, rather than the actual content of our efforts. Content of the process is defined as the “*interest*.”

Louden (1992) divides *interest* into *technical*, *personal*, *problematic* and *critical interest* (p. 180). *Technical interest* refers to structured programs that have a number of guidelines and rules. This kind of reflection would pay particular attention to regularities and patterns and prescribed ways of providing feedback. He uses the example of quantitative research in teacher development and curriculum implementation where work is compared to a set of standards and program requirements. The *technical interest* in this project was to compare all of the learner expectations from the previous (1989) Program of Study with the learner outcomes in the new (1999) draft Program of Study. However, we did not adhere to any strict requirements beyond the need to be thorough in our examination of the Health and Life Skills Program of Study and the resources that we added. “We accomplished a good overview of Grade 1 to Grade 3 new Health curriculum.” “Noted new areas of responsibility.” “Good philosophic discussions about the need to integrate these objectives and goals into minute by minute classroom activities, lessons and behaviors.” “The benefit to my students as a result of this work is that Health will receive attention that sometimes now in the crowded curriculum it does not.” From this *technical interest* in examining the reflections, we move to an examination of the individual’s perspective in reflections-on-action.

*Personal interest* as it related to reflection is defined as "...connecting experience with [her] understanding of [her] own life" (Louden, 1992, p. 182). It relates present actions and reasoning to personal history. He refers to Connelly and Clandinin's explanation of personal narrative, personal history as reflections that involve telling and retelling one's life experiences as a way of making meaning of the present situation. As a participant, this meant that I examined my personal interest in Health curriculum and my understanding of the effectiveness of collaborative efforts. "The Health curriculum isn't new, it's work that's being done all the time in the classroom. I've always considered it classroom management." "When working with other teachers, I get really involved in working off others' ideas. The possibilities and ideas seem to grow exponentially." These personal connections and revelations were repeated throughout the project and reinforced the purpose of the project, that is, carefully looking at curriculum. This careful examination also reinforced participants' interest in dealing with concerns or problems in curriculum delivery.

In his discussion of *interest as problematic*, Louden focuses on the use of reflection as a tool for the "...resolution of the problems of professional action...in situations, which are 'uncertain, unique or conflicted'"(p. 185). For our group project, the uncertainty was the new curriculum and how our current resources fit with this new document. The unique factor was that our group was an *ad hoc*, collaborative group interested in updating our Health program delivery. We were not a cohort or a department or a team. We were a collection of teachers in Division One. The conflicted nature of our task was the lack of priority afforded the Health curriculum relative to the core subjects

of mathematics, language arts, social studies and science. Actual time scheduled for Health is less than one-third that of mathematics, yet, the philosophy and general learner outcomes of the Health and Life Skills Program of Study affect all aspects of schooling.

Louden also discusses *problematic interests* as being exemplary of Schon's *reflection-in-action* where change can still be affected. It is also *reflection-on-action*, where people plan to take some action because of what happened. Certainly, our conclusions and digression from the original goal, which was to produce a teacher resource guide, shows how we planned to take action and how we saw that there was an opportunity for change. "In working with others today, I found that we came up with innovative ideas on how to teach health! We are able...to build on one another's ideas." "I feel enthusiastic and ready to channel some time and effort into a new approach to covering Health curriculum."

The fourth interest is *critical interest*. *Critical interest* involves an examination of the process and content of our collaborative project.

The essence of *critical interest* in reflection is that it involves questioning taken-for-granted thoughts, feeling and actions. Critical reflection involves considering who benefits from current practices, how these practices might be changed, and personal or political action to secure changes in the conditions of classroom work. (Louden, 1992, p. 188)

This describes what happened as we went through the specific steps of collaboration that had been planned, originally, to result in a resource guide. As a group, we found ourselves moving toward changing the style of delivery for specific units in the Health

curriculum rather than a resource guide that would have the traditional look of a package of materials gathered by a group of teachers.

In our final session, we worked through a preliminary sketch of what alternative delivery might look like and how we might involve other interested teachers and Health professionals in the implementation of our ideas. We considered the benefits of this new format for teachers and students. We discussed who would have to be involved to make the transition and how we would approach our administration and other stakeholders.

### Forms of Reflection

Louden (1992) makes a distinction between *interests* of reflection, that is, the reasons for reflection and *forms* of reflection, the ways of making meaning and taking action. The four forms, suggests Louden, are the “how and what,” of the act of reflecting as opposed to the “why.”

The first form that reflection takes is *introspection*. It is both “...thinking and feeling...looking inwards and reconsidering one’s thoughts and feelings about some issue” (p. 193). The most evidentiary example of this in our sessions was when we explored our understanding of what our common goals and values were and where they came from. This exploration took place at the beginning in an attempt to establish a “platform of values” (Walker, 1990) during the initial session of our collaborative project. We deliberately examined how it was that we were “on the same page” in terms of what was important in Health and in our school environment. We examined our understanding about how we achieved this in our school and where it all started. We

examined the similarities in our personal values as well as those that are a part of our school philosophy.

