

Deakin Research Online

This is the published version:

Hickey, Christopher and Fitzclarence, L. 2004, 'I like football when it doesn't hurt': factors influencing participation in Auskick, *ACHPER healthy lifestyles journal*, vol. 51, no. 4, pp. 7-11.

Available from Deakin Research Online:

<http://hdl.handle.net/10536/DRO/DU:30002850>

Reproduced with the kind permissions of the copyright owner.

Copyright : 2004, Australian Council for Health, Physical Education and Recreation

“I like football when it doesn’t hurt”: Factors influencing participation in Auskick

Christopher Hickey - Deakin University, Victoria, Australia
Lindsay Fitzclarence - Monash University, Victoria, Australia

Auskick is the Australian Football League’s (AFL) introductory program specifically designed to recruit and harness the interest of primary or elementary school-aged children between the ages of 5-12 years. As an induction program, Auskick is underpinned by a philosophy that foregrounds involvement and enjoyment as foundational to a pathway to an ongoing affiliation with Australian Rules football. Getting young people to identify with Australian Rules football from early on is a strategic aspect of growing or sustaining the game. Within its charter of mass recruitment, Auskick is more about promoting an interest in football than it is about talent identification. Indeed, only a tiny minority of the more than 110,00 children that partake in the Auskick program in 2004 will go on to compete at the highest level. Drawing on over 200 interviews conducted with parents and children attending Auskick sessions, this paper presents an overview of some of the factors that influence initial participation in Australian Rules football. Among other things we ask participants how they intend to negotiate the behaviours and practices required to play a body contact sport like Australian Rules football.

Introduction

Participation in sport continues to exist as a prominent trajectory for young males. While the forces of globalisation have clearly expanded the sporting landscape to include sports that were previously unknown or dismissed as fringe or ephemeral, it is competitive male team sports that continue to dominate the sporting landscape in most Western societies. Built on para-military histories that have cultivated a language of sacrifice, stoicism and resilience, games of football present as harbingers of a long celebrated version of masculinity in which real men are ‘tough’. Australian Rules football fits this profile. Like rugby in South Africa, soccer in England and gridiron in the USA, Australian Rules football presents as a powerful cultural vector for informing and shaping the dominant understanding of what it means to be a real man in Australia. Aligned to orthodox gendered mythology, Australian Rules footballers are viewed as strong, resilient, courageous, determined and gregarious men who, like the ANZACs, are willing to make personal sacrifices for the benefit of others. However, it is now widely recognised that many of these celebrated sporting male attributes are considerably more problematic than the way they are presented. During the regular seasons of high profile codes of football the media coverage is awash with images/stories

of footballers involved in violent and/or abusive incidents (both on-field and off-field). Traditional entitlements that some footballers, and groups of footballers, have claimed through sport have become increasingly under challenge.

There now exists a wide body of research that questions the values of competitive male team sports that nurture and promote stoicism, hardness and solidarity as necessary attributes in the celebration of masculinity (Messner & Sabo, 1994; McKay, Messner & Sabo, 2000; Fitzclarence & Hickey, 2001; Hemphill & Symons, 2002). This concern is shared across mainstream society where there is a burgeoning social objection to the cultures of aggression, violence and entitlement that seem to readily spring up around the practices of football (Burton Nelson, 1994; Lefkowitz, 1998; Miedzian, 1992). Under the microscope of powerful new media technologies, footballers have become increasingly accountable for attitudes and behaviours that were previously rationalised and concealed. In the process of transforming football into a highly marketable commodity, the associated media attention has simultaneously exposed many aspects of football culture that have previously managed to avoid social scrutiny and analysis.

Practices and attitudes that were once defined and monitored within sub-cultural groups are now scrutinised by new audiences, who bring with them new political and

social sensitivities (Connell, 1995). With its exaggerated focus on gaining a competitive edge, expunging weakness and vulnerability and in establishing and maintaining hierarchical relations it is understandable that football has made many enemies. Indeed, there is widespread social concern that the dominant practices of football conspire to produce a restrained, if not distorted, view of relationships and support habits and practices that restrain its participants from acting responsibly and respectfully towards others. On the face of it, it might be reasonable to assume that parents who actively facilitate their children's involvement in football either endorse or tolerate the expressions of masculinity that are projected through its practice. Alternatively, it may be that they believe that the good experiences and lessons on offer through football outweigh the negative, and hope that their child will successfully negotiate the thin line between the desirable and divisive forms of masculinity on offer in this social space (Fitzclarence, Hickey & Nyland, 2004).

In this paper we report on research we undertook into why young males, with the support of their parents, continue to be attracted to football. The subject of our research is the highly successful and celebrated Auskick program. Auskick is the Australian Football League's (AFL) introductory program specifically designed to recruit and harness the interest of primary-school-aged children. In 2004, Auskick attracted in excess of 110,000 children at over 1500 sites around Australia. Based on this Auskick has become recognised as one of the most far-reaching and successful introductory programs for attracting young people to a specific sport. What makes these numbers so impressive is the fact that Australian Rules football is a high contact male sport, where ongoing participation is suited only to a very small minority of the population. While Auskick is underpinned by a philosophy that foregrounds fun and involvement, frequent images of wounded and broken bodies ensure that the expectation of injury must be real and calculated for all those that participate.

The fundamental goal of our research was to explore the factors that influence participation in the Auskick program. Given the young age of the children involved in Auskick programs (5-12 years), we knew that they would not hold the necessary freedom or agency to independently determine and enact all aspects of their involvement. For many of the children, their participation in the Auskick program is heavily dependent on the support of parents or other significant adults. To this end, the attitudes and perceptions of adults were seen as integral to most children's participation. Indeed, we assumed that the absence of consenting adult carers, or couriers, would greatly retard a child's participation. To this end, we felt it important to talk to both children and adults about their participation of Auskick, and its articulation with the wider practice of football.

The conduct of the research

The research reported in this paper was derived from open-ended interviews with parents and children attending Auskick sessions at a range of sites across Victoria and New South Wales, Australia. The research was endorsed and funded by the AFL as part of their ongoing endeavours to understand and accommodate the needs of Auskick

participants. This process involved researchers visiting 15 Auskick centres and asking for volunteers to discuss aspects of their involvement with Auskick. Parental consent was gained before interviewing children at each site. The vast majority of these interviews lasted somewhere between 5-10 minutes. All interviews were audio-taped and later transcribed.

Data were collected and analysed within a qualitative methodology that seeks to generate understanding through 'deep insights'. To this end interviews were conducted around three simple themes:

- The nature of, and background to, their recruitment to the Auskick program.
- Their satisfaction with the Auskick program.
- Their projected involvement in Australian Rules football.

A total number of 227 participants were interviewed during the implementation of the study (see Table 1 for details). This represented around twenty-two hours of continuous discussion with people participating in Auskick programs.

	Victoria		NSW	
	Male	Female	Male	Female
Children	74	2	35	7
Parents	42	24	26	17
Total	142		85	

Table 1: Participants interviewed during implementation of study.

Results and Discussion

Schools represent the most common medium through which participants initially find out about Auskick programs. Auskick caps, footballs and other promotional material were powerful signifiers and lures to the program. Seeing their friends with an Auskick cap on in the school playground served as a powerful promotional tool. The other common medium through which initial interest in Auskick was developed was by word of mouth. Reports of the fun and activity that are on offer through Auskick are clearly widely spread amongst the community. Prior to hearing these stories many of these participants would not have considered an involvement in Auskick.

