Wis Wei Youpla Health –

The methodology and research protocols behind an investigation into community participation into health education decision making for Torres Strait Islander girls

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ABSTRACT

This paper focuses on the methodology and research protocols behind an investigation into the nature and extent of community participation in health education decision making for Torres Strait Islander girls. It was concerned with identifying stakeholders in health education for girls, describing the ways in which stakeholders participated in health education decision-making, and identifying the factors that promoted or inhibited community participation in health education decision-making.

The investigation was informed by several personal standpoints: firstly, that Indigenous communities would want to participate in education decision-making and, secondly, that community participation would be desirable in producing good outcomes for Indigenous students.

Given the necessity for critically reflective and emancipatory research methodology in Indigenous research contexts, a critical ethnographic case study approach was chosen for this single case study. Using Carspecken's (1996) stages of data analysis, primary records were reconstructed and dialogically negotiated with participants, to describe system relations. Such an approach allowed for power and control relations between researchers and research participants to be explicated, exposing both the privileged standpoint of the non-Indigenous researcher and giving voice to the usually marginalised Indigenous students. This approach was also congruent with specific Torres Strait Islander research protocols, informed by Ailan Kastom. Data analysis was informed by a framework of Indigenous community participation theory together with curriculum theory from Bernstein (1975; 1990; 2000).

Findings indicated a strong desire by community members to participate in health education decision-making at the school. The ability of all stakeholders to participate in health education varied, with teachers exercising the most power and students the least. Recommendations were developed that were intended to enhance greater community participation in health education decision-making for girls at this high school, and more generally in other Indigenous educational settings, grounded in a personal sense of ongoing responsibility to this Torres Strait Islander community.

Keywords: Aboriginal and Torres Strait Islander education
Introduction

I want to share with you what I thought my research was about at the time I was undertaking it, and, upon deep reflection, what I think I have learned from it. What I have learned since is the part that I want to share most: reflections on the consequences (good and bad) of non-Indigenous researchers researching with Indigenous people in education. I aim to achieve this through discussion of research protocols for research with Indigenous communities and modelling the data analysis phases of a critical ethnographic case study of health education for Torres Strait Islander girls used in the study. In doing so, I offer a critical re-examination of the potential benefit of this case study for Torres Strait Islanders, Indigenous education in general and the wider academy.

Who am I?

I am a non-Indigenous researcher who formed a view of the world from living and being educated in what I now know is Minjungbal land, in Murwillumbah, under the watchful eye of Wollumboola (or Mt Warning, if you’re more familiar with Cook’s name for the mountain). I say “now know” because at no stage in my state education was I told whose land I was occupying and while I knew that both Murwillumbah and Wollumboola were Aboriginal names for the landscape, I was never required to think about upon ‘whose’ land I was growing up.

Issues of Aboriginal and Torres Strait Islander sovereignty and identity are firmly entrenched in my consciousness as a result of working in the Oodgeroo Unit at the Queensland University of Technology since 1993. My understanding increases each year through my engagement with colleagues, my teaching in Indigenous education, through research conducted into educational decision-making in the Torres Strait, and, importantly, my subsequent reflections upon that research.

Critical ethnography acknowledges the cruciality of the personal standpoint of the researcher (Kincheloe and McLaren, 2005). I developed the study from a fundamental assumption that Indigenous communities would want to participate in education decision-making, informed by my personal and professional experiences and extensive reading. Secondly, my professional experiences led to another conscious assumption that community participation would be desirable in producing good outcomes for Indigenous students. This sounds quite straightforward, but as Watts (1982), the House of Representatives Select Committee (1985), Bin Sallik (1991), Groom and Hamilton (1995), Yunupingu (1995), Nakata (1993, 2001) and Downey and Hart (2003) have demonstrated, despite long standing calls for community participation and control over Indigenous education decision-making, such participation and control is extremely rare on the educational landscape.

The Investigation

'Wis Wei Youpla Health?', which in Torres Strait Creole means ‘how is your health?’, is a case study of the nature and extent of community participation in health education decision-making for Torres Strait Islander girls at a school in the Torres Strait. The study investigated who controls health education at the school, and in what ways this control is exercised in the development and implementation of health...
education learning experiences for Torres Strait Islander girls. It is a critically
descriptive study about school and Indigenous community relations generally, and
specifically, a snapshot of a single case of Torres Strait Islander community
participation in health education decision-making for girls at the case study school.

The study specifically addressed the following questions:

(i) Who are the stakeholders in health education decision-making for girls?
(ii) What is the nature of these stakeholders’ participation in health education
decision-making?
(iii) What factors facilitate or impede the extent of community participation in
health education decision-making?

As these questions indicate, the investigation was concerned with cultural, social and
micro-political factors affecting individual stakeholder ownership and community
participation in health education decision-making for girls at the school. Issues
pertaining to community participation, stakeholders in Indigenous education,
historical and current power relations in Indigenous education, and the health
education profession were also explored.

