

Generative research methodology and bottom-up policy work

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How might we go about collaborative research that doesn't simply come up with a report or a published paper, but results in changed practices in the areas of our concern? How do we envision and implement a *generative* methodology in front line research? I want to match up some sociological and philosophical theory with some examples of our research with people working at the 'front line' in various contexts.

Acknowledging the Larrakia people as the traditional owners of this land, I start with a small example of the general theme I will talk about today. Some years ago we were involved in an ARC research project officially called Indigenous Knowledge and Resource Management in Northern Australia working to investigate and configure digital technologies for intergenerational knowledge work. We called the project 'Making collective memory with computers'. We worked with a number of Larrakia people on projects of their own design solving problems of knowledge work on Larrakia land. One had a large collection of old photographs of her extended family in many places around Darwin. They were highly significant photos (some had been used in a Native Title claim), and she wanted to keep them safe, and accessible. Using a zoomable map of Darwin and surrounding areas (similar to a google map) we were able to place digital version of her photos in situ. People telling stories of the land and their history could pull up these pictures of the various significant places, while moving around the satellite image. Working thus from the bottom up allowed us to identify and address significant problems which were invisible to (or ignored by) people developing top-down solutions like the large centralized databases in Knowledge Centres in Aboriginal communities. For example the project raised the difficult question of who has the authority to decide which photos should be uploaded to such a repository, and who can access the photos, and under what conditions? The crucial very local Aboriginal politics of sharing and concealment, scales and boundary making were addressed, performed and encoded all at the same time. This I think of as a simple example of solving a problem carefully on the ground as a way of implementing generative research, generating new methods, new objects and potentially change policy.

Most of the work I do is in collaboration with Yolŋu and nonAboriginal people who have lived and worked for years in East Arnhem Land. As we work, we reflect together upon the complex task of taking seriously by Yolŋu and western academic knowledge practices together through 'transdisciplinary research' (Christie 2006: 80). Much of my writing has been examining the Yolŋu side of this relationship (see for example Christie 1994, 2007), but in this paper, I wish mostly to concern myself

with work in the western academic tradition which can be understood as ‘bottom up’ rather than ‘top down’, or which could be called ‘pragmatic’ or ‘generative’.

But first some background from the Yolŋu side. Working as a teacher-linguist with Yolŋu knowledge authorities and with Helen Verran in the Yirrkala community in east Arnhem Land in the 1980s, we observed and supported changes to school curriculum which seriously engaged the challenges which Yolŋu metaphysics and epistemology provide for conventional understandings of classroom practice. The Yolŋu curricula had various names over the years, perhaps the best known was *garma*. In Yolŋu languages, the word *garma* refers to an open public ceremonial space where people from various different ancestral and totemic lineages work together to produce a collaborative performance and celebration of history and ways forward, here and now. The *garma*, (like Aboriginal education and transdisciplinary research), actually *depends* on identifying, respecting and maintaining differences, working collaboratively, coming to agreement, and building agreed ways of knowing and going ahead together. Much has been written about Yolŋu curriculum (eg Ngurruwutthun 1991). Years later, when we started the Yolŋu languages program here at CDU, we were again able to develop a tertiary academic program which was rigorous and viable according to the standards and practices of both knowledge traditions (Christie 2009), and which eventually led us to articulate transdisciplinary research practices.

We began to learn about generative research from Yolŋu researchers when John Greateorex and I were called in to help some Yolŋu elders who had been given research funding to address what they saw as some key problems experienced by their ‘long-grasser’ relatives living on the beaches and in the parks of Darwin. ‘Long-grassers’ are perceived as a problem by many of Darwin’s residents, but from the Yolŋu point of view the problems are of course quite different. Maypilama and Garŋgulkpuy had done the work out in the Darwin community, but were required to write a report to acquit their funding. John and I were there to help pull together a report: to talk through what had happened in such a way that we could get it written up in English with some sort of structure. The problem came when we got to the ‘findings’ section of the report. The Yolŋu knowledge authorities were puzzled. There were no findings. Quite a few changes had been made, everyone had a better sense of what was going on on the ground, and the role of government and (unexpectedly to us anyway) the Larrakia Nation in addressing some of the issues which had been raised. ‘But what do you mean by ‘findings’?’ The Yolŋu research practice was already generative, resisting outcomes what were mere representations of a world out there of the experience of others. We had to struggle to formulate ‘findings’ retrospectively from the changes which had been generated (see Maypilama et al 2004).