The second form is *replay and rehearsal*. “Replay and rehearsal is a form of reflection which involves teachers’ discourse about events that have occurred or the possibility of future actions” (Louden, 1992, p. 195). This definition is a reminder of the actions described under critical interest where, having decided that something needed to be done, we formulated a plan based on past delivery modes that were successful. Our preliminary plans for a health fair would, using Louden’s matrix, fit into that place where form and interest intersect. Louden also clarifies and supports this notion by saying that this type of reflection “...is one step closer to action than introspection” (p. 195).

The third form is *enquiry* “...reflection that involves both action and discourse about action... deliberate movement between action and discourse” (Louden, p. 200). The application of this is best exemplified in the subsequent planning that we did to facilitate a health fair in Division One. We discussed our reasons for considering this format. It would be a community building activity for all our Division One students. It would be an effective way of utilizing the limited time that our public health nurses have in our school. It could be a way to actively involve the parent council and volunteers in sponsoring, planning and supervising some of the centres. It would address learner outcomes that were present across all grades in Division One. It would be of personal interest to many of the teachers who would be part of the planning and delivery. It would be an opportunity to highlight innovation and a spirit of collegiality and community within the school, the district, and the community. It would reflect our interest as

participants in this project, in showing some tangible consequences for the professional development time that we had been given to work on the project. For the teachers in this project it would mean teaching Health with a renewed sense of purpose. “I found that the whole is greater than the parts. We became very innovative and excited about the possibility of staging Health Fairs at the primary level. Cross grade, activity based. We see great potential for community building as well as content delivery.” “I look forward to it... the kids will love it!” The re-view of the curriculum and the reflections of the reviewers provided an opportunity for problem solving.

Louden talks about this as “...enquiry shaped by a problematic interest” (p. 200). Schon (1992) refers to this phenomenon as “reflective conversation... when practitioners try to resolve the ... problems, which confront them in their professional practice,” (cited in Loudon, 1992, p. 200). The problem we identified was of inadequate classroom time to carefully and thoughtfully address all aspects of the Health curriculum. Carr and Kemmis describe a “...self reflective spiral of cycles of planning, acting, observing and reflecting” (cited in Loudon, 1992, p. 200).

The fourth form of reflection is *spontaneity*, “...which takes place within the stream of experiences” (p. 204). Green describes this reflection as where “... we live forward a little... it leaves possibilities open; it opens the way for choice, for the unexpected, for surprise” (cited in Loudon, 1992, p. 204). During our project, the spontaneity resulted in a major change of direction. We chose to forgo our goal of a teacher resource guide and focus on organizing a health fair. What follows is the reflection, the conversation that resulted in making that change.

“We could do a whole hall thing....”

“You mean like our hundred days celebration.”

“Yeah, like we could have the kids divided up into groups across grade and they would go to a bunch of centers where they would be able to choose activities that had to do with healthy eating, nutrition kinds of stuff.”

“And if we got our parent council involved there could even be some money to fund some snacks, which would always get the kids attention. I know there’s some money and some initiatives that are there at the Health Unit because I’ve talked to the Public Health Nurse about that stuff.”

“There used to be a program about healthy snacks but I think it got cancelled because of funds. Perhaps we could access some funds by doing a joint program...we’d probably have to write up a proposal.”

“It’s certainly something to think about for next year...should probably hold it in one of those months when there aren’t a lot of other things going on.”

Louden speaks of *reflection-in-action* as being that place “...where people are moved to rethink their professional practice” (p. 185). What we came up with, as a collaborative group, was quite different from what we thought we were going to do as we set out. We travelled new courses and followed new paths. We were “released” from the constraints of traditional program delivery where Health is taught as a separate subject. We explored new strategies; considered different materials, discarded dated lesson plans, and incorporated new ones. We examined new programs and committed ourselves to some of them. We shared a sense of “too much with too little time” with each other but finished

with a sense of hope and anticipation. We understood the curriculum and our teaching of Health in new ways. “I feel refreshed! I feel part of a community of learners that support one another.” “I feel I have a new appreciation of the depth and breadth of the teachers that I work with. I love brainstorming. I feel it could help our Health program and that it will really be fun.” We worked with a sense of purpose and collegiality in a collaborative process to improve our understanding and our practice of Health.

The formal process of this collaborative project was defined by the purpose, reviewing curriculum and resources; by the people involved, Division One Health teachers; and by the place, Fleetwood-Bawden school. The significance of the collaboration is defined by the reflections of the participants as analyzed in this section using Louden’s paradigm of interests and forms in reflection. Significant interests included care-full thought about curriculum, its implementation, and the benefit to the students. Louden’s structural outline for analyzing reflections clarified individual perspectives and priorities in implementing the Program of Study. By using forms of reflection, there was evidence of the connection between teacher values, teacher practices, and program delivery.

#### Collaborating as Curriculum and Exercise

The picture of teachers collaborating, working side by side in the development of a curricular resource guide, is exemplary of care given to and for others and also, of care given to professional responsibilities and development. In a study of teacher growth and development (Hargreaves, 1992, p. 226), collaboration was also seen as a way of solving problems that may exist for teachers. In this project, the “problem” is the added



responsibility for yet another curriculum change. The success of collaboration, according to Hargreaves, depends on time made available to teachers and classroom demands being met. In the context of this project, time outside of classroom responsibilities was made available through professional development funding. A rationale for funding which addressed the needs of teachers and “demands” of curriculum resulted in four teachers working together to address a common concern about Health curriculum.