The Theoretical Framework

I used Bernstein’s (1975, 1990, 2000) theories of pedagogic discourse to develop the
study’s theoretical framework. The efficacy and appropriateness of doing so, upon
reflection, is the subject of another paper! However, suffice to say, I thought
Bernstein would give me the tools to analyse the macro and micro political relations
of Indigenous and non-Indigenous stakeholders in this Torres Strait educational
setting. So, I specifically adapted Bernstein’s (1990: 197) model for the Social
Construction of Pedagogic Discourse, arguing that the primary, secondary and
recontextualising fields would illustrate the boundaries and scope of all the
stakeholders, and enable me to generate new theory about the system relations
arising from data analysis, as demonstrated shortly.

The Community participation theoretical constructs utilised in the study emerged
from reviewing research by Indigenous educators such as Nakata (1993, 1997, 2001,
2002) who had written extensively about Torres Strait Islander education. In
particular, Nakata (1993, 2001) emphasized that the policies and practices in place
and the learning experiences that have been offered to students in the Torres Strait
are the result of many years of active lobbying by the Torres Strait community.
Other researchers such as Soliman (1995), Tripcony (1995) and Heslop (1998)
offered models of community participation that had been trialled in remote and urban
Indigenous school settings, whilst community advisory groups such as MACATSIE
(1999) contributed an interpretation of state-based policy informing Indigenous
community participation in schooling. Concepts from National Indigenous education
policy (DEET, 1989, 1993) were also thoroughly teased out, such as “involvement,
participation and control”.

Susan Whatman, QUT – Wis Wei Youpla Health
The Research Design

Ailan Kastom and Research Protocols

White people that have learnt their custom properly are most able to understand Island custom.

(Sharp, 1997: 137).

Culturally appropriate research protocols for Torres Strait Islander and other Indigenous communities, are not new and have been extensively written about (see Sharp 1993 and 1997) and readily provided to the public sector (see DATSIPD, 2000). ‘Ailan Kastom’, which in Creole means 'Island Custom', underpins Islanders’ daily lives (Sharp, 1993; DATSIPD, 2000), forming the cornerstone of interactions within and between groups and communication styles. The fundamental aspects of Ailan Kastom are reciprocity and kinship (Sharp, 1993; DATSIPD, 2000), which mean that Islanders are obliged to act in certain ways depending upon their relationship to others and that a reciprocal act is expected. Ailan Kastom operates in all contexts and must also underpin research relationships.

There have been several significant guides published to assist researchers working with Indigenous communities, including the National Health and Medical Research Council (NHMRC) Guidelines (1991 and 2003), Northern Territory University Guidelines for Postgraduate Study (1995), James Cook University Research Ethics Guide (1995), and the CAPA Indigenous Postgraduate Report (1996). Specific advice for health research, such as that offered by Flick (1995), Donovan and Spark (1997) and Shannon et al (2000) were also synthesized. Some of the common features of such guides include the following criteria:

(i) the research must genuinely benefit the community;
(ii) the researcher must receive appropriate (and ongoing) community permission before proceeding;
(iii) the community should be kept informed and involved from start to finish as guided by principles of traditional law and custom, which are determined by the particular community;
(iv) contributions by community members should be acknowledged by the researcher when requested, while respecting wishes for confidentiality to be maintained when requested; and
(v) the researcher must seek and receive permission to publish from the community.

These protocols are not intended to be optional extras for researchers: the researcher must demonstrate them in the research plan developed and followed, in order to uphold the spirit and integrity of the research with an Indigenous community (NHMRC, 2003).

If knowledge generated from research is ‘about, for or with’ Indigenous peoples, whether it concerns their educational or health needs, then it seems quite practicable that agreements between Indigenous people and their communities in tangible ways are a means of resolving and empowering the research needs of communities. Knowledge, as Indigenous people will attest, must be understood as a dynamic sustainable resource, not something that is a passive part of how communities reproduce and maintain their culture from year to year. In the past, Indigenous communities in Australia have reacted or responded to the research interests of...
institutions, or their individual researchers, who negotiated the scope and essence of the research to be conducted (Hart and Whatman, 1998). In a more pro-active role, Indigenous people would be able to identify the research they require within their own communities and establish appropriate procedures and protocols that would allow researchers to enter their research environment under pre-determined conditions. Researchers who understand and respect this requirement would honour it by actively seeking such priorities through relevant policy, local memoranda, and community negotiation into the conceptualisation of the project.

There are other compelling reasons why agreements between communities and university researchers to adhere to such procedures should be made, and to be also aware that they are researching within a context where other protocols may arise and supersede those previously mentioned. Qualitative research methodologies, particularly in the form of critical ethnographic case study, provide a strong rationale for thorough community involvement to ensure the spirit and integrity of the research outcomes. What follows now is a critique of the criteria for Indigenous research protocols to demonstrate how researchers can commit to these protocols.

**Community Benefit and Negotiating Ongoing Permission**

An important question in determining how beneficial the research would be to any community is to consider what will be left behind at the conclusion of the research project. Ideally, tangible outcomes such as procedures, changes in practice, ongoing community development, and workable infrastructure would exist. In this case study of community participation in health education decision-making for Torres Strait Islander girls, the creation of new community decision-making structures and modified curriculum development approaches could become just some of the outcomes.