I don't actually like footy that much. One of my friends said that this one was pretty friendly and non-competitive so I thought we would give it a go. Because their father and I are separated you hear all this stuff about them needing other males around and I thought this might be good for them. (Female adult).

Most participants revealed that Auskick was just one of a number of sporting and recreational activities that they were engaged in. Almost all children revealed that they were involved in at least one other sport, with the large majority revealing engagement with two or more. This is consistent with Australian sociologist Hugh Mackay's (1998) description of young people born after the 1980s, which he labels the 'options generation'

I do tennis and basketball as well. With basketball I like to catch and stuff, it's like footy you shoot goals and run up and down the court. But I probably like footy better. Tennis is pretty good, hitting and stuff, but I probably like footy better. I don't think I'll play it later on, maybe at school in lunch games and everything. Yeah, I'll probably play it. (Male child)

I like football better than basketball and I like tennis the same as football, and football better than cricket. (Male child)

Being with friends appeared consistently as a core reason why participants valued Auskick. One parents had stumbled across the Auskick centre while taking a walk around his new neighbourhood, having just relocated his family from Brisbane to metropolitan Melbourne, and decided to take his sons along. His motivation to have his sons (6 & 8 years) involved in Auskick was a way of helping them to "become accepted down here and make new friends with other kids in the area". Although all participants rated it highly, the 'friendship factor' seemed to have a slightly different meaning between children and adults. For children 'being with friends' meant pretty much its literal translation. However for parents, 'being with their friends' was often rooted in a desire for them to spend 'constructive time' with their friends in a controlled and supportive environment.

Look I don't really care what the kid does as long as he's involved in sport. If they're involved in sport they're not getting into trouble because they've got something to do and they're not just out on the street. I played football myself and it was good for me. If they're active in sport you know their hanging around with the right people. (Male adult)

In discussing their motivations to have their child(ren) participate in Auskick many parents saw it as fulfilling their responsibility to provide their children with a *balanced lifestyle*. One aspect of this motivation was the need for their children to exercise. The perceived need for 'kids to be active' was a considerable incentive behind many parents bringing their children to Auskick. Underpinning this is a widespread view that child now have a wide range of passive recreational pursuits at their disposal. Many parents expressed concern that their children would happily occupy their time with computers, video games and watching television if they were unchallenged. As a partial response to this predisposition, the scheduling, low cost and flexibility of Auskick made it an attractive option in the pursuit of activity.

Gets them active, I think the fact that they're getting out in the fresh air and involved with other kids and not just sitting at home watching TV is important. (Male adult)

If I didn't do this I would probably be sitting at home watching tele or something, so I guess it's good cause it makes you run around and have some fun. Yeah, I reckon it's good for that. (Male child)

If he wasn't here he'd probably be playing Nintendo. I think that he thinks that's a sport too! (Female adult)

Being a *team game* football represents an ideal medium in which children can experience being 'part of a group'. There were numerous comments made by parents that revealed their enthusiasm for Auskick on the grounds that it gave their child an opportunity to be in a group setting. They were keen to make sure that their children would 'fit in' in such settings and learn to be part of a group. Auskick was seen as a place where young males could learn how to behave and fit-in in an all male group.

He's not very good at it but I really like to keep him coming. I think it's really good for him. At home he's surrounded by women so to meet up with all these boys is great for him. He does swimming but he hasn't met anyone through that. They just put their goggles on, stick their heads under water and swim. You don't really get to experience being part of a group. (Female adult)

Whereas adult males were more interested in seeing Auskick as a way of helping their sons develop the skills of the game, women were far more attracted to the program on the basis that it was in a *happy, safe and non-aggressive environment*. The fact that Auskick doesn't allow tackling and is non-competitive, were determining attributes for many women. Given that our data revealed that almost 45% of the parents that were in attendance at Auskick sessions were females, the basis of their support for the program is clearly relevant. The way Auskick provided for fun, activity and connection was what pleased most women. That it involved learning the skills of Australian Rules football was largely immaterial to them. Very few of the women expressed their children's involvement in Auskick as being the first stepping-stone on the pathway to being a footballer. While all the women spoke highly of their Auskick experience their attitude to their child's ongoing participation in football would be, at best, described as 'ambivalent' at this stage.

It's about belonging and connection. I think they're the sorts of things I'm bringing him here for and what I'd be looking for in a club. It's promoting connection that is so important for our kids. (Female adult)

Several of the women interviewed indicated a belief that Auskick provided an important context for their sons to have contact with male peers and older males outside of their immediate family context.

It's a really friendly and supportive atmosphere here. I went to one of the other Auskick centres once and it was like really serious and 'blokey'. I really like this one 'cause it's quite relaxed and there's not a lot of emphasis on who the good players are. It's like lets get out and have some fun. A lot of the other mums come along and it's a bit of a family atmosphere. (Female adult)

Male adults, on the other hand, generally placed more emphasis on participation in Auskick as part of the progression to their son's playing football. In many instances this lineage emanated from their own experience as a footballer. In reflecting on their own involvement as positive they heralded football as a medium through which to *develop certain character traits in young boys*. These traits were expressed in words such as 'discipline', 'commitment',

'teamwork', 'mateship', 'sacrifice', 'determination', 'winners not losers' and 'toughness'. All of these were viewed as valuable attributes in male character and were generally seen as part of a longer-term development through participation in football. Although such attributes are not present in the language of Auskick they are mapped on to Auskick by virtue of its articulation with other levels of Australian Rules football.

Sure, I'd love to see him keep going with it. I played football and I think it was good for me. I think it's better if someone is behind you pushing you. My old man didn't push me along so I sort of had to do it myself. I want to give him more encouragement than I got. Just give him a chance to be a good player. (Male adult)

I think this is really good for him. I was in the army for five years and they really promoted the discipline. Sport was a big part of all that, so I think it's good for him to learn that. (Male adult)

Many parents identified the physical demands of Australian football as a deterrent in encouraging their children to participate at the next level. There were many examples of parents, particularly mothers, making reference to their concerns about their child getting hurt if they continued in football. It should be noted that such concern was not restricted to parents that didn't want their children to continue in Australian Rules football but was also common among those who endorsed football as a trajectory for their child. While the latter group felt positive about their child's involvement in football, they were clearly concerned about the risk of injury.

It's a very physical sport, so when you're small and they don't tackle and stuff it's fine. But when they get older it's bloody rough. By the time they're 30 most of them have only got half a brain left. (Male adult)

The contact is what probably worries me most. It's a heavy contact sport and as a family you've always got a concern about one of your kids getting hurt. I don't think I'd try to stop him if that's what he wants to do but I wouldn't be concerned if he gave it away and went for something else. (Female adult)

There is clear evidence that this is also an issue in some children's considerations at playing at higher levels. A number of children made direct links between their perception of the increased physical contact that would be part of the game at the next level and their lack of desire to continue with football.

No, I don't think I will play later. I like it but it gets really rough and I don't really like getting hurt, injured and that. (Male child)

I think I like basketball better. You don't have to get hurt as much in basketball. (Male child)

I like footy but when you get older you get bashed up more. I wouldn't like that. (Male child)

While most parents accepted that football was a

competitive game there was wide consensus that the transition from Auskick to the junior club level was too abrupt. Accordingly, many parents expressed concerns that their child(ren) would *struggle to make this transition* and would probably choose to do something else. This view was of course entirely hypothetical for most parents as only three of the many parents that spoke negatively about their child(ren)'s progression to the junior club level did so on the basis of their direct experiences. Otherwise, the fundamental basis of the widespread negativity toward the junior club level was based on the perception that once competition was introduced 'winning' would over-ride the principles of participation and enjoyment that Auskick nurtured so prosperously.