Collaboration was found to be most effective where common interests were shared by their voluntary, self-initiated nature; these activities encourage individual and collective teacher ownership. The mutual interests, trust and support that develop within these groups appear to provide the encouraging environment necessary for taking individual and collective risks. A collective commitment and challenge provokes and requires action and the collective climate that develops also supports and promotes that action. (Raymond, Butt, & Townsend, 1992, p. 156)

“Mutual interests” as a collaborative group were confirmed by our presence and clarified in our exploration of the “platform of values” (Walker, 1990) at the outset and throughout of the project. We worked together in an atmosphere of trust. We noted that collectively, we represented 30 years of teaching in the same building with the same administrator and with a school philosophy that was largely authored by the current teaching staff. *De facto*, there is a “culture of collaboration”

...not formally organized or bureaucratic in nature, nor mounted for specific purpose...[it can] be described in terms of routine help, support, trust and openness...found in the minutiae of school life: in the small gesture, jokes, glances that signal sympathy and understanding; in kind words and personal interest shown in corridors or outside classroom doors...in the acceptance and intermixture of personal lives with professional ones; in overt praise, recognition and gratitude; and in sharing and discussion of ideas and resources. (Hargreaves, 1992, p. 226)

Gathered in the school conference room, surrounded with file boxes, texts, curricular guides, notes, and coffee mugs, we worked together on the Health program. What ensued was a collaborative exercise in developing a curriculum resource that reflected caring for and of others, caring for students and care for the integrity of the school philosophy. Together we went through sessions of comparing curricula. We listened to each other's successes and failures in teaching. We discussed ways of dealing with particular students. We commiserated. We laughed. We chided ourselves for getting off-topic and we continually came back to our ways of interacting and acting with each other and the students as being the way we teach Health. We "walk the talk" and "live the curriculum" in the way that we set up our classrooms, manage differences, and promote tolerance. As colleagues, we labored together "...in a process to reach goals that cannot be achieved acting singly" (Bruner).

This collaborative project provided a view beyond the development of a curriculum support materials. It provided a picture of professional development, of teachers working

together on an exercise. *Exercise* as a noun is defined as a regular practice, something done on an ongoing basis; an exertion of muscles, limbs [mind] for health's sake; body, mental or spiritual training; a task set forth for this purpose. *Ex* – becoming, with a sense of 'out' or 'forth' and *arcere* keep at work. *Exercise* then, is not necessarily an end in itself. It is a process of doing something in a particular way, according to a regimen, with intent, that is, with a goal beyond but also having purpose in and of itself. *Exercise* is task oriented. Our collaborative efforts were an *exercise* in developing curriculum and an *exercise* in developing teacher knowledge and expertise. In his study of teachers' careers, Huberman (1992) advocates a model which

...encourages and supports teachers in their craft-like tinkering around in their own classrooms, as a way of expanding and improving their repertoires of instruction.... They gradually develop a progressively denser, more differentiated and well-integrated set of mental schemata; they come to read the instructional situation better and faster, and to respond to it with a greater variety of tools...they may reach out to peers or even to professional trainers but they will typically transform those inputs into a more private, personally congenial form. It is...the kind of tinkering which teachers use spontaneously to test, improve and derive pleasure from their work. (p. 136)

This *exercise* in collaboration could be considered a "tinkering" with teaching styles and tools because we set about to improve our instructional strategies and expand our "repertoire of instruction" (Huberman, 1992, p. 136). It also demonstrated satisfaction that is derived by following the regimen.

The curriculum or course of collaborating on a program of study in this project provided an opportunity for a group of teachers beyond simply working together. It provided an opportunity for professional growth, working outside and beyond the confines of the classroom. The course or track was an exercise, a purposeful task. It was collaboration, working together to create “something more.” It was caring for, investing time and thought in a specific curriculum.

### Caring as Curriculum

What does it mean to care for a curriculum? How can we talk about care for a curriculum and care for people and relationships? A beginning understanding comes from a dictionary definition of care as “... serious attention, heed, concern, or interest” (Oxford, 1964, p. 180). It is in this sense that care is given to and for a curriculum. However, the use of care and caring, when referring to people and relationships, has a much broader and deeper meaning. The definition must be expanded to understand care and caring as it is used in this project.

Caring... is a set of relational practices that foster mutual recognition and realization, growth, development, protection, empowerment, and human community, culture, and possibility... These practices are required in relationships that are devoted – for however short or long a period of time – to helping educate, nurture, develop, and empower, assisting others to cope with their weaknesses while affirming their strengths. Caring relationships are also those that foster well-being in the midst of change, crisis, vulnerability, or suffering. Caring practices always involve receptivity, engrossment (‘to make large or visible, to show up’), attunement, engagement,

intelligence, skill, shrewdness, and knowledge... Caring is not dependent on what I do to you, but on what I do and how *you receive or respond to it*. (Gordon, Benner, & Noddings, 1996, p. xiii)

The authors of this definition go on to explain that caring is more than an attitude, it is a doing, a being, and a process. It requires different kinds and lengths of commitment. It requires an understanding and a tolerance of others. In a research paper to generate a fuller definition of caring, Barbara Tarlow (1996) identified eight aspects related to the concept of caring.