Our second opportunity to engage Yolŋu knowledge work in our research came with a project addressing communication breakdown between medical professionals and Yolŋu clients in the context of a renal dialysis unit (Cass et al 2002). From the beginning of the project, a Yolŋu renal patient who was also a chief investigator quietly insisted, over some time, and with considerable patience on a *garma* style definition of communication (although she did not use that term). Her definition of communication (which became the name of the research program itself) was 'sharing the true stories'. Communication cannot possibly be simply passing messages from one person's head to another (a strangely magical and inadequate notion). We must do better than that if we are to achieve informed consent in the highly technologised practices of renal medicine. Communication in the Yolŋu context amounts to finding opportunities and spaces to bring together new and old concepts and meanings, joining up various roles and strategies and doing the hard work of building agreed meanings and ways forward. In collaboration with Yolŋu renal patients and a range of health professionals at the renal unit, we began to do the work of policy and evidence gathering at the same time; working on how things could be done better, changing practices from the bottom up. Through the guidance of Yolŋu co-researchers we began to embark upon what later we would come to see as generative research work, as well as an understanding of 'systemic health literacy'. More on this research shortly.

How do we understand the ways people (and things) work in these settings? I use the example of a project aimed at enhancing the difficult relationships between government and Aboriginal people in the provision of much needed housing in remote communities. Our small part within a much larger ARC project was to do with 'consultation for better housing'. In Stage 1, we had heard stories from Yolŋu co-researchers on the history of Yolŋu shelters and housing from ancestral through mission to contemporary times. Shelter and different styles of architecture were always important to Yolŋu and they still refer to their homes using their clan affiliated ancestral totemic names for resting places. The centralization of Yolŋu on missions in the mid 20th century caused problems which, in hindsight, were pretty well solved collaboratively through negotiations between the various intermarrying clan groups and the mission authorities. With self determination, Aboriginal housing associations were set up and local Yolŋu were engaged in building, carpentry, plumbing and electrical work to provide and maintain housing. The Yolŋu, through community councils, decided the placement and allocation of housing infrastructure. More recently, with the move to local government organisation through shires (and the disbandment of community councils which had been making decisions over housing allocations), and with the 'Intervention' (which compulsorily acquired Aboriginal land for community housing), and with the transfer of all Aboriginal housing to 'public housing' (which disbanded the local community housing

associations and placed Aboriginal tenants under the same regimes as nonIndigenous public housing tenants in urban centres), the role of land owners and elders in decision making about housing virtually disappeared. In the face of all this, the NT government set up Housing Reference Groups (HRG) in 74 remote communities to advise upon but not to decide housing allocations and maintenance priorities. For our 'consultation for better housing' sub-project, we conducted semi structured interviews with HRG members, with Aboriginal community housing officers, with government workers whose role is to organise these housing reference groups, and with their team leaders and supervisors. We want to look at policy, at the way it plays out on the ground, its possibilities and its limits, and maybe the practices which are hidden from the policy view from above.

Michael Lipsky's *Street Level Bureaucracy* (1980) looks at the ways in which front line workers make decisions that directly affect the public. He argues that the cumulative effect of the many moment by moment individual decisions made by front line bureaucrats is actually how policy plays out in the world of the citizen. Turning the idea of policy on its head, Lipsky is saying that policy is not something that starts at the top and trickles down; it is more correctly the actual experience of common people when they're dealing with a bureaucrat. The ways that the documents, structures, and practices 'at the top' of a bureaucracy actually influence this frontline policy are complex and hidden, but of significance to the research. Lipsky's take on policy as something that plays out in experience at the front line, gives us the opportunity to develop a generative research methodology. We are in a position to look carefully at what happens in those everyday interactions, and the connections and dislocations between what is normally considered policy (the 'Housing Reference Group Operational Guidelines' for example) and the difficult complex and often frustrating work being carried out on the ground. As researchers following around these frontline workers as they cover thousands of kilometers trying (and often failing) to bring a quorum together to hold a reference group meeting, finding spaces, preparing snacks and agendas while also listening to concerns emerging from the remote community members, would be a daunting and time consuming ethnographic task. However key aspects of discretion emerge in the stories that people tell in interviews. To search the gaps between official policy documents, and the routine work of street level bureaucrats – the community housing officers, or the tenancy officers, for example, we pay attention to how they use their discretion in day to day decision making.

Here we turn to the work of Maynard-Moody and Musheno in their work reported in *Cops, Teachers, Counselors* (2003). They looked at the role of discretion in front line workers' work: what sort of discretion do frontline workers have and how do they use that discretion? How do they toss up between their sense of themselves as an

agent of the state or as a bureaucrat, and their sense of themselves as a concerned citizen or a community member? Everybody's making difficult decisions on the go. The ongoing rhythm of decision making – and therefore the work of government – can't actually always be understood in terms of top down policies. Through the stories of front line work, we see both how policies can never be 100 per cent effective in creating good practice on the ground, and how different aspects of organizational culture support or inhibit the effectiveness of government.