Before even contemplating the initiation of a research project, the researcher needs to be clear about who comprises the ‘community’. Simplistic notions of community may make its identification a difficult task, as the community itself may not necessarily be defined by close physical proximity between members, that is, going to a ‘village’ to see the ‘community’. Indigenous communities comprise many organisations that are responsible for protecting and maintaining specific knowledges. In the Torres Strait, the Torres Strait Regional Education Committee (TSIREC) comprises the ‘community’ who are responsible for all education matters. Similarly, the Torres Strait and Northern Peninsula Area Health Council (TS&NPAHC) comprises the ‘community’ responsible for all health matters. This study was conceptualised as combining both the aspects of education and health and I needed to approach and negotiate with both groups, to achieve proper ‘community consultation and negotiation’.

Approaching community groups without proper introduction may not bring the expected response and, yes, ‘silence’ is a response (Martin, 2003, 2006). An appropriate approach is for someone in the community who knows the researcher to introduce the research project and personnel to the appropriate groups or organisations, who will then incorporate their priorities before giving their approval to proceed. Seeking approval in this and any study should not be considered as merely the beginning to the research project but an ongoing process of negotiating Torres Strait Islanders ‘knowledge’ about themselves, their community and any matter that relates to how the research is progressing (Hart and Whatman, 1998: 8).
A key component of interaction with Torres Strait communities, as with many other Indigenous communities is revealing your personal background (Martin, 2003), professional background and the purpose of the study (Donovan and Spark, 1997). Explaining ‘who you are’ is a fundamental stage in establishing relationships and ultimately, the community reserves the right to determine if you are a suitable person with whom to negotiate the research project, according to their own criteria (Martin, 2003, 2006).

Qualitative researchers have acknowledged the importance of community permission before commencing research for some years, even though Indigenous and non-Indigenous peoples’ understandings of ‘permission’ can vary dramatically. Stake (1994:244) noted that ‘case studies often deal with matters...for which there is neither public nor scholarly “right to know”’, adding that neither funding nor scholarly intent give license to the researcher to invade the privacy of others. The imperative for establishing community permission could not be stated any clearer.

**Keeping community involved from start to finish**

Donovan and Spark (1997:91) noted that research is regarded by many Indigenous communities as an exchange process, as a part of establishing, then maintaining, a reciprocal relationship. Martin (2003: 210) noted that this expectation is the product of a ‘truly relational ontology’ and refers to it as ‘relatedness’. Researchers who obtain community permission to commence a project and the cease to negotiate emerging knowledge with the community cannot possibly establish nor maintain relatedness or a reciprocal relationship. It also raises questions of how beneficial the research could be if the community cannot ascertain progress at any given point.

Miles and Huberman (1994) noted that qualitative data collection should follow a ‘wave pattern’ of collection and verification. Lincoln and Guba (1985:296) insisted that naturalistic inquiry should reconstruct the perspectives of those being studied and that having the respondents approve of the researcher’s interpretations was integral for achieving this aim. Carspecken (1996) and Thomas (1993) also argued that a dialogical process between the researcher and the groups involved with the study is paramount to critical analysis. The community and the participants should determine exactly how the respondents are enabled to engage in such dialogue and review such interpretations. For example, their preferences may be for written documents, follow-up interviews, and/or oral presentation to appropriate groups.

**Acknowledging contributions by and respecting confidentiality of community members**

As research into an Indigenous community is an exchange process, and indeed, a part of the community’s intellectual property rights, the contribution of members who wish to be identified is of paramount importance. This can be achieved by acknowledging their contribution by name in the reference list. Similarly, as qualitative research reiterates the imperative of returning and discussing findings with individual participants, it is not difficult to acknowledge the input of those members who do wish to be identified. Conversely, the right to expect complete confidentiality in reportage of findings should be respected by all researchers. In this study, the use of pseudonyms protects individual identities, as detailed later in the chapter.
Community Permission to Publish

‘Issues of reportage should be discussed in advance’ (Stake, 1994:244). This seems to be logical advice, yet it becomes such a sticking point with many researchers and the communities they have researched. The CAPA (1996) report into Indigenous post graduate research indicated that there is often tension between academics and communities as to ‘who owns’ the research, and how it can be disseminated. Proper negotiation with communities prior to commencing the research can solve this issue, and can be regarded as good research practice, as indicated above (Stake, 1994:244). Proper communication, negotiation and agreement over critical aspects of the research should be recorded in writing, either in advance, or as the research issues arise. These are commonly known as Memoranda of Understanding (MOU), or, for example, in the case of Native Title, Indigenous Land Use Agreements (ILUA) (NNTT, 2002).