### 1. Time

The first concept is *time*. That people would “spend the time” to do something with or for someone, that she “always has time for me”, that she “will give you the time of day”, are all expressions that illustrate this concept in caring. It seems to be one of the most important qualifiers for caring. “Time was a latent, necessary force underwriting all caring activities” (Tarlow, 1996, p. 58). In the school sample that was part of the research, “Teachers expressed a felt obligation, and students expected that the teachers would be present and caring during the school day” (Tarlow, 1996, p. 59).

### 2. “Be There”

The second concept is “*be there*”.

To be there and, of necessity, having the time to be there, seemed to be a sign of commitment and attention and care... The caring person would be present and prepared to help the person cared for in whatever way he or she could ... accessible,

approachable, even welcoming for them to initiate a request for caring... a sense of open-endedness... (Tarlow, 1996, p. 61)

For the teacher this translates into being available to the student and taking and making the time to do whatever it is so that the teaching will happen.

### 3. Talking

The third phase or concept of caring is *talking*. Talking is seen as a way of "... building and maintaining a caring relationship... [it needs] to be open, honest, spontaneous, easy to do, and frequent" (Tarlow, 1996, p. 63). Within the school setting, this becomes a primary tool for relationship building. Conversations between teachers and students were frequently characterized as important, meaningful, and necessary.

### 4. Sensitivity

The fourth concept is *sensitivity*. "Sensitivity required consistent attention, remembering past behavior, integrating impressions, making comparisons, weighing alternatives, and then responding" (Tarlow, 1996, p. 65-66). For teachers, this means noting students' moods, lack of attention, and other clues as to what they might be feeling or thinking. "... Teachers deliberately attended to the work of getting to know their students as individuals in order to be sensitive to their needs... observing each student's behavior for consistency or for signs of change" (p. 66).

## 5. Acting in the Best Interest of the Other

*Acting in the best interest of the other* is the fifth phase of caring. The author found this phase to be "...complex and diffuse." When related to teachers and schools she noted:

Teachers defined themselves as acting in the best interests of students when they were doing things that promoted the students success at school and eventually in the work world... Teachers acted in the present in the hope that their actions would benefit the student in the future. (Tarlow, 1996, p. 68)

## 6. Caring

*Caring as a feeling*, the sixth concept is a somewhat confusing as people in the research sample had difficulty separating the two notions of acting and feeling. "Caring about others meant having positive feelings of concern and/or affection about the person cared for" (Tarlow, 1996, p. 70). For teachers, caring was frequently identified as a motivation for entering the profession. They also "...spoke about sentiments that reflected empathy and hopefulness for the future of their students, their achievements in their personal and work life..." (Tarlow, 1996, p. 72).

## 7. Doing

The seventh phase of caring is *doing*. This is the most prevalent identifying characteristic of caring. Caring is defined as "...doing things for others" (1996, p. 73). Within the school setting, this was seen as particularly effective and important when it was for individual students. When teachers spent the time to get to know students and

were sensitive to their specific needs and subtle behavior changes, they were seen as caring. Conversely, "...a significant number of school participants specifically said that those who failed to treat them as individuals were not caring people" (Tarlow, 1996, p. 75).

## 8. Reciprocity

The last concept of caring is that of *reciprocity*. "Caring is embedded in reciprocal relationships" (Tarlow, 1996, p. 76). Noddings makes a very clear distinction between the person that is doing the caring, that is, the one-caring and the person who is being cared for. "Participants described reciprocity as a mutual interchange, a give and take, most often of unequal or unlike things and activities across time..." (Tarlow, 1996, p. 76). To really understand this, one has to be mindful of all the characteristics listed above. For a teacher in the study it meant "mutual respect". For others, it had to do with "rights and duties" to each other. The author of the study also noted "reciprocity is often accomplished over time" (Tarlow, 1996, p. 79). The time element is negotiable, indeterminate, and changeable.

Tarlow concludes her paper by saying that successful caring relationships "...are relationships [that] balance closeness and solidarity, giving and taking, accepting and reciprocating" (1996, p. 80). Maintaining these relationships and balances are the responsibilities of the caring professional.

By expanding the definition of caring beyond that of "paying heed or attention," to one that includes a dynamic reciprocal process, it is possible to identify characteristic behaviours of caring people. Using this expanded definition, the behaviours of caring



teachers include making and taking time for conversation, being sensitive to students' feelings, and timing of conversations. Caring also is seen as a positive feeling towards and a commitment to students. It is a motive for becoming a teacher and it is a way of doing or acting towards others.