I think it's important that everyone still gets a go, plays different positions and all that. You go up to Little League and they may have good set ups for winning games but some kids miss out, they just sit and watch most of the time. They only get a go when the game's already won or when it's not going to make any difference. I hate that. (Male adult)

Closely related to parental concerns about the introduction of competition in the pathway to playing football was a perception of the emergence of the *ugly parent*. A number of parents mentioned that they had reservations about their child(ren) getting involved in Australian football at the junior club level on account of the pressures and behaviours that they thought would inevitably emerge among parents. The inclusion of a competitive element was seen as the catalyst for many parents to get whipped into some sort of winning frenzy. While there were some accounts of people experiencing this first hand most of the comments were based on the folklores of junior sport.

You see them at the junior football, some parents get a bit excited. I tried umpiring and I said to the boys 'I'm not an umpire so if I make a few mistakes forgive me. But the parents don't! You can hear them yelling at you, they just go off at you. (Male adult)

I don't know. The parents really worry me, they get so carried away. I went to a junior game at Frankston last year and there were parents abusing the umpire. As the kids walked off I heard one of the dads say to the boys, 'don't worry boys the umpire is a f...ing cheat'. It was a horrid scene and I don't know if I want my kids to be part of it. (Male adult)

Implications and Recommendations

Behind the gender one-sidedness of discourses that position games like Australian Rules football as an almost exclusively male pursuit, there is a need to better recognise the influential role that women play in the formative practises of induction and retention. Our research reveals that it is often mothers, or significant other female adults, that are at the forefront of the actions and decisions that determine what sporting activities their children will partake in. While the carriage of Auskick sessions is undertaken almost exclusively by men, almost 45% of adults present at the sessions we visited were women. However, behind their overt support for the Auskick

program, by dint of their very attendance, many women are very tentative about their children's longer term participation in a football. Despite the goodwill they express toward Auskick there is a widespread perception that an ongoing participation in football will necessarily involve hostility, aggression and violence. For many women, it seems, getting boys involved in the Auskick program is a way of accessing some of the gender capital associated with being a footballer, without having to actually be one!

As much as the Auskick program is heralded for its success in garnering the interest of large numbers of children, progressing its membership to the next level of the game presents as a considerable challenge. A critical aspect of sustaining new participants beyond induction, involves dealing with the widespread fear of violence and injury that pervades the consciousness of many Auskick participants. Much of this fear stems from participant observations of the physical damage that player's bodies endure through participation at the upper levels of the game. There is widespread concern that once the focus shifts to competition, there becomes an insidious focus on expunging weakness in the pursuit of victory. Miedzian (1992) summed this up in her claim that 'when winning is everything violence is never far away.' In the context of our research, it was generally perceived that the greater the emphasis on competition the uglier football became. There is widespread concern, particularly among mothers, that competition football promotes a version of masculinity that encourages young males (their sons) to over-ride their own physical and emotional needs, and to ignore those of others.

Dominant approaches to promoting the institutional mores of games like Australian Rules football have tended to hold up elite players as role models for young players. This approach, we believe, has become increasingly problematic amid the heightened scrutiny and surveillance that elite players now operate within. However, for all its heroes within the weekly media coverage of football there exists a collage of violence, pain and abuse. To this end, the role model approach now exists within a complex social network that fails to provide a clear and constructive set of values and practices appropriate to the needs of young players. Indeed, our research suggests that endeavours to increase the participation in football need to be driven from the bottom up. Many young males, it seems, would be more likely to proceed into higher levels of football if the same sensibilities and values that attracted them to Auskick were seen to exist in the competitive phases of the game. For this to happen coaches, teachers and parents need to lead the way. Foremost in these reforms is the need for coaches, teachers and parents to genuinely recognise the social and emotional development of participants as of equal importance to the development of physical skills, team tactics and winning performances. Through the formal practices of coaching and schooling we must seek opportunities to deal with the institutionalised habits and practices that restrain participants from acting responsibly and respectfully towards others. In seeking to promote a new football culture, where participation is harnessed and individuals are encouraged to act responsibly and respectfully toward others, it makes good sense to start at the beginning. However, if Auskick continues to be seen as

the only site of active participation in football that doesn't hurt, Australian Rules football will continue to face mass contrition beyond the introductory level of the game.

References

- Burton Nelson, M. (1994). *The Stronger Women Get, The More Men Love Football*. New York: Harcourt Brace & Company.
- Connell, R.W. (1995) *Masculinities*. Allen & Unwin, Sydney.
- Fitzclarence, L., Hickey, C. & Nyland, B. (2004) The thin line between pleasure and pain: Implications for educating young males involved in sport. In B. Frank & K. Davidson (eds) *Masculinities and schooling International practices and perspectives*. Fernwood Books.
- Fitzclarence, L. & Hickey, C. (2001) Real footballers don't eat quiche: Old narratives in new times. *Men and Masculinities* 4(2):118-139
- Hemphill, D. & Symons, C. (2002) *Gender, sexuality and sport: A dangerous mix*. Walla Walla Press, Petersham NSW.
- Lefkowitz, B. (1998) *Our Guys*. Vintage Books, New York.
- Mackay, H. (1998) Three generations-Three Australias? *The Sydney Papers*, vol. 10, no. 1, pp.61-68.
- McKay, J., Messner, M. & Sabo, D. (2000) (eds) *Masculinities, gender relations, and sport*. Sage Publication, Thousand Oaks, CA.
- Messner, M. & Sabo, D. (1994) *Sex, violence and power in sports: Rethinking masculinity*. Crossing Press, Cambridge.
- Miedzian, M. (1992) *Boys Will be Boys: Breaking the Link Between Masculinity and Violence*. Virago, London.

Author's Notes

Chris Hickey is a Senior Lecturer in the Faculty of Education at Deakin University. Lindsay Fitzclarence is an Associate Professor in the Faculty of Education at Monash University. Together, Chris and Lindsay have published widely in the area of sport and masculinity. They are currently completing a book titled, Boys, Balls and Bonds. Please direct all correspondence to Dr Christopher Hickey on (03)52271455 or chick@deakin.edu.au.

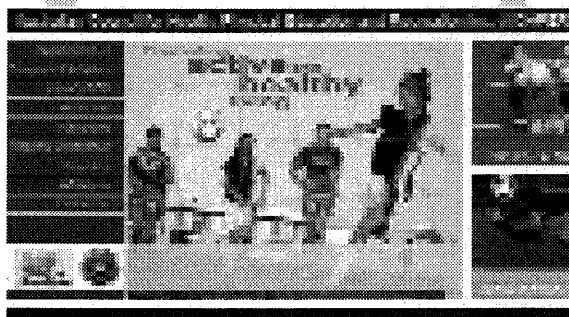
ACHPER Website Upgrade

ACHPER National recently upgraded its website

www.acher.org.au

to make it easier for you to find the information you need.