Negotiating appropriate community permission to publish the research findings has been mixed. I was asked by the Regional Education Committee (TSIREC) to present a written summary of my findings to the Minister for Education on a ministerial visit to the Torres Strait in April 1998. I was also asked to present the findings of my research on behalf of Torres Strait and Northern Peninsula Area District Health (TS&NPADH) by the Manager of that department to the 4th National Health Promoting Schools Conference in November 1998 (Whatman, 1998). Discussions with school staff indicated that contributing findings to the HREOC Inquiry into Rural and Remote Education (1999) would also be a beneficial outcome, which I did. I wanted to publish another paper in 2000, at the 2000 Pre-Olympic Congress, but received no reply (or silence) to my written correspondence to both the Health Council (TSNPAHC) and the Regional Education Committee (TSIREC) which were the relevant community organisations. I went ahead and published anyway, winning an award and publishing the paper in a national journal (Whatman, 2000). In retrospect, that publication left me with a sense of foreboding. I had represented the identities of Torres Strait Islander girls, as a consequence of representing “teaching challenges” in that region, without theirs or their communities’ express permission.

In part, this gradual realisation that I have no inalienable right to represent the identities of Torres Strait Islander people has been responsible for my decision not to publish anything further, until now. What is different this time around? Hopefully, the ‘ongoing benefit to community’ I can demonstrate from my research will be a coherent rationale for the use of emancipatory and socially just, critical research methodology in Indigenous educational research, in partnership with Indigenous communities, that will remain in the academy for future critique. Smith (1999, 2005) and Moreton-Robinson (2005) have highlighted the dangers of ongoing representation of Indigenous people as the ‘known’ by non-Indigenous people as the ‘knowers’ (Moreton-Robinson, 2005:75). Thus, I keep telling myself that my post-doctoral reflections upon how I represent my findings and a commitment to foregrounding educational theory and research by Indigenous authors will contribute to a shift in the academy towards the acknowledgement by non-Indigenous people of Indigenous communities as the rightful owners of their knowledge. It is also intended to contribute to an increasing political consciousness that Nakata (1993, 2001, 2002) has described as imperative for facilitating critical interpretation of Indigenous representations in past, present and future texts.
Critical Ethnographic Case Study

Griffiths (1998: 35) argued that not only is epistemology concerned with questions of what is knowledge, how we get it and how we recognise it, she adds ‘how it is entangled with power’ to the subset. Furthermore, as methodology is an ‘offshoot’ of these sets of questions, being concerned with the ‘getting of knowledge’, then methodology in educational settings is concerned with ‘getting knowledge on/for/with other people [and] is a complex matter. It is complex for three main reasons: human agency; social relations, especially the effects of power; and ethics’ (Griffiths, 1998: 36). Consequently, Griffiths (1998: 36) concluded that ‘educational research for social justice …is directly concerned with power, empowerment and the good of communities and individuals’.

Conventional ethnography aims to describe ‘what is’, while critical ethnography asks ‘what could be’ (Thomas, 1993: 4). Conventional ethnographers, according to Thomas (1993: 4), speak for their subjects to an audience of other researchers, while critical ethnographers accept that they speak to an audience on behalf of the subjects, to empower and give authoritative voice to the concerns of what is usually a marginalised group in society.

Critical ethnographic researchers share a concern with social inequalities and social theory, including the nature of social structure, power, culture and human agency (Carspecken, 1996: 3). In this sense, culture is regarded not only as a social construction, but also as a site within which the social relations between groups allow some groups to enhance their own authority, while regulating others, and to control the social space for their own benefit (Carspecken and Apple, 1992: 508). Culture and power, then, ‘are not part of different language games but, rather, form an indissoluble couplet in daily life’ (Carspecken and Apple, 1992: 508).

Case study is a study of people, artifacts and events in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings those people bring to them (Denzin and Lincoln, 1994: 2). Stake (1995: xi) argued that case study is the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances. There are three major types of case studies, according to Stake (1995: 3-4); intrinsic, instrumental and collective. This case study of community participation in health education decision-making for girls is a combination of intrinsic and instrumental case study. The reasons for choosing the school were based upon an intrinsic interest in Torres Strait Islander education. However, it is accepted that what is uncovered through the case study will be of broader interest to an audience concerned with Australian Indigenous education. Furthermore, a critical ethnographic case study is inherently instrumental through its mandate for social change.

Modelling Data Analysis

Critical ethnography is distinguished by a commitment to demonstrating the connections between the researcher’s standpoint, relations with participations and other systems, and the ‘truth claims’ made about the research setting. I thought an important contribution I could make to assist future researchers in Indigenous education would be to exemplify steps I followed with particular data to illustrate Carspecken’s (1996) five stages of critical ethnographic data analysis. Please note
that the examples provided here are representations of the non-Indigenous participants in the study.

**Stage One: Building a Primary Record**

Carspecken (1996: 44) explained that a primary record in educational research typically involves the compilation of 'thick' notes in written format containing descriptions about the interactions occurring in the classroom. Primary records serve as 'data anchors' (Carspecken, 1996: 45) for less intensive notes taken at other times, and help to differentiate between initial, thick observation notes and copies of these same notes which have coding, commentary and sections of expanded analysis which would have been added during stage two of data analysis.