### The Responsibilities of the Caring Professional

The concept of duality and reciprocity in caring, points to dynamic relationships, requiring a variety of skills and considerable effort to be successful. What are the particular responsibilities of the caring professional in these caring relationships? Noddings states that the first requirement of the caring professional is an attitude of receptivity (1996, p. 21). She identifies the person doing the caring as the one-caring and the person receiving the caring as cared-for. Noddings suggests that the one-caring must show, through her demeanour, that what is happening is about to be attended to. "She feels the excitement, pain, terror, or embarrassment of the other and commits herself to act accordingly" (1996, p. 21). By being receptive, the one-caring professional is receiving a picture from a different perspective. This perspective may be constructed from previous experiences. It may also be influenced by a "reservoir of images and energies" (1996, p. 22). Buber calls this relational process of considering the views of the child as "inclusion...[where] the one-caring assumes a dual perspective ..." (cited in Noddings, 1996, p. 25).

A further responsibility of the caring professional is "... an attitude of warm acceptance and trust" (1996, p. 27). To not have this attitude leads to the cared-for feeling like an object rather than an individual. In her discussion of the point, Noddings points

out that this trust and warmth is requisite, despite the inequality of a relationship such as teacher/student. Within the educational environment, the caring professional “...provide[s] an environment in which affection and support are enhanced... in which children will receive attention, and perhaps learn to respond to and encourage those who genuinely address them” (1996, p. 22).

Noddings suggests that a further responsibility of the caring teacher is to arrange an environment where the students can experience a sense of accomplishment and success. Without this success, the child will become disinterested, frustrated, and eventually disengaged. On the other hand, a child will often “rise to the challenge” or the possibility suggested by the one-caring which, can in turn, lead to higher and higher levels of challenge and accomplishment.

When the focus on a caring professional is narrowed to that of a caring teacher, the priorities for the teacher become clearer. Healthy, caring relationships take on new meaning and relevance. The responsibilities of the caring teacher include seeing the situation through the eyes of the student, having an attitude that reflects warmth and acceptance, and creating an atmosphere that enhances and encourages student learning. These caring teacher responsibilities form the reasoning behind decisions about learning and teaching strategies.

The educational environment then, needs to be set up in such a way that students are received, their perspectives are considered, their experiences are imbued with warmth and trust, and their environment is one in which there are challenges and successes. What

that caring school environment looks like and how it operates is embodied in Noddings' description of schools organized for caring.

### Schools Organized for Caring

Given that teachers in a caring school environment are one-caring professionals, what happens in a school to reinforce the concept caring? Noddings proposes four main ideas: *modelling*, *dialogue*, *practicing*, and *confirmation*. *Modelling* refers to teachers who are one-caring for an "interval of caring" (1984, p. 22), that is, for an interval of time. Attributes and behaviors of a teacher modelling caring are as described in the previous section. From this look at the caring teacher, Noddings then proceeds to a vision that includes three main ideas: *dialogue*, *practice*, and *confirmation*. She characterizes *dialogue* as talking and listening, sharing and responding. The purpose is "...to come into contact with ideas and to understand, to meet the other and to care" (p. 187). *Practice* involves doing with others and for others. Practice involves doing *with* objects and people as well as *about* objects and people. Practice means repetition. Noddings suggests ideas such as community service, custodial work, or custodial work directly with people as ways of practicing caring. "If we value genuine caring encounters, then our classrooms will be...organized... [with an] increased sense of relatedness" (p. 187). *Confirmation* is "...what we relate to a student [about their work] as an ethical and intellectual being. [It] has the power to nurture the ethical ideal or destroy it" (p. 193). By definition it is not the traditional grading system that teachers continue to use and school boards mandate and governments demand. In Noddings' context, confirmation "...depends upon and interacts with dialogue and practice" (p. 201). A student cannot be "confirmed" unless the teacher

talks with the student and engages in cooperative practice (p. 196). Noddings considers evaluation as it is practiced today as being product control. In contrast, Noddings' sense of evaluation, that is, the evaluation/confirmation of students would reflect "...their contribution to the maintenance of caring" (p. 187). *Confirmation* is characterized by mastery learning where the student continues to work and practice until concepts are mastered. It is also characterized by student contracts in which the students are contracted to do specific tasks within a specific timeframe. Planning and practice that is done within Noddings' framework guides the teacher through other curricular objectives in a different way and with a different perspective. That perspective, that picture requires attention to content and students, but also to style of delivery and the person delivering the content.

In a curriculum of caring, "...the primary aim... must be the maintenance and enhancement of caring.... It establishes climate... [and] the range and lens through which all practices and possible practices are examined" (p. 172).

A school that is organized around caring is, according to Noddings, a school where teachers model an attitude of caring and demonstrate care in all aspects of their teaching. The caring school encourages dialoguing. The school provides an environment where there are a variety of opportunities for the flow of ideas between teachers and students. This flow of ideas extends to the discussion of evaluation and confirmation of achievements and a mutual understanding of guidelines and expectations. In a school organized around the principle of caring, there is cooperation, collaboration, exercise, and working towards mutually agreeable purposes and goals.