The new site includes a Member's area, and front page links to some of ACHPER's partnership sites, viz. Jump Rope for Heart, the Active Australia Schools Network and Kellogs Australia
www.kidshealthandfitness.org.au



Family day care environments and physical activity

Vivienne Temple - RMIT University, Melbourne, Victoria, Australia.
Justen P. O'Connor - Monash University, Victoria, Australia.

Early childhood lays the foundation for physical activity in later life, therefore movement experiences should foster enjoyment of physical activity and help young children become confident and competent movers. This study examined the opportunities and constraints to physical activity for 3 to 5 year-old children in family day care environments. Eleven structured interviews with caregivers and environment analyses of caregivers' homes were conducted. The major barriers to physical activity reflected a confluence of environmental and social factors, such as rules governing play indoors during inclement weather. Resources to enable physical activity need to consider the unique characteristics of family day care environments, where for example, indoor play space is also the caregiver's home.

Introduction

Approximately 23% of Australian children are placed in formal child care (Australian Bureau of Statistics, 1999). Sixty percent of those children attend child care for between 5 and 19 hours per week (Australian Bureau of Statistics, 1999), and the quality of that care can significantly impact on children's lives (Love, Harrison, Sagi-Schwartz, & van Ijzendoorn, 2003). The most commonly used types of formal care in Australia are long day care and preschool (33% and 32% respectively), before and after school care programs (21%), family day care (12%), and occasional care (6%) (Australian Bureau of Statistics, 1999).

Family day care is a type of formal care offered in private homes by registered caregivers, available to children aged from new-born through to 12 years of age (National Family Day Care Council of Australia, 2003). A family day care provider is a non-relative, who provides child care services to no more than seven (only four of the seven children can be under school age) unrelated children as the sole caregiver in a private residence other than the child's home (CCDF, 2003; Smith, 1999). Within the State of Victoria there are 72 family day care schemes operated by local government, community groups, or religious organisations that are funded by the Commonwealth Government (National Family Day Care Council of Australia, 2003).

Little is known about the social and physical factors which may constrain or enable physical activity opportunities in family day care environments. However, there is evidence that preschoolers in both home and care environments are not getting sufficient physical activity (Deal, 1993; Freedson, 1989; Saris, 1986). In response to concerns about sedentary lifestyles, the National Association for Sport and Physical Education (NASPE) (2002) has reiterated the need for early childhood to lay the foundation for physical activity in later life. NASPE's physical activity guidelines for children birth to five years of age (see Table 1) focus on fostering enjoyment of physical activity and encouraging significant others such as parents and caregivers to help children become confident and competent movers (National Association for Sport and Physical Education, 2002). The guidelines offer child care administrators and caregivers broad direction as to the physical activity needs of young children (see Table 1).

Higher levels of physical activity among preschool aged children have been associated with outdoor play due to the greater tendency for large muscle group activities (Deal, 1993; Klesges, Eck, Hanson, Haddock, & Klesges, 1990). This does not mean, however that children will naturally engage in an ideal range of physical activities in outdoor environments. Taggart and Keegan (1997) investigated movement skills of 5-year-old children in pre-primary

Guideline 1	Preschoolers should accumulate at least 60 minutes daily of structured physical activity
Guideline 2	Preschoolers should engage in at least 60 minutes and up to several hours of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping
Guideline 3	Preschoolers should develop competence in movement skills that form the building blocks for more complex movement tasks
Guideline 4	Preschoolers should have access to indoor and outdoor areas that meet or exceed safety standards for performing large muscle activities
Guideline 5	Individuals responsible for the well-being of preschoolers should be aware of the importance of physical activity and facilitate the child's movement skills
<i>(National Association for Sport and Physical Education, 2002, pp.9-11)</i>	

Table 1: Physical activity guidelines for children birth to five years.

centres during outdoor play time. Children in these centres rarely engaged in the fundamental movement skills of kicking, catching, or striking while the dominant behaviours were climbing, jumping, and running. This is consistent with other research which found that balls and bean bags for throwing, striking, and kicking activities were not generally provided at early childhood centres (Schiller & Broadhurst, 2002).

Adult presence also influences the play patterns of pre-primary children during outdoor play. Children participate in fundamental movement skills for longer periods of time when an adult is present (Taggart & Keegan, 1997). Interaction and encouragement from adult caregivers precipitate greater engagement in the ball related skills of catching, throwing, kicking, and hitting. Taggart and Keegan (1997) went on to suggest that play programs should have "balanced periods of teacher-initiated and child-initiated learning experiences" (p.16). This is a view shared by DeBord, Hestenes, Moore, Cosco, and McGinnis (2002) who suggest that teachers and caregivers should offer programmed outdoor experiences as well as child-initiated experiences. These authors also point out that teachers and caregivers need to be involved with children's play or they may miss opportunities to engage with children and assist in the process of learning. Kelly, Dagger, and Walkley (1989) found that after 12 weeks of adult facilitated instruction, preschool children significantly improved their performance on 6 fundamental motor skills. In contrast, a control group receiving supervised free play in a well equipped playground showed no change. Taggart and Keegan's (1997) data suggest child care settings that incorporate free play as well as directed play were best suited to developing a broad range of movement competencies. Importantly, directed play does not mean caregivers must adopt a direct instructional style in which young children are repeatedly drilled on correct hand position. Indeed, caregivers may

'direct the play' through carefully constructing settings which encourage appropriate interactions between the child, the task, and the environment (Newell, 1986). Movement skills may not develop to their potential without input from a 'significant other' and caregivers who understand the task, can match it to the child and foster a motivating environment are well placed to make a difference.

Children who receive age appropriate movement skill instruction in activity stimulating environments are more likely to experience success in movement tasks and consequently seek further activity opportunities (Weiss, 2000). It is therefore necessary to ensure that day-care environments, in which children can spend a large proportion of their time, provide the structure and opportunities to engage children in meaningful movement experiences as well as ample time for gross motor play. Meaningful movement programs are those that allow children to learn movement skills based on sound, developmentally appropriate educational principles in an interesting and organised manner. This study explored the constraints and enabling factors for physical activity and meaningful movement for 3 to 5 year-old children in family day care environments.

Method

Setting and Recruitment of Participants

Family day care provides care in caregivers' own homes for small multi-aged groups of children aged between 0 and 12 years of age. One rural family day care Scheme was involved in the study. The Shire where the scheme is located can be characterised as a having resource based industries and agriculture and has relatively low median incomes (Australian Bureau of Statistics, 2000). The scheme has 90 independent caregivers who are monitored and supported by the coordination unit, and has 1,300 children registered for care.

Subsequent to ethics clearance, a presentation outlining the study was made during a regular in-service education session for caregivers within the Shire. A letter was sent in the mail inviting caregivers to enrol in the study and all participants provided informed consent. Eleven caregivers agreed to participate and opened their homes to an environment analysis. All were women who had cared for children as part of the family day care scheme for an average of 8.5 years (range = 1 year to 16 years). They looked after an average of four children per day (range 2-5 children) for approximately seven hours per day (range 4-16 hours). All of the caregivers cared for at least one child aged between 3 and 5 years and 10 caregivers looked after at least one child aged 2 years or younger. Four of the eleven caregivers had formal qualifications in childcare.