Components typically included in thick description include speech acts and body language and low inference vocabulary. If subjective inferences are required, they are prefaced by terms such as 'appears to be' and 'it seems' (Carspecken, 1996: 45). Observer comments and contextual information should be recorded, and, if possible, a verbatim transcript of speech acts. A thick description should be used only when it is possible to document the notes close to the time of recording. A field journal note, on the other hand, is undertaken at times when it is not possible to construct a thick record. For example, informal chats with teachers, administrators, students or other key informants, in public access areas (or even on a boat!) are not usually able to be recorded as thick description. However, the bulk of what was remembered from the conversation could be recorded as a field journal entry, including close to verbatim conversations.

Thick description is designed to be recorded during a phase of passive observation. This means that although the research participants are aware of the researcher's presence, no dialogical processes (such as discussion of initial observations with the participants) have yet been undertaken. This allows the researcher to collect two sets of data – monological and dialogical, which will help illuminate conditions within the research context at a later stage.

For example, I recorded thick description concerning an interview that had just taken place with Ron, one of the HPE teachers. He appeared to be harassed and upset at something which had taken place immediately prior to our scheduled interview. I recorded the following notes:

> He was not in a very good mood as he had been in a hostile meeting with the Deputy Principal over the students who were going [on the basketball trip]. The school has a “behaviour management plan” whereby students chosen to represent the school must be on a level 1 or 2 standing. Ron was taking away a student who was below level 2 standard, having arranged special consideration (must have been a star player!), and the Deputy was not very pleased with the arrangements. He must have also cast aspersions as to the appropriateness of Ron taking the group, because Ron was not very appreciative of the conversation which took place. He was clearly pre-occupied with his problems.

> Anyway, Ron offered to complete an interview straight away, rather than later in the day. He must have seen it as one more burden to get past, so the sooner the better! (It was done at 11.15am). When I reminded him that the interview would be taped, his resolve seemed to falter, but then he said to go
ahead with it anyway. We conducted the interview in the library, while his year 11 class worked quietly away in the background. We moved once, as the first location was under a high speed fan which was too noisy. Background and Policy were the two main issues, as the curriculum stuff was to be left to a later interview. It only lasts about 10 minutes.

After the interview, I returned to the library staff room. Ron came back to make a photocopy and “off-the-record” (i.e. no tape recorder), told me that “health was not really his favourite area” and that’s why he didn’t seem to “know much about it.” He also mentioned that health is such a fragmented area, scattered across Home Ec and other subjects, as I had mentioned the day before. This made health “a difficult subject to teach”. He also said that behavioural change in health was so hard to achieve.

As Carspecken (1996: 45) advised, the description recorded contained mild, defensible inferences about how Ron appeared and seemed to be feeling. Close to verbatim speech acts, which were not captured on audio-tape, were also included. The purpose of keeping such detail becomes clearer when coding and interpreting interview data in later stages.

Stage Two: Preliminary Reconstructive Analysis

This phase involves ‘speculations about the meanings of interactions’ recorded in a primary record (Carspecken, 1996: 93), such as observation notes. Coding begins in stage two. Codes, or description of themes, can be derived from theoretical frameworks, which, in this study, includes the community participation and health education theory that was framed in earlier chapters. Codes may be already compiled as a ‘start list’ at the beginning of the research, or, as Miles and Huberman (1994: 58) also noted, themes that may not have been previously identified may also emerge and that researchers may choose to undertake a more inductive approach by not using any predetermined codes. A coded reconstruction of a primary record can take the form of the example given below.

<table>
<thead>
<tr>
<th>Excerpts from primary record</th>
<th>Low-Level Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Health was not really his favourite area”</td>
<td>Ron does not appear to like teaching health education</td>
</tr>
<tr>
<td>“Didn’t seem to know much about it”</td>
<td>Ron does not seem to be keeping up to date in health education. Acknowledging that he doesn’t like health education seems to be a reason for not being actively involved/interested in it.</td>
</tr>
<tr>
<td>“Health is such a fragmented area – it’s difficult to teach”</td>
<td>Ron appears to find health education difficult to coordinate/teach across different discipline areas.</td>
</tr>
</tbody>
</table>

The above example includes low-level coding, in reconstructing the primary record. As Carspecken (1996: 146) noted, coding can be low-level or high-level. Low level codes are usually objective in nature, in that the activities commented upon are open
to multiple access, although some abstractions or inferences may be incorporated into low level coding. Carspecken (1996: 148) argued that high level codes are dependent upon greater amounts of abstraction and are required to be able to generalise findings that have emerged from various forms of qualitative data analysis. High level codes assist with determining analytic emphases to be employed in the discussion of findings, though Carspecken (1996: 148) warned that such codes should be backed up with exemplary evidence of analysis. He also argued that ‘high-level codes will match statements made by participants during the interviews and group discussions of stage three’ (Carspecken, 1996: 148). Silverman (1997: 145) also described this process as obtaining ‘synchronic reliability’, generally achieved through a triangulation of methods.

As a general guide, codes may be developed according to Strauss and Corbin’s (1990) categories, which include conditions, interactions among participants, strategies and tactics and consequences. Also, drawing upon Strauss’ (1987) coding systems, the use of in vivo codes is recommended, which refer to codes developed from the terms and language used by the participants in the research.

So, to continue the example given in this section, the notes taken from the primary record, and low-level codes, are reconstructed using high-level coding.