## Curriculum Lived as Caring Curriculum

Curriculum is running a course, following a track. For me, as a teacher, curriculum has to do with movement from a start point to an end-point. Curriculum has to do with a course of study that is laid out in detail by educational specialists who have years of experience and background knowledge. But “curriculum lived” is different from these print material references. Curriculum lived juxtaposes the “banker approach” (Friere, 1973) where teachers fill up students heads with information. Curriculum lived comes from the heart and soul of the teacher, from the life and living of the teacher. Curriculum lived is a work in progress, with each reaction and response from the students in the classroom forming a potential opportunity to note, to reflect, to review, to remark, to teach. Student responses continually result in modifying the curriculum, bringing it to the immediacy of the moment of the caring response. The teacher’s mindset and background color the day, the moment, and the response. Teacher stories become relevant in lived curriculum. Ted Aoki, (1999, University of Lethbridge) during an institute on writing teachers’ lives, spoke of “edgy moments.” Edgy moments are those moments that are pivotal in relationships and personal development and become the avenue for teaching the curriculum. What should happen when the disagreements over the soccer game rules turn into physical fights? What is going on when angry, hurtful words are shouted out during partner work? What do teachers do when someone sits crying at the announcement of a provincial test? Meaning-full topics and relevant dialogue are the curriculum lived. These life experiences result in attention being paid to the environment

set up to become a welcoming place, a sanctuary, and a safe place. Those within the environment engage and listen to each other.

“Mrs. Walker, Mrs. Walker, a plane has crashed into the biggest building in the world!” “Yeah, my Mom said there were two!” “You should of seen the fireball...it was just like the movies!” “My Dad says this it’s the start of World War III!” Parents, unannounced, visit the classroom, reassuring their children and themselves. Students and teachers phone family members at recesses and breaks. Televisions sets are rolled in for Social Studies classes and Internet sites are scanned for more news and detail. One week into a new school year, the tenuous order within the classroom is lost with this announcement. A new reality is unfolding with such force and speed that we all have difficulty grasping its importance. Issues of safety and caring in our lives take on immediacy and depth beyond any preconceived lesson plans or curricular objectives. Until now, safety relates to playground guidelines, fire drills and slippery sidewalks. Now, safety is related to movie-like scenes, happening and being broadcast live. Caring relates to addressing students’ social, psychological and academic needs. Now, caring has to do with heroic acts of lifesaving and kindness in cataclysmic circumstances. All are played out repeatedly, with ever increasing detail and analysis, to an audience that includes the 28 eight-year olds in my classroom. How do I make time for students to talk about what this all means to them? How do I respond in a meaningful, thoughtful way to their fears and concerns? Is a lived curriculum of caring, a realistic response? By continuing to address students’ needs care-fully, can the big issue of caring really make a difference in the “new reality” that we live in?

As the events and consequences of September 11, 2001 become less immediate and the day-to-day routine of the classroom becomes more entrenched, the natures and needs of these Grade 3 students appear overwhelmingly diverse and abundant. John is reading, independently, the third book of the Harry Potter series. Blaine is stumbling through the beginning series of remedial readers for Grade One. Mary consistently scores full marks in timed addition and subtraction exercises while Janie looks for the questions where she can add one. Social problems look and sound like those dealt with at a middle school level. Individual behavior plans and communication books are checked and written during noon hours and recess breaks. Caring for the children and caring for the curriculum, and creating an environment where care is reflected, all seem like impossible goals. Caring and collaboration with colleagues seems like a distant dream. How do I make time for talking with my colleagues? How do I respond to their thoughts and concerns in light of the events of September 11? How can I maintain a commitment to collaboration and collegiality within the current chaotic environment? With a month until the first report cards, the answer is to focus solely on the needs of the students within the classroom. Collegiality and collaboration, student clubs and choirs, all seem a luxury of the past and a figment of the imagination. The current needs and demands of a large, diverse classroom are the reality.

In September 2001, a number of other changes also occurred that affected every classroom in the school. Some of these changes were the result of a reduction of teachers on staff. Some changes were of a more personal, individual nature including caring for infirm and aging parents, losing life partners, living with long-term health problems, and

studying at the post-graduate level. Teachers responded in different ways. For many, the response took the form of looking at what time and effort was being expended at school throughout the day, beginning with when they walk into the building until the time they leave and what they take with them when they leave. For some teachers, it became a matter of calculating the time spent tutoring individual students during recesses and lunch hours. For other teachers, it was a look at the energy, time, and money spent running craft clubs, newspapers, and tai chi club. For the coaches of basketball, volleyball, and baseball, it was examining the number of hours outside school time involved with students. In the end, each teacher made choices about her/his time in and outside of the classroom. Consequently, teacher-sponsored extracurricular activities did not happen as they had in the past. Students were encouraged to make their own arrangements for noon hour activities and teachers spent their time on classroom related activities. At the end of October, this development was announced in the regular monthly newsletter to parents. The following two months became a time of defending, re-examining, reviewing and repeating the how and why and “now what” of those individual decisions. However, by January 2002, the lack of extracurricular activities at noon hours became a minor issue for the teaching staff. The entire provincial population of teachers prepared for a province-wide job action to impress upon the government, the need for attention to the state of the classroom and teaching in Alberta. In between the lines of rhetoric were messages of depleted resources and energies, inadequate staffing, over-full classrooms and lack of time to relate to students as individuals. In this atmosphere of dissent, the objective of “...encourag[ing] the growth of competent, caring, loving and lovable



people” (Noddings, 1995, p. 365) became an anomaly. The basic core subjects of Mathematics, Language Arts, Science and Social Studies were at risk, let alone, the more complex teaching of social values and responsibilities. Resolution of the issues appeared impossible.