Measurement procedures

A questionnaire of approximately 45 minutes duration was administered by a research assistant during a visit to the home. Caregivers were asked 29 questions which focused on physical and social environmental factors that could potentially constrain or enable physical activity. Previous research established that rules for play (Sallis et al., 1993), convenience of play spaces (Sallis et al., 1993), and time spent outdoors (Klesges et al., 1990; Sallis et al., 1993) were

significantly related to preschool children's physical activity participation. These variables were built into the questionnaire. The questionnaire was divided into the following five sections. Section (1) Home Environment, asked about rules related to both indoor and outdoor play, use of play spaces, time spent watching television/videos, equipment available for physically active play, the effect of weather on play, and surveyed the size of indoor and outdoor play spaces. After the caregiver identified the indoor and outdoor play spaces, the research assistant estimated the size of those spaces. Section (2) Community Environment, asked about use of local parks and playgrounds, walking, excursions, and use of and access to the toy library. Section (3) Previous Day Activities, asked caregivers to recall yesterday's activities. Environmental factors also include social factors such as modelling and encouragement (Sallis et al., 1993) and caregivers were asked how they felt about their ability to plan, implement, and monitor physical activity in Section (4). Finally, in Section (5) caregivers were asked two open-ended questions about barriers to providing physical activity for children in care and any support they needed.

Validity and reliability

Preliminary validity work on estimating the size of the play spaces showed the research assistant was very accurate. When estimated square metres for five different rooms were compared with tape measured square metres, the alpha correlation coefficient was .99. Caregivers' reliability in reporting time spent outdoors, time spent indoors, time spent watching television, equipment used, and activities undertaken indoors and outdoors was assessed using a test-retest approach. To establish reliability nine caregivers completed the questionnaire about the previous day's activities in the morning and again in the afternoon of the same day. Correlations (alpha) for time spent outdoors was .96, for time spent indoors was .96, and for time spent watching television was .82. Percent agreement for activities participated in indoors was 55%, for activities outdoors was 79%, for equipment used outdoors was 58%, and for equipment used indoors was 67%.

Results

Most frequently children had access to two rooms of the caregiver's home. Indoor space available for children ranged from 15m² to 50m² ($M = 24.9$, $SD = 10.9$) and space available outdoors ranged from 20m² to 800m² ($M = 134.1$, $SD = 213.5$). Outdoor space that provided shelter from rain and sun was smaller (range = 0m² to 64m², $M = 18.5$, $SD = 18.1$); two of the eleven caregivers had no undercover shelter from the rain. Time spent outdoors was reported to vary widely depending on the weather conditions. The least amount of time was spent outdoors on extremely hot days (35°C+) and wet days. On average, less than an hour per day was spent outdoors during these climatic conditions, and 4 of the 11 participants did not allow the children outdoors at all on those days. On mild and dry days caregivers indicated the 3 to 5 year-old children would spend between 3 and 4 hours outdoors with approximately 45 minutes spent in structured physical activity with adult interaction. Caregivers' rules associated with particular physical activities indoors and outdoors are presented in Table 2.

Major Activity	Indoors (%)	Outdoors (%)
Run	20	100
Jump	70	100
Hop	70	100
Dance	90	100
Ride bikes	0	90
Push trolleys	60	100
Cubbies	50	90
Climb	0	100
Balloons	60	100
Bat and ball games	0	80
Throw	20	90

Table 2: Rules - Percentage of caregivers who allowed particular play behaviours inside and outside the house.

	% time
Free play time with no adult intervention	
Indoors	17.3
Outdoors	11.4
Structured play time (caregiver, significant other guiding)	
Indoors	10.0
Outdoors	7.7
Food time	15.5
Sleep/rest time (placed in bed) quiet time	7.3
Television/video/computer games	15.5
Reading time	3.2
Walking time	3.2
Kinder / school pick up	5.0

Table 3: Mean time children spent in various activities between 8.00am and 6.00pm on the previous day.

Equipment available for outdoor physical activity was mainly moveable equipment such as tricycles, balls, and skipping ropes. Little fixed equipment was available. Indoor play equipment could be characterised as manipulative toys, such as puzzles, paints, sorting toys, and balls for rolling only. All of the caregivers allowed the children access to television at some time during the day. This ranged from one hour per day to the whole day ($M = 4.2$, $SD = 3.1$). In two households the television was on all day. This does not suggest that children watched the television all day, rather that the television was on all day. Table 3 shows that on the previous day children had watched television, videos or played computer games for 15.5% of the time they were in care. Table 3 also reveals that nearly 30% of time was spent in free play and 18% of time was spent in structured play with some adult guidance. When describing structured indoor play, caregivers predominantly mentioned art and craft activities and board games. Making cubbies was the only gross motor activity mentioned. Structured outdoor activities mentioned by caregivers were mainly gross motor activities such as playing 'What's the time Mr Wolf', hide and seek, ball games, tag, and using obstacle courses.

Working with clay and water were also included in structured outdoor activities.

Use of community facilities and the local environment by the caregivers and children was low, except for walking. Six of the eleven participants walked with the children on most days and two others walked every few days. Half of the participants used a park or playground at least once a week. Excursions were rarely or never undertaken. The average distance to parks and playgrounds was 0.6km ($SD= 1.5$ km) and 1.4km ($SD= 3.0$ km) respectively. The Shire play group was never utilised and caregivers rarely accessed the Shire toy library. When asked what would help facilitate physical activity, caregivers said they wanted the toy library to stock larger equipment such as climbing frames and tunnels. Caregivers felt their overall knowledge of physical activity was adequate to excellent and overall they were confident of their abilities to plan, facilitate, and evaluate physical activity experiences for children; and caregivers were very confident of their ability to provide a safe environment for physical activity (see Table 4).

Four themes arose out of the open-ended section of the interviews (a) the role of parents, (b) environmental constraints, (c) the diversity of children in care, and (d) the need for resources. Caregivers indicated that some parents presented obstacles to physical activity because they didn't want their child outdoors or they were sent to family day care in clothes that impeded participation. For example, children wore oversized shoes; good clothes that the parents wanted kept clean, or they did not have appropriate clothing for outdoor activity in the winter. Caregivers mentioned several environmental barriers to physical activity. These included lack of space, weather and a lack of undercover areas (for both summer and winter), and local playgrounds that were unsuitable for young children or had been vandalized. The diversity of children in care was also seen as a barrier to physical activity provision. In particular, having children of different ages in care with disparate needs. Caregivers explained that babies needed to sleep during the day therefore the older children were required to be inside doing quiet activities. Difficulties associated with transportation, feeding, nappy changing, and toilet training were also described. Finally, caregivers mentioned that it would be helpful if local government provided undercover areas in local playgrounds to shelter from the sun or rain, larger gross motor equipment in the toy library, and that some level of guidance and a resource of games or activities specifically designed for family day care.

Discussion

This study explored the constraints and enabling factors for physical activity in family day care environments. The first enabling factor identified was caregivers' positive predisposition toward physical activity. Caregivers reported that 3-5 year-old children spent more than 20% of their time outdoors on the previous day. This suggests that children in these family day care environments were meeting the second NASPE guideline of several hours of unstructured physical activity per day as outdoor time is positively associated with physical activity participation (Deal, 1993; Klesges et al., 1990). The type of equipment available to the children outdoors primarily lent itself to developing object control (such as rolling, throwing, or kicking a ball) and some body control skills such as tricycle riding. However the environments lacked fixed and large equipment which could assist with body awareness/control and muscular strength development, two important objectives for preschoolers' physical development (McCall & Craft, 2000). The provision of outdoor play equipment was quite different from day care centres where fixed equipment tends to be plentiful and object control equipment less readily available (Poest, Williams, Witt, & Atwood, 1989; Schiller & Broadhurst, 2002; Temple & O'Connor, 2003). An important difference between day care and family day care environments is funding. The caregivers in this study provided their own play equipment for children and they mentioned that smaller equipment is less costly. Caregivers felt that access to some larger equipment such as climbing frames from the Shire toy library would be helpful, as these objects are expensive to buy.