Maynard-Moody and Musheno used a narrative technique asking cops, teachers and counselors to prepare stories of their discretionary work on the job for their research interviews. The stories were to have a beginning, a middle, and an end – and to be about some interesting or difficult decision they have had to make. Not only were they able to understand how people were using discretion in everyday work, but also how narratives themselves take a place in sustaining and invigorating the organisational cultures where people are working. The professionals used the stories first to establish the citizen-clients' identities, and then to justify their own professional identities and practices in terms of the former. They revealed how front line workers were making complex moral decisions, how their decisions were contingent on where they were and what they were doing, how they weren't as rule bound as they may have seemed from above, and how the barriers between the hierarchy and the front line people were not so much to do with rules (top down policy implementation), but more to do with the ways in which social norms and culture were embedded, developed, and reinforced through the everyday front line work that these people were doing.

The Maynard-Moody Musheno research uncovered interesting ways in which government policies, procedures, protocols and rules get taken up by these individual bureaucrats in different ways. In some instances, they bend or ignore the rules to make things easier for people they know, or trust, or feel for. Sometimes they enforce the rules hyper-rigorously in order to get their work done, when there is too much on, or where they have a client they don't like, or don't trust, or whom they feel is undeserving or too demanding. As with the cops teachers and counselors, we found with the front line workers in Aboriginal housing, that the fundamental aims of policy initiatives (healthy sustainable housing for remote Aboriginal populations) was being achieved to a large extent through the ability of people of good will to work flexibly and sympathetically outside the rules and regulations and in a way which was unacknowledged and in fact often invisible from above.

This opens an important question about generative policy research. How do we find ways to encourage commitment to best practice and to policy initiatives like

Constant Quality Improvement and still promote the healthy organisational culture which allows policy initiatives to be tweaked and reshaped from the bottom up? And how do we do that in a way without burdening or increasing complex hierarchies of supervision, and regimes of accountability? We naturally found quite different contexts of organizational culture with the NT housing officers as compared with the people Maynard-Moody and Musheno worked with. The American police were driving around in cop cars two at a time, talking to each other about the world out there to be policed. The teachers however were most of the time alone in the classroom jungle full of students, and with not a lot of time to talk to each other. The counselors were actually interacting much more as a group in the organizational culture which supported them. They had different sorts of opportunity to use narratives about themselves to reflect upon normative judgements they were making. The ways in which story telling could be made visible and supported in the work place, was one of the keys to improving the effectiveness of the street level bureaucrats. The NT housing officers worked in two very different worlds – the air-conditioned offices in the major centres where they planned their HRG meetings, worked the phones trying to coordinate the meetings, met with their teams and line managers, and wrote reports to be uploaded to the databases – and the very remote hot dusty communities in the desert.

Maynard-Moody & Musheno found in stories of the mundane, everyday, and often difficult and thankless work of front line workers, a significant factor of discretion in which they move between understanding themselves as agents of the government, and understanding themselves as citizens (or community members). When we listen to the people involved at the front line of Aboriginal housing in the remote Northern Territory, we need to add a further professed accountability: Besides their commitment to the government they serve, and their commitment to the overall good of the remote Aboriginal population of the NT who have, since colonization, been poorly served with housing which can sustain their contemporary Aboriginal culture, they also spoke of the individual people they have come to know (often through previous engagements personally or professionally) and whom they care about individually as friends, co-workers from the past, and often even as adopted family. We see signs of these commitments slowly changing the policies and practices of government from the bottom up. For example several of the interviewees told us approvingly of the recent changes to the way in which remote desert communities were grouped for the attention of particular housing officers – a regrouping which responded to newly emerging cultural characteristics of the communities now linked together and the history of relationship of particular workers with those communities. While the personal relationships which had been built up over years of working together were seen as highly productive by the Housing Support Officers (most of whom had worked for a long time in the same

region, often with other government departments), people further up the hierarchy commented that it is important for them to avoid developing personal relationships so they could act professionally in their work as representatives of Territory Housing.