The headlines in the local newspaper read, “Teachers of ATA Local #51, vote 93% in favor of going on strike.” Two days later, I leave my planning and marks binders on the desk in my classroom. Gathering my personal possessions, I shut the door and join my colleagues as I hand in my school keys. The directive from the superintendent reads:

You are asked to refrain from the use of school facilities for the duration of the strike... You should not participate in school sponsored curricular or co-curricular activities held on or off school property. You will not have access to District 51 computers. You are asked to collect and secure District 51 property. (Memorandum)

Waving a placard that proclaims, “If you can read this, thank a teacher!” straining to hear the speeches enjoining the rally of teachers and their supporters to stand firm, I search for a label to describe how I feel. I have never been on strike before. Part of me is proud of standing up and being counted, for not sitting on the fence, for acting instead of talking. Part of me is proud for being one of thousands of teachers joining a chorus of protest about classroom conditions. I want to act in a reasonable, responsible manner to “do my part” to effect change. Part of me is afraid of being caught in a maelstrom from which I cannot exit. I am anxious at the prospect of being confronted by irate parents who think that their children are the victims. I am cynical about a government that offers promises of respect and reward to teachers for being part of the “Alberta Advantage.”

As the days pass, I try to deny my gathering sense of emptiness and lack of direction. Nothing is “getting done” individually or collectively. Unable to write or read, sleep or be occupied with tasks and hobbies, I wander. I feel inferior, helpless and full of doubt about my self, my worth, my profession, and my future. Three weeks later, the provincial government declares a “state of emergency” and orders teachers back to the classroom. Legislation is passed to limit the negotiation and arbitration procedures and teachers are told to “take the high road” and carefully “follow the letter of the law” with sanctions for not doing so. The feelings of emptiness, doubt, and helplessness grow. I retrieve my keys, open the classroom door, and wait for the sense of anticipation to return as it always has, upon entering the classroom.

Weeks later, the dismissal bell rings, and students rush out, jostling to reach the door before their buddies. Quiet descends on classroom temporarily, but then a neighboring teacher turns up with a new novel study and the Grade 1 teacher from down the hall comes in with notice of a professional development activity that looks interesting. Comments are made about the need to find a time to talk about year-end celebrations for the students and for staff members who are retiring. Someone brings in a newspaper editorial supportive of teachers. We share the conversations that we have with parents and teachers from other schools about the effects of the strike and subsequent developments. We discuss the nuances of editorials written attacking or defending the teachers’ position. We work to make sense of it all and to find signs of understanding. We talk about ways that we can deal with what is going on for us personally and in our classrooms.

A month after returning to school, a staff development day, booked and planned the previous September, features a presentation on a new approach to counselling that is being implemented in the local school district. To further understand the program we are encouraged to participate in an exercise called “The Circle of Courage”(Brendtro, Brokenleg, & Van Brocken, 1990). The “Circle of Courage” was first presented locally at a conference entitled “Reclaiming our Youth”. It provides an interactive, pictorial framework for reviewing individual needs and providing a framework for counselling. It also provided a representation of teachers’ stories during the school year.

“Consider the significance and symbolism of the circle. What does it mean?” the presenter begins. Individuals offer ideas of completeness, wholeness, community, compasses, being encircled, and the world. Standing and holding our arms outstretched, we scribe a circle around ourselves in the air and then divide those circles into four quadrants. Again, there is the symbolism of four; earth, sky, water, and rock; north, south, east and west; the social, emotional, physical and spiritual; and the seasons. Our presenter introduces four different titles for the quadrants: generosity, belonging, independence and mastery. She relates these quadrants to a diagram of a “circle of courage” as a way of picturing ourselves, who we are, where we are, what is “full”, what is “empty” or lacking in each of the quadrants. Following her through the steps of the exercise, we color in the quadrants with different colors to represent our feelings about each of the components as they relate to ourselves. For me, it becomes apparent that the “edgy moments” of the past school year have consequences in this picture of myself and my “the circle of courage.” The quadrant identified as “Mastery” is only partially

colored. The color is gray. This quadrant is characterized by a sense of "...achievement, success, creativity and motivation" (Brendtro et al 1990, p. 48). Black is the color filling a small portion of the "Independence" quadrant. The terms used to characterize independence include "...self-control, assertiveness, responsibility and leadership" (Brendtro et al 1990, p. 49). In contrast, the "Belonging" section is filled completely with bright yellow proclaiming a sense of "...friendship, cooperation, respect, trust, comfortable, safety and love" (Brendtro et al 1990, p. 47). Likewise, the "Generosity" section is filled with a brilliant sky blue indicating "...caring, compassion, empathy, sharing, helping and forgiveness." (Brendtro et al 1990, p. 50).