As Taggart and Keegan (1997) point out, time spent outdoors and the presence of certain equipment does not signify that children will be actively engaging in particular activities. We know that interaction between caregivers and children is an important mediator of engagement and learning (DeBord et al., 2002; Taggart & Keegan, 1997). Caregivers in this study reported that on a fine day 7.7% of children's time (or approximately 45 minutes) was spent in structured physical activity with adult interaction. Although this is less time in structured activity than NASPE (2002) recommends, it does indicate that caregivers were providing those experiences. As one caregiver commented "it's what I do for kids". The extent to which these results can be generalised to other family day care caregivers is limited because these participants volunteered for the study and as a group they felt confident about their ability to plan,

Rating	Poor				Excellent
	1	2	3	4	5
Knowledge about physical activity	0%	0%	36%	27%	36%
Ability to plan for physical activity	9%	0%	27%	18%	46%
Ability to implement/facilitate experiences	0%	0%	27%	27%	54%
Ability to evaluate children's needs and achievements	0%	0%	0%	73%	27%
Ability to provide a safe environment	0%	0%	0%	9%	91%

Table 4: Caregivers' perceptions of their knowledge and abilities related to physical activity facilitation (n= 11).

facilitate, and evaluate physical activity experiences for children in care. This suggests that these particular caregivers may be more positive toward physical activity and more capable of facilitating physical activity than other caregivers in the scheme. It will be necessary to repeat this study with a broader sample to obtain a more accurate picture. It should also be noted that caregivers knew the focus of this study was physical activity, so estimates could be inflated.

The extent to which the environment is an enabling or constraining factor for physical activity is a confluence of the physical features of the environment and social features such as rules for play, and presence or absence of suitable clothing. For example, outdoor play spaces when the weather was not too hot or too cold/wet were generally adequate according to the NASPE guidelines for preschoolers (National Association for Sport and Physical Education, 2002). However, undercover or indoor play places were less than 20% of the size of the outdoor play areas and the indoor play spaces were governed by a set of rules that restricted many gross motor activities. Examination of Table 2 shows a stark contrast between what is acceptable play indoors and outdoors. Although these differences are not surprising in themselves, the rules for play would have a marked impact on gross motor activity when the weather is inclement (either too hot or too cold/wet). This cyclical activity pattern associated with weather has been observed in other literature (Poest et al., 1989; U.S. Department of Health and Human Services, 1984). Poest et al. (1989) found that only 27.5% of preschool children were consistently involved in physical activity on a year-round basis. Given the rapid fall off in activity because of extremes in weather, it is even more important for organisations like family day care to ensure that physical activity is programmed into the day and creative solutions to counter the impact of these environmental constraints are provided.

Caregivers said they wanted some guidance and a resource of 'things to do', but it will be important for family day care networks to design resources and training that respects the unique care environment while helping to facilitate physical activity indoors as well as outdoors. In particular, activities need to cater for small groups of children, as often there are only one or two 3 to 5 year-olds in each home, and be mindful of caregiver's rules for play indoors and the needs of other (mainly younger) children. The findings of this study suggest that activities such as dancing, hopping, and jumping already have high acceptance as indoor physical activity options among caregivers. Offering workshops featuring these activities are likely to be well received. It may also be possible to set up networks where caregivers share activities they use in their own practice with other caregivers. In addition, it will be necessary for family day care networks to demonstrate how manipulative movement skills can be incorporated into indoor activities. For example, although throwing a ball is unlikely to be acceptable indoor activity; having a child throwing a scarf into the air and try to catch it on their arm, knee, and head will probably be an acceptable alternative. To enable caregivers to appropriately structure, model, and reinforce movement opportunities for children in their care, they should have a basic understanding of age

appropriate movement tasks. Resources tailored for this group might include ideas on appropriate equipment, basic technique, and suggestions for both indoor and outdoor activities.

Conclusion

This study examined opportunities and constraints to physical activity for 3 to 5 year-old children in family day care environments using structured interviews with caregivers and environment analyses of caregivers' homes. The major constraining factors revealed in this study reflected a confluence of environmental and social factors, such as rules governing play indoors during inclement weather. The major enabling factors were caregivers' positive predisposition toward facilitating physical activity and their wish for some additional guidance and resources. It will be important for future in-service training or interventions to consider the unique characteristics of family day care environments, where for example, indoor play space is also the caregiver's home. Some activities, such as dancing, already have high acceptance as an indoor activity among caregivers and uptake of these activities by other caregivers may simply require exposure. Whereas increasing the acceptance of manipulative movement skills in the home (such as catching) may require broader understanding of manipulative movement skills and development of the ability to adapt activities to the constraints of the environment. We recommend that resources developed for family day care include ideas about developmentally appropriate activities both indoors and outdoors. Activity suggestions should focus on individual activities or very small group activities, foster all movement skills while being mindful of caregivers' rules for play indoors, and cater for the diverse age range of children in care.

Author Note

Vivienne A. Temple, School of Medical Sciences, RMIT University "now at School of Physical Education, University of Victoria" British Columbia; Justen, P. O'Connor, Faculty of Education, Monash University. This research was supported by the Victorian Health Promotion Foundation, Grant No. 2001-0411. Correspondence concerning this article should be addressed to Vivienne Temple, School of Physical Education, Faculty of Education, University of Victoria, P.O. Box 3015 STN CSC, Victoria, British Columbia V8W 3P1, Canada. Electronic mail may be sent to vtemple@uvic.ca

References

- Australian Bureau of Statistics. (1999). *Child Care* (4409). Canberra: Commonwealth of Australia.
- Australian Bureau of Statistics. (2000). *1996 Census of population and housing. Basic Community Profile*. In. Canberra: Commonwealth of Australia.
- CCDF. (2003). *Child Care Development Fund: Report to Congress* (Descriptive). Washington, DC: Administration on Children, Youth, and Families (DHHS).
- Deal, T. B. (1993). The preschool mover: A comparison between naturally-occurring and program-directed physical activity patterns. *Early Child Development and Care* 96: 65-80.
- DeBord, K., Hestenes, L. L., Moore, R. C., Cosco, N., & McGinnis, J. R. (2002). Paying attention to the outdoor environment is as important as preparing the indoor environment. *Young Children* 57: 32-35.
- Freedson, P. (1989). Field monitoring of physical activity in children. *Pediatric Exercise Science* 1: 8-18.
- Kelly, L. E., Dagger, J., & Walkley, J. (1989). The effects of an assessment-based physical education program on motor skill development in preschool children. *Education and Treatment of Children* 12: 152-164.