<table>
<thead>
<tr>
<th>Excerpts from primary record &amp; low-level coding</th>
<th>High-Level Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Health was not really his favourite area”  - Ron does not appear to like teaching health education</td>
<td>Ron appears to prefer to teach physical education over health education. He appears to identify more strongly as a PE teacher than as a health teacher.</td>
</tr>
<tr>
<td>&quot;Didn’t seem to know much about it”  - Ron does not seem to be keeping up to date in health education. Acknowledging that he doesn’t like health education seems to be a reason for not being actively involved/interested in it.</td>
<td>Ron may feel more comfortable with the teaching approaches used and content matter chosen in physical education than in health education. Ron may not feel as though his teacher training, and experience, have prepared him to feel comfortable enough to teach health.</td>
</tr>
<tr>
<td>&quot;Health is such a fragmented area – it’s difficult to teach”  - Ron appears to find health education difficult to coordinate/teach across different discipline areas</td>
<td>Ron may feel that physical education falls within his professional area more discretely than health education does. He does not appear to feel a strong sense of responsibility for planning a subject which falls into other teachers’ discipline areas. Ron may not want to encroach upon other teachers’ discipline areas.</td>
</tr>
</tbody>
</table>

While still using ‘inference’ language, such as ‘appears to’, ‘seems to’, or ‘may’, a number of tentative truth claims can be put forward. At this stage of data analysis, it is not possible to corroborate these truth claims, as no matter how logical or normative they may appear, further evidence is required. All of the inferences made are based around Ron’s stated and inferred preferences, when, with further data analysis, structural factors, multi-level power relations and lived experiences may prove to be more valid explanations for the data recorded in this initial thick
description. A clearer picture may begin to emerge once this process has been repeated with other observation notes, and with different stakeholders.

To move closer to asserting the validity of these initial truth claims, and to assess whether or not they are valid across the entire case (that is, with other health education stakeholders), the third stage of data analysis must occur, that of dialogical data generation. In doing this, the researcher needs to assemble the data that has been coded. Miles and Huberman (1994) have argued that this ‘data display’ is a key element in the analytical process.

**Stage Three: Dialogical Data Generation**

The third stage, dialogical data generation, typically involves interviews. According to Carspecken (1996), the researcher uses the interview to discuss reconstructive analysis of previous observations with the participants, which is in turn recorded for future reconstructive analysis. To achieve internal validity of truth claims made in stage two, the researcher would hope to find verbatim statements made by interview participants that closely correlate with high-level coding. Silverman (1997: 156) also described this process as 'respondent validation'.

With interviews, it is important to have a semi-structured schedule prepared and to use two general types of questions. The first type can be described as ‘lead-off questions’ (Carspecken, 1996: 156), which are designed to ‘open up a topic domain that one wishes a subject to address’. The second type, according to Spradley (1980), are descriptive questions, in which the researcher may ask about a ‘typical day’ in the life of the participant, or to ask the interviewee to describe an event that the researcher did not witness. Carspecken (1996: 159) noted that an interviewer should use ‘bland encouragements’, such as ‘right’ and ‘hmmm’, along with encouraging body language, such as smiles and nodding of the head. It is important to use low-inference paraphrasing, to ascertain if the researcher’s interpretation of a statement is the same as what the participant intended. It is also crucial to reassure the participant that the researcher has understood what has been said so far (Carspecken, 1996: 159). Non-leading questions, or non-directive prompts, are a useful alternative to paraphrasing, whereby the participant is encouraged to keep talking further on the same topic (For example, ‘can you tell me more about that?’).