As a counselling paradigm, the next step is looking at the relative strengths and needs in each quadrant. As a group we are encouraged to look for ways to change the picture and "fill" the quadrants. This activity subsequently becomes the path for further counselling sessions, demonstrating the premise that effective goal setting is self-established. For me, areas of need clearly are in mastery and independence. My feelings of helplessness and lack of direction and focus remain. Personal feelings of inadequacy and fear of failure are noted by the slice of black that shows up in the mastery quadrant. However, the fullness and richness of belonging and generosity remain.

In that interval of reflective participation, looking at a circle of colored quadrants, the relevance of a caring school philosophy; the completeness of a healthy self-image and lifestyle; and the components of collaboration, all appeared as a pattern "...to encourage the growth of competent, caring, loving and loveable people." For me, it is a moment of

real connection with Health and its curricular objectives. It is an “edgy moment” full of care and new understanding about self and others.

### Caring Curriculum and Current Practice

Caring, caring about, caring for, care given and care taken for the curriculum, the project, the people, the journey – all are parts of the experiences and the understandings of this project. What began as a way of solving a problem about curriculum, caring about curriculum, became a way of underlining a “culture of collaboration” (Hargreaves, 1992, p. 226), and caring for people in the school community. What was proposed as a goal for the project, developing a teacher resource guide, care given to the curriculum, became an opportunity for growth, caring about how we, as teacher-collaborators, could learn from new materials and new strategies for delivery of those materials. What transpired within the collaborative process, caring for individual needs, became the proof of what was already known about Health curriculum, that the goals are “...life skills...based on values and beliefs” (Alberta Learning, 1999, p. 1). Collaborating, viewing, re-viewing, exercising, all were part of this project in which “...the aim...[was] the enhancement and maintenance of caring” (Noddings, 1984, p. 172).

### Conclusion

Is there a curriculum where the goals and objectives are respect for work, reward for excellence, and encouragement for each child to find and take his/her place as a competent and loved individual? In its philosophy and rationale statement, the 1999 draft Health and Life Skills Program of Study states:

The aim... is to enable students to make well-informed, healthy choices and to develop behaviors that contribute to the well being of self and others. Successful life careers are founded on a basis of self-knowledge, self-esteem, and the development and maintenance of effective relationships. Students...demonstrate care...[with] emphasis on such healthy interactions and values as integrity, honesty and trust... (pp. 1-2)

Did the collaborative project fulfill the goal of creating a body of resources for Health teachers in Division One? What we did accomplish was a review of the old and new documents and an identification of where there were gaps and shortfalls in our resources and delivery of the curriculum. What we focused on and subsequently developed was one part of that collection of resources.

Can the collaborative process provide an opportunity for living a curriculum that reflects care, respect and recognition for competence and excellence? The opportunities for living the curriculum were manifested throughout the project. Care of self, “one-caring,” and “cared-for” was evident at the onset. Respect for others’ contributions and competence was apparent in discussions and decisions made about program delivery. Recognition of competence and excellence in our work occurred as we acknowledged for ourselves and with our colleagues, the interest, the plans and the energy that we produced by working together to reach our goals.

The lived curriculum of care, respect, and recognition continues. The events of September 11, 2001 and the months following are only the first chapters in a new time. Locally, teachers’ concerns and classroom conditions remain unresolved and unchanged.

However, the atmosphere within Fleetwood-Bawden school, of openness, trust, support and camaraderie, the “culture of collaboration” (Hargreaves, 1992, p. 226) continues. This established culture is the result of a history of curriculum lived within the school. This established culture is the culture and manifestation of caring. I have learned that the collaborative process is very effective in providing opportunities for caring, respect and recognition. I have learned that the collaborative process is not an easily managed vehicle for following the “track” that is the planned curriculum, the curriculum of developing a specific, concrete, pre-determined body of materials. I have also learned that experiencing the care, respect and recognition of colleagues, has value beyond and different from a collection of materials and resources. Attending to self, caring for others, respect for work, recognition of competence in self and others, a circle of courage, an example of collaboration, a curriculum for life... are the real stuff of the Health and Life Skills Program of Study and the stuff of caring and collaboration.

So what does one individual do to honour a commitment to caring? In the Christian tradition of my grandmother, “Do unto others as you would have them do unto you.” “So what are you going to do now?” Alberta Learning has set September 2002 as the implementation date for the new Health and Life Skills Program of Study. It will be lived and taught with deeper understanding and greater emphasis on caring relationships. What form will the caring curriculum take? The caring curriculum will be a daily commitment to “live the question” (Rilke) which is how you live a life of caring and teaching by modeling, dialoguing, practicing and confirming. How does one reclaim a sense of mastery and independence in the face of change? Brendtro et al suggest seeking out

opportunities for meaningful achievement, for positive leadership and for further learning.

To [learn] is to take seriously both the quest for life's meaning and the meaning of individual lives... Through telling, writing, reading, and listening to life stories... [we] discover the power of self, and the integrity of the other... (Witherell & Noddings, 1991, p. 3-4)



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