I want to turn now to more philosophical (rather than sociological) ways of conceptualizing complex, difficult and fraught public questions like remote Aboriginal housing. In this example, I return to the public problem of Aboriginal health in remote communities, and the work of John Dewey (1927) the American pragmatist philosopher, *The Public and Its Problems*. In 2010 and we were invited by the Australian Government Office of Aboriginal and Torres Strait Islander Health (OATSIH), to provide a scoping study in remote Yolngu communities to do with 'improving health education and health interpreting for Aboriginal clients so that they can better understand doctors and other health workers and make informed decisions about treatments'. There are of course many ways in which those rather general aims could be addressed, and we were keen to collaborate with people we knew and whose ideas we respected, who were already working successfully on the ground in health contexts in remote Arnhemland communities. We spent some time talking first of all to people with whom we had already worked, and they referred us to others until we interviewed over 100 people, all of them in their own languages, from highly trained but often inexperienced 'fly in' medical specialists, to highly experienced but often not highly trained Aboriginal health workers on the ground. We found a dizzying array of job descriptions (clinic health workers, mental health workers, aged care workers, chronic disease workers, infant health, ear health, mental health...) in a health service that was becoming increasingly medicalised so that the Aboriginal health workers and their ways seemed to be increasingly marginalised.

But at the same time we were listening to people who saw what they were doing in their own areas as actually already effective through their everyday tactics, working together in new and often unusual ways with good collaborative practices that are often invisible from the top. They were suspicious of what they saw as yet another top-down OATSIH initiative for improving remote Aboriginal health, while it was their ongoing creative collaborative work which needed to be supported. People were very aware that the problem was not a structural problem, so we shouldn't be looking for structural solutions. The last thing they wanted was more structures, more processes, more roles, more training initiatives, or (in the words of one interviewee) 'another you-beaut flip-chart'.

Dewey wrote *The Public and its Problems* in 1927 when the emergence of totalitarian approaches to government was giving philosophers cause to think

carefully about the nature of the state, governance and democracy. Dewey argued that the public in a sense only comes in to existence by virtue of its problems which need to be addressed pragmatically. All rationalist approaches to government (whether they be from the left or the right) and the 'straight-line' instrumentalism which characterises them are fundamentally undemocratic, potentially coercive, and should be avoided. In health services, we should not hope for a coherent thoroughgoing plan that can be designed from the top by government, and delivered to everybody. Not only is it undemocratic, but it's not going to work effectively. What we need is to find ways of understanding and supporting the work of people on the ground who are engaged in addressing the complex ongoing problems of everyday work. Understanding these problems as emergent helps us to see that there are more than human participants in the action. We find objects and discourses, and spaces and systems and an ongoing battle about whose definition of the problem can we accept, and who gets to define the solutions.

Thinking carefully about these complexities, we found ourselves resisting the conventional understandings of the current notion of 'health literacy' as being "an individual's ability to read, understand and use healthcare information to make decisions and follow instructions". Such a definition seems to blame the client for irresponsible life choices and ways, and the front line workers for poor delivery. Re-thinking the public problem of health literacy in terms of participants in collective action (Addelson 2002 p119), effective health literacy is largely to do with effective communication (using the Yolŋu 'building shared understandings' model of communication), taking into account the demands of health service delivery and the vicissitudes of everyday life in a remote Aboriginal community. It is not so much what the individual client understands, but more the working together of the people and resources which generate shared understandings, agreement and consent around the problem of the moment. It involves honest respectful discussion across the divide between providers and consumers. Health literacy is a not a structural problem so there are no structural solutions.

We also found that focusing on the generative work already happening on the ground allowed us to avoid the almost psychotic thinking necessitated by the radical, confusing and politically charged changes in remote Aboriginal health policy as seen from the top. The inexorable move from a complex delivery model including a range of medical services, to one regionalized Aboriginal community controlled health service is the same in nature to the policy upheavals which have left Aboriginal decision making around housing in disarray. What with the change in focus from primary health care to public health, with the complex movements towards regionalisation of the delivery of health services and Aboriginal controlled health services, the movement away from a focus on infectious and acute disease to

prevention and management, particularly of chronic disease we have another hugely complex problem. Yet to some extent all these changes can also be seen as the government implicitly endorsing a more democratic, bottom-up or anti-rationalistic approaches to health services delivery, and indeed we see the fact that we are called in by OATSIH (and indeed by Territory Housing) as collaborative consultants rather than (medical) anthropologists as a sign of the government looking for a more collaborated bottom-up evidence-based approach to the public problem of remote Aboriginal health.