To continue with the data analysis example given in this section, some coding undertaken with Ron’s first interview is illustrated in the following extract.
<table>
<thead>
<tr>
<th>Excerpt from Verbatim transcript</th>
<th>Themes identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW - OK, so what are some of the other policies - now they could be health policies, or they could be education policies or strategies or documents produced that you know affect the teaching of health education, or that you might use? (LEAD OFF QUESTION)</td>
<td>Identification of important policy documents</td>
</tr>
<tr>
<td>Ron - Well, there’s the junior board course. We follow that.</td>
<td>No Indigenous policy documents. Ron doesn’t know they exist? Ron doesn’t care they exist? Ron doesn’t think Indigenous policy affects HPE?</td>
</tr>
<tr>
<td>SW - So, the syllabus? (LOW-INFERENCE PARAPHRASING)</td>
<td>Neglect of planning and formal decision-making in junior HPE</td>
</tr>
<tr>
<td>Ron -Yeah, the syllabus. The junior syllabus is out of action at the moment. It hasn’t been updated for a long time. Our own work program - we have a little bit of diet ... but health isn’t a major focus for us. So, um, in senior, it is more of a focus because the Board of Senior Secondary School studies sort of dictates that you have to. The current syllabus, not the new one that is coming in, but in the current HPE syllabus, you have to do a major health issue. So that you’re doing that. Grade eleven - you can hear my kids in the background - they’re doing cardiovascular disease, diet and cardiovascular disease. And grade 12’s next term are doing diabetes.</td>
<td>Lack of interest in junior Health Ed planning and decision-making? Lack of support for junior health Ed planning and decision-making?</td>
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<td>SW - So, you use something like the Torres Strait Health Strategy like a source of information, a curriculum document or document for information, rather than for guiding what you are doing. Would that be right? (LOW-LEVEL PARAPHRASING)</td>
<td>Health Strategy as resource, not policy – Ron decides what aspects, content-wise, to include?</td>
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<td>Ron - Yeah, it’s just a source book. Like, I’ve only used it for statistics, cause there are some really good, poignant statistics in there, about all sorts of things. And all sorts of diseases and all sorts of ages and time-frames. It’s really good in that respect, but, um, yeah. That’s why I use it.</td>
<td>Evidence of community participation (health worker consulted). Ron not interested/able in keeping up to date with latest policy documents? Once-off contact with health department (non-Islander doctor)? Why not more contact? Bad experience? Doesn’t see the need? Ron not able to pursue further contact with health dept.?</td>
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<td>SW - Are there any others? (NON-LEADING PROMPT)</td>
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<td>Ron -There was another one, and I don’t know where the hell it’s gone. Um, I forget what it’s called. I went down last year, before I started planning this unit - I taught it last year. And I saw one of the doctors and he gave me two booklets. One was the health strategy and there was another one. It’s probably in the file somewhere. But I don’t know where it is. That had some good statistics in it too. Just some general stuff. It was a similar thing ...</td>
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In stage three, common themes in the data are sought, as generated from the responses of all interview participants who have been asked similar questions. Inferences are recorded along side pertinent verbatim excerpts, to be later cross-checked with other sources of data. It is important to note that the mere aggregation of data from multiple sources will not 'unproblematically add up to produce a more complete picture' (Hammersley and Atkinson, 1983: 199). These inferences, or 'main claims' (Hammersley, 1990: 31) will then need to be confirmed, modified or rejected, based on the evidence collated from other participants and sources of data, such as documents. In this stage, codes or themes may be descriptive sentences, or single words (Miles and Huberman, 1994: 58). When this process is repeated across all of the interview participants, there may be a significant bulk of data labelled with the same general codes. It is at this point that re-coding, or using 'sub-codes', may be necessary to make sense of the data (Miles and Huberman, 1994: 61).

Stage Four: Describing System Relations

In stage four, according to Carspecken (1996: 195), the idea is to discover particular systems relations by analysing several related sites. Site relationships 'may include those based on the actual physical movement of people or on cultural commodities and political documents' (Carspecken, 1996: 197). In this study, systems relations are examined across three main sites within the overall case study: within the decision-making group of health education teachers; among the health workers who engage with the afore-mentioned teachers in the teaching of health to female students; and among female students who are enrolled in health education classes.

In stage four, the reconstructive analysis conducted through stages one to three should be interpreted to identify system relations. It is crucial to ask from where the themes originated at this stage. If the researcher suspects an origin in other sites frequented by the study's participants, additional fieldwork is required within these newly identified sites. Essentially, the researcher is seeking to confirm whether 'main claims' specific to the case (Hammersley, 1990: 31) are also evident outside of the case. Other peripheral sites were briefly examined, therefore, looking for multiple-site validation of particular truth claims. These included discussions with Education Queensland support staff, located within the local School Support Centre.

The validity requirements for stage four, according to Carspecken (1996: 201) include the appropriate reconstruction of cultural forms evident in several sites, followed by a comparison across sites. Special interviews and group discussions should also be conducted for a stage four analysis (Carspecken, 1996: 201).