- Klesges, R. C., Eck, L. H., Hanson, C. L., Haddock, C. K., & Klesges, L. M. (1990). Effects of obesity, social interactions, and physical environment on physical activity in preschoolers. *Health Psychology*, 9: 435-449.
- Love, J. M., Harrison, L., Sagi-Schwartz, A., & van Ijzendoorn, M. H. (2003). Child care quality matters: How conclusions may vary with context. *Child Development* 74: 1021-1033.
- McCall, R. M., & Craft, D. H. (2000). *Moving with a purpose: Developing programs for preschoolers of all abilities*. Champaign, IL: Human Kinetics.
- National Association for Sport and Physical Education. (2002). *ACTIVE START: A Statement of Physical Activity Guidelines for Children Birth to Five Years*. Reston, VA: Author.
- National Family Day Care Council of Australia. (2003). *Rethinking Australian child care funding*. The broadband redevelopment. Gosford, NSW: Author.
- Newell, K. M. (1986). Constraints on the development of coordination. In M. G. Wade & H. T. A. Whiting (Eds.), *Motor skill acquisition in children: Aspects of coordination and control*. (pp.341-360). Amsterdam: Martinus Nijhoff.
- Poest, C. A., Williams, J. R., Witt, D. D., & Atwood, M. E. (1989). Physical activity patterns of preschool children. *Early Childhood Research Quarterly* 4: 367-376.
- Sallis, J. F., Nader, P. R., Broyles, S. L., Berry, C. C., Elder, J. P., McKenzie, T. L., et al. (1993). Correlates of physical activity at home in Mexican-American and Anglo-American preschool children. *Health psychology* 12: 390-398.
- Saris, W. H. M. (1986). Habitual physical activity in children: Methodology and findings in health and disease. *Medicine and Science in Sports and Exercise* 18: 253-263.
- Schiller, W., & Broadhurst, D. (2002). *Early Childhood Survey on Physical Activity* (Draft Report). Adelaide, South Australia: Department of Education and Children's Services.
- Smith, K. (1999). *Who's Minding the Kids? Child Care Arrangements: Spring 1999*. Washington, DC: U.S. Census Bureau.
- Taggart, A., & Keegan, L. (1997). Developing fundamental movement skills in outdoor settings: Three case studies of children playing. *ACHPER Healthy Lifestyles Journal* 44: 11-17.
- Temple, V. A., & O'Connor, J. P. (2003). Fostering physical activity for children in child care. *Proceedings of the International Education Research Conference AARE - NZARE, Coldstream, VIC*: Australian Association for Research in Education.
- U.S. Department of Health and Human Services. (1984). Summary of findings from national children and youth fitness study. Washington DC: U.S. Government Printing Office.
- Weiss, M. (2000). Motivating kids in physical activity. *Research Digest* 3: 1-8.



Re-Appointment of National Executive Director

ACHPER National is pleased to announce the re-appointment of Mr. Jeff Emmel as its National Executive Director for the next 5 years.

Dr Alf Colvin National President of ACHPER said that Mr Emmel's appointment is a timely part of its 5 year Strategic Plan that will see ACHPER continue to advocate strongly for the health and education of young Australians.

Emmel said he was delighted to continue his association with one of the most respected key professional associations in the country. ACHPER's profile is strong and its network of branches around the country with their volunteers should make all members proud. "The climate is never easy for not-for-profit organizations but the National ACHPER Office and Bookshop had made great progress over the last few years."

Emmel believes it is important for ACHPER to work as closely as possible, on behalf of its members, with government corporate partners who have an interest in promoting the physical activity, nutrition and general health behaviours of children and youth. He is particularly proud of the work ACHPER has carried out with the Heart Foundation and Kellogg Australia over the years. "These alliances can have a real impact at school level and can help teachers enrich the curriculum," he said.

Emmel also referred to the recent Australian Government Funding for the Active After School Communities Program (AASC) that will provide structured physical activity and sporting experiences for primary aged students after school. He said that while we must give credit to the government and the Australian Sports Commission for this initiative, ACHPER should carefully monitor the impact of the program on the Health and Physical Education Program in school time. He made it clear that the AASC Program should be seen as a logical and welcome extension to the curriculum, not a replacement for it.

Emmel signaled possible changes to the Healthy Lifestyles Journal and the Active and Healthy Magazine as ACHPER carried out its commitment to modernise its operations and become the "best peak body around." He said "ACHPER members want to be part of a quality organisation offering quality programs but to do this we have to work with other partners, encourage membership uptake and retention and acknowledge the strong work of our volunteers.

"I look forward to working closely with the National Board and Branches to meet these challenges".

Sexuality education and primary schools: Experiences and practices of mothers and teachers in four Sydney schools

Jan Milton - The University of Sydney, New South Wales, Australia.

Drawing on qualitative data from four government primary schools in Sydney, this paper reports the nature of the sexuality education given to grade five and six primary school students by their teachers and their mothers. The coverage of contraception, sexually transmitted infections, sexual identity and sexual orientation, is explained. The sexuality issues teachers and mothers find difficult to discuss are explored, as are the concerns teachers and mothers have when discussing sexuality. Practices teachers adopt to involve parents in school sexuality education programs are also reported. The paper recommends that teachers continue to foster their partnership with parents and that teachers and parents be given more opportunities for training so that they can address with comfort the sexuality issues of concern to primary school students.

Introduction

Primary school students today receive messages about sexuality from many sources including their parents and other family members, their peers, all forms of the media, and their teachers. It has been widely acknowledged that teachers and mothers play an important role in this process, being perceived by young people as credible and trustworthy sources of information about sexual health and being high on their preferred list of sources (Rosenthal & Smith, 1995; Harrison & Dempsey, 1998).

In New South Wales, the importance of including sexuality education in the primary school personal development, health and physical education (PDHPE) curriculum was formally recognised with the release in 1981 of a policy statement (NSW Department of Education, 1981). Responses to the HIV/AIDS pandemic (NSW Department of Education, 1989; NSW Department of School Education, 1991) and the need for protective behaviours education (NSW Department of Education, 1989) positioned sexuality education firmly within subsequent PDHPE curricula (NSW Board of Studies, 1992, 1999). It is timely therefore to research the nature and appropriateness of the sexuality education given to primary school students by their teachers and their mothers. This

paper outlines what teachers include in their sexuality education program and what discussions mothers have with their children around sexual issues. Practices teachers adopt to involve parents in school sexuality education programs are reported as well as the sexuality issues teachers and mothers find difficult to discuss. Mothers' views on school programs are also presented.

Procedure

In this qualitative study, focus group and interview methodologies were used to collect data from participating teachers and mothers. Prior to commencing the study, ethics approval was obtained from the University of Sydney Ethics Committee and permission to conduct research in NSW government schools was obtained from the NSW Department of Education and Training.

Sample

Principals at four government schools in Sydney were approached to participate in the study. At these schools the principal invited teachers who were currently teaching or who had taught sexuality education to year 5 and 6 students (ages 9-11 years) to participate in a focus group discussion. Principals also invited mothers to participate in a discussion. To protect privacy, the schools were given

School	Year when program is taught and number of classes	Number of teachers participating in focus group discussion	Number of mothers participating in focus group discussion
Acacia - north of Sydney (enrolment 850 students)	Year 6 (4 classes)	3	8
Banksia - centre of Sydney (enrolment 100 students)	Year 6 (1 class)	1 (interview)	0
Casuarina - east of Sydney (enrolment 450 students)	Year 5 (2 classes) and year 6 (2 classes)	6	4
Eucalyptus - south-west of Sydney (enrolment 230 students)	Year 5 (1 class) and year 6 (1 class)	7	3

Table 1. School information.

pseudonyms. Information about the schools is presented in Table 1.