Finally we could see the most effective work being done across boundaries – between English and Yolŋu languages for example, or between the Yolŋu and the biomedical model of the body, or the medicalised renal patient, and her land and kin - where the connections are provisional, contingent and the result of significant work. In a previous research project working with Yolŋu interpreters assessing and evaluating health promotion multimedia, we noted that resources that *contain* health messages seldom stimulate conversations which promote new productive collaborations across the boundaries between health professionals, service users and their families (Christie 2010 p 40). Digital embodiments of the top-down disciplinary approach tend to entrench definitions, roles and attitudes rather than modify them. We have proposed an additional, radically different resource, a user-friendly touch-pad animation of a human body which has no message, no sequence. It is manipulable, zoomable, transparent, detailed in particular areas (heart, lungs, kidneys, liver, pancreas, ears), yet de-emphasises biomedical assumptions: not telling you how to behave, but crying out for a conversation – in any language. It doesn't have a voice. It doesn't have a sequence – no beginning, no end, you just work with it. It takes its place as a participant in collective action, in which people work together to build shared understandings and agreed ways forward (van Weeren et al 2011 p4). Real change comes when categories are unsettled, where we have conversations which allow us all to rethink our assumptions and our possibilities. Not only about Yolŋu bodies and Yolŋu health, but about who does what, who decides what, whose role it is to do what, and how do we work together, who's making the decision about this (is it the patient or is it their family or the medical professional?), and are we sure we understand each other and agree?

We search for ways of working together that unsettle some of the existing assumptions, and the dualisms. No new structures, just joining up things that are there, and looking in the spaces between them. The digital resource would need to be developed slowly and collaboratively through many conversations on the ground, to help us understand where the sticking points are, and what sort of visual representations and animations may help to generate productive conversations. The 'touch-pad body' would allow for the top down and the bottom up practices to work

together in new ways. It would allow for a both-ways renegotiation of the categories through which health professionals and their clients work together. Knowledge work around the digital device would necessarily examine, unsettle, and interrupt received notions of health, disease and treatment on both sides of the health delivery practice, and point to new ways of producing pragmatic policy. It would also address, from the bottom-up, the increasing marginalisation of the Aboriginal Health Workers as the whole public problem of chronic disease comes to life, as health professionals and ill people and their families are actually working together and interacting together socially, materially and discursively. In all this piecemeal work, we promote new consistencies in the ways in which service users and providers approach their work.

Isabelle Stengers (2002) talks about the hopefulness of this sort of scientific work in her philosophy of science. We tend to think of scientists as working with certainties – particular categories, and accepted practices. But the real work, the best work that they do as scientists, is actually the work in the interstices between these ‘facts’, which is the imaginative, creative, exciting work of producing new possibilities. How do we work together in such a way that all those complex tensions between the assumptions that we’re working with are actually given a chance to be played out properly and carefully, and visibly and accountably examined, and new practices, understandings, and categories emerge in ways which reverberate into changed understandings and practices further afield?

How would such a project play out methodologically? At the outset, ethnographically as participant observers, working in situations where Aboriginal clients, probably chronic disease sufferers and their families, and health professionals, whether they be doctors or nurses or Aboriginal health workers, are working together in day to day health service delivery and consumption, developing the touch pad device iteratively, building shared understandings around particular cases, rather than a general theory of what’s going on. We focus upon people thinking about their own situations and what they’re doing, and the decisions that they’re making, the choices they can see. We would be interested in how the ambiguity of the situation may help everyone to rethink or renew some of the categories that they’re working on. Resisting moving too quickly towards a more general interpretation which may reflect a more top down approach, but actually working carefully with what we’ve got to do right here and now, without unthinkingly reproducing some of those received understandings of the splits between the doctor and the patient, or between the Aboriginal and the bio-medical body.

This work would begin in a range of different contexts, workers with different roles, people with different ailments. And then, as researchers, looking carefully through the lens of 'systemic' health literacy, identifying and theorizing the productive practices and relationships which are persistent or emerging, and presenting those findings at various meetings at all levels where people make decisions about ongoing deployment of resources or practices, or maybe the next step in the regionalisation process, or setting up a remote interpreting service. In other words supporting the development of a good system working for the health workers and the Aboriginal patients that doesn't actually create more structure but improved organizational culture.

What, finally, is the particular role of the researcher and their theory in all this? Kathryn Pyne Addelson in her work on the history of the battle over women's fertility in the US, makes the point that working away from the development of general theory is an important strategy for the activist researchers (Addelson 2002 p136). Theory in work like ours is very important, but only as another participant in collective action. As academic researchers we exercise a particular cognitive authority which we must use strategically in the deployment of bits and pieces of theory in the work of generating change. We are doing this research from a starting point which says that Aboriginal people in remote communities are most often not respectfully engaged in negotiations over government services and our work as academic researchers can help to change that. We are not general theorists, we are activists, and as such our work is useless if it does not address the public problems of people's life ways. The work of gathering an evidence base is work which should not be understood as separate from the work of changing policy from the bottom up. That is why we continue our search for generative research methodologies.

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