An example of a comparison of themes across sites is provided in the below transcript analysis. Carrie, the former Key Learning Area Clerk (adviser) in HPE for the Torres Strait area, was interviewed to follow up on themes that appeared to be more widespread than just within the main case study site. In an earlier example, an inference made, for later validation, was that Ron appeared to identify with the Physical Education component of his discipline area, more than with the health component. Carrie's responses triangulated the validity of this inference, making it a more credible truth claim. She also validated inferences that had been derived from student interviews of the lack of communication between health educators in different departments leading to repetition of learning experiences and student boredom.
<table>
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<tr>
<th>Excerpt from Interview Transcript</th>
<th>Low and high level coding</th>
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<td>Carrie</td>
<td>Because a key learning area, health and phys ed, is all about, um, talking to other people in the staff and making sure that you are not double-dipping, as it were, because most schools do. The Home Ec are teaching nutrition at the same time that the Science are teaching something about nutrition; same with the health teachers. So, the whole push behind the new syllabus is that people talk to each other and that they integrate their programs. So the kids don’t get bored because how many times in HRE, maybe from people you have interviewed, maybe the kids, saying “it’s boring”.</td>
</tr>
<tr>
<td>SW</td>
<td>Mmmm</td>
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<tr>
<td>Carrie</td>
<td>Well, it's boring because it keeps getting repeated and it isn't relevant in terms of the repetition. They get bored!</td>
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<td>SW</td>
<td>With the splitting though, of the health subject from the PE subject, when I spoke to [Grant] about that, I said “which one are you going to go for?”, and he said “oh, PE”. (LEAD OFF QUESTION)</td>
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<td>Carrie</td>
<td>Mmmm.</td>
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<td>SW</td>
<td>Then I said “what about health ed?”. And he said “oh well, not to begin with”. So I thought “well what’s going to happen to health then if they have this scenario of just PE?”. (LEAD OFF QUESTION)</td>
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<td>Carrie</td>
<td>Biggest problem I had. I’m phys ed teacher trained, but in that job I had, the biggest problem I had was to actually tell the phys ed people that they are not “phys ed” but that it is “health and phys ed”, and that it is an umbrella for all those other areas. And that they are the key person to integrate all of it – the health and phys ed teacher...</td>
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<td>Carrie appears to feel that the KLA in HPE structurally should encourage cross-departmental communication. The KLA should prevent repetition of learning experiences across different subject areas. A KLA should promote subject cohesion. Carrie has encountered poor communication across the HPE KLA before. Carrie has seen the consequences of poor communication and repetitive programs before. It may be endemic in the KLA?</td>
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<td>Power relations within and between departments can impede the delivery of coordinated health education learning experiences. Carrie appears to believe that a lack of communication between teachers across the HPE KLA leads to repetition of health learning experiences, which leads to student boredom. Poor communication leads to a decrease in quality of student experience</td>
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<td>Carrie appears to believe that PE teachers do not identify strongly with being ‘health teachers’. Carrie appears to have encountered this situation many times before in her role as HPE KLA. HPE teachers in Carrie’s region (Far North Qld and Torres Strait) typically resist their role as coordinators of health within the HPE KLA. Carrie appears to believe that the HPE teacher should be the key decision-maker in health education for Torres Strait Islander girls.</td>
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The new themes identified, and existing themes revisited, in this stage lead to the development of systems relations (Carspecken, 1996), or ‘clusters of data’ (Miles and Huberman, 1994: 97), which can be quantified, compared and contrasted with other emergent patterns. This assists with the validation of the inferences and truth claims made by the researcher as the case study unfolds.

**Stage Five: Using System Relations to Explain Findings**

Stage Five goes beyond stage four by discussing findings in terms of existing theory. Carspecken (1996: 203) noted that the:

> ... principle inference involved in stage five is that of a “fit” or a match between the highly specific reconstructions built up over stages one through four and an existing social theory. But matching alone is not quite enough to produce a convincing argument. As indicated above, you must build abstractions off of your empirical data to the point where a fit can be recognized.

The construction of abstractions is aided by noting the relationships between your reconstructions and the physical environments in which the participants live and work. Also, the concept of interests is relevant to abstraction, as defined by Giddens (1979: 189), which entails a socially constructed means for fulfilling a need or desire. Carspecken (1996: 205) argued that the basic strategy in stage five is to discover how the research participants meet their material and social-psychological needs to characterise their interests. Why they must meet their needs in these particular ways, can be investigated by examining their access to cultural, political and economic resources (Carspecken, 1996: 205). Hammersley (1990: 48) regarded this stage as creating ‘theoretical inferences’ which refer to ‘particular phenomena occurring in particular places at particular times’. While such theory has potential relevance to a wider audience, its purpose is to explain phenomena in that research context for the research participants, as a means of empowering them to act upon the findings.

In this study, the truth claims and abstractions generated from the data can be cross-matched with theoretical concepts such as those adapted from Bernstein and the Indigenous community participation literature (such as Watts 1982, House of Representatives Select Committee 1985, Soliman, 1995, Tripcony, 1995, Heslop, 1998 and MACATSIE 1999) ‘Empirical generalisations’ (Hammersley, 1990: 49) are common concluding stages to ethnographic research. However, as Carspecken (1996: 205) noted, a simple match with broader existing theory should not be the conclusion of the study. In this stage, the reasons for the ‘fit’ or lack of ‘fit’ with existing theory must be fully explored and developed from the context in which the research participants live and work. Therefore, in this study, the particularities of being a stakeholder in health education for girls in a Torres Strait community were teased out with the findings. The specifics of this case must be addressed, not merely generalised. For instance, taking a truth claim generated from the examples given here, that HPE teachers identify more strongly with physical education, than with health education, it would be a simple process to align this truth claim with supporting literature. The significance of this study rests with the ability to explain why this phenomenon occurred at this school, at this time, with those stakeholders, impeded or facilitated by what processes, to make the findings useful and applicable.
to future problem-solving endeavours. Therefore, in critical ethnographic case study conclusions, theoretical inferences are more important, and more empowering, than empirical generalisations.

Concluding Thoughts

If you have made it to the end of this long paper, thank you. I was torn between presenting only the protocols, or only the stages of critical ethnographic data analysis, but I truly believe the presentation of both will assist other researchers with seeing the ‘fit’ between intended ethical and respectful research into Indigenous education and the emancipative social justice agenda of critical ethnographic case study.

I have given some hints of what my findings were, but I have consciously chosen not to represent again what I now know is the reserve of Torres Strait Islander educators and commentators. I can tell you that my findings had many implications for education systems and personnel (primary, secondary and tertiary) and educational researchers and it is this responsibility for researchers who intend to work with Indigenous communities on their self-determined priorities that I hope has been the strongest message.

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