Focus Group Guide

Focus group and interview methodologies was chosen to allow a flexible exploration of teacher and parent opinions and attitudes (Murphy, Cockburn & Murphy, 1992). Multiple drafts of the teacher and mother guide were developed with the input of two specialists in sexuality education. In addition to questions about program content and organisation, teachers were asked how they involved the parents/caregivers in the program. Mothers and teachers were asked to reflect on having given sexuality education and mothers were asked their views on the school's program.

Data Collection

Written consent was sought from each participating teacher and mother before a session commenced. Teacher focus groups were conducted at three schools with group size ranging from 3 to 7 participants depending on the availability of relevant teachers at the time the focus group discussion was held. At one school an interview was conducted with the one year six teacher in that school. Mother focus groups were conducted at three schools with group size ranging from 3 to 8 participants. A moderator with experience in conducting focus groups and expertise in sexuality education conducted all the sessions. The discussions typically took 90 minutes and were recorded on audiotape.

Analysis

The audiotapes of the focus groups and interview were transcribed. All transcripts were read. Teachers' and mothers' responses to each question were listened to, read and reread to identify trends and conceptual themes. Patterns and themes that emerged through the transcripts were summarised under headings. Responses were categorised under these headings and suitable quotes were selected to substantiate various points of view (after Krueger, 1998, Murphy et al., 1992).

Findings

The findings of the study are presented around the key groups of questions asked of participants:

1. What is currently included in school programs?
2. How do teachers teach the program?
3. How do teachers involve parents in school sexuality education programs?
4. What are teachers' reflections on having taught the program?
5. What are mothers' reflections on the school program?
6. What sexuality issues do mothers discuss with their children and how do they do this?

1. What is currently included in school programs?

The program content at the four schools had a similar core component that reflected the PDHPE syllabus 'expectations' (NSW Board of Studies, 1999, p. 36). The PDHPE syllabus overview lists human sexuality, including puberty, menstruation, reproduction, sexual identity and sexually transmitted infections (STIs), as subject matter to be addressed. All school programs included changes at puberty (physical and emotional), the reproductive system (including intercourse, conception, pregnancy and birth), relationships and responsibilities. Only two schools included contraception and STIs in the written program and no school included sexual identity/sexual orientation in the written program. Students at all the schools, however, were able to ask questions either directly or through a question box (that was in the classroom for the children to place anonymous written questions for the teacher to answer). Students asked questions about many topics including contraception, STIs and sexual orientation.

Teachers were asked specifically to talk about their coverage of contraception, STIs and sexual orientation. The Banksia and Casuarina written programs included contraception and STIs. At Banksia, the teacher, with the community nurse taught a 'safe sex' session that included a demonstration of putting a condom on a banana. At Acacia

and Eucalyptus, contraception and STIs were not in the written program. If a student asked a question about contraception or STIs it was answered briefly and the student was told to ask a parent for further information.

While sexual orientation was not included in any of the school written programs, all staff at all schools reported that questions about sexual orientation came up frequently. An Acacia teacher commented:

'How do gay couples have sex?' That's come up in the question box.

Everything comes up in that question box!

How to deal with these questions raised some challenges for teachers. A Casuarina teacher explained:

The question has come up 'Is it alright for a man to love a man?' It's really hard because nobody can say 'yes' because you're going to go against many parents. And if you say 'no' then you're going to go against the other half.

Casuarina and Eucalyptus teachers mentioned that some children in their classes had a mum or dad with a same sex partner. All teachers were aware of homophobic comments being made in the playground. An Acacia teacher responded:

I know a lot of boys use the term 'gay' as a derogatory term. Whenever someone does something they say 'Oh that's gay'.

Her colleague commented:

I think the course should cover it. It should definitely be something that is covered because I think that homophobia is strong and it can be wicked at this stage in the playground.

2. How do teachers teach the program?

At all four schools in the study, the sexuality education component of PDHPE was programmed for a weekly session for the ten weeks of the fourth term of the school year and taught by the classroom teacher. Some teachers were very experienced sexuality education teachers while others were teaching the program for the first time. Classroom teachers had not necessarily had any special training to teach sexuality education.

Grouping of children

At Acacia and Eucalyptus, the classroom teachers taught the whole program to their class. At Banksia, a very small school, the one teacher, a male, invited the community nurse (a female) to assist him. At Casuarina the program was either taught by the classroom teacher or taught by two teachers who combined their classes. As government schools in New South Wales are coeducational, most, and in some cases all, of the program sessions involved boys and girls learning together. At Acacia, Banksia and Eucalyptus, staff taught all the sessions to the class group of boys and girls. The staff at these schools saw this coeducational aspect of the course to be a strength. In the words of a teacher at Acacia: 'boys and girls learn from each other in a respectful manner'. At Casuarina, where the program was often team taught, single sex sessions were sometimes offered for part of the program depending on staff availability. A teacher who 'team taught' with a colleague commented:

Last year... we got Jack and Bill to run a session for the boys because the boys really felt we were just dealing with girl issues.

Another Casuarina teacher commented:

My year 6 girls would say 'Oh it was really good without the boys Miss because we could relax and talk more'.

Negotiated ground rules

Teachers started their sexuality education program by negotiating with the students a set of ground rules for the sessions. These were to protect both teacher and student privacy and to enhance teacher and student comfort. Several ground rules usually resulted from the initial negotiation. During the sessions, these rules were referred to when necessary. One teacher commented: "I say 'You know the rules'." Several 'rules' were negotiated.

All schools had the rule 'No personal questions'. Many teachers negotiated respecting confidentiality with their class as another rule. As one teacher stated:

Things discussed in the group could be discussed outside, but names could not be mentioned so that nobody ever felt uncomfortable.

Another frequently cited rule was to be respectful of each other. Respecting a person's right to decide what to talk about was a rule employed by many teachers to give them some flexibility about which questions to answer. One teacher commented:

At the beginning of the program... we say the teacher has the right not to want to talk about certain things and that children of course have the same right.

With their negotiated 'ground rules' in place teachers began teaching their lessons.

Use of the Question Box

All school programs made use of the question box. The box was often in place in the classroom at least a week before the program commenced, thus allowing for anonymous written questions to be given to the teacher. As teachers could be asked about 'anything and everything', many teachers had developed 'strategies' for dealing with questions from the question box.

Some teachers had a personal policy of answering all questions that were not of a personal nature. As one teacher commented:

It's not an inappropriate question because somebody wants to know information and it could be important.

However not all teachers wanted to answer every non personal question and teachers varied greatly with regard to the questions they would not answer. Teachers had many strategies for not answering a particular question. Most teachers had negotiated a ground rule about respecting a person's right to decide what to talk about, thus teachers could remind the class of the teacher's right not to answer every question. Whether to answer certain questions was sometimes a program decision as illustrated by the following teacher's comment.

For the oral sex question I said 'Well I'm not answering that it's not part of the program' but it kept coming up all the time.

If it was a program decision not to answer certain questions, staff might say: 'You'll do that in high school' or 'Ask your parents'.

Teachers found that the students' use of the question box often lessened as the program developed. In fact some teachers found that their students were perfectly comfortable just asking questions during each session and

consequently there were few questions written for the question box.

3. How do teachers involve parents in school sexuality education programs?

All four schools informed parents, usually via a letter, that sexuality education, a part of the PDHPE program, was soon to commence. Three of the schools followed official Department of Education and Training Policy (NSWDE, 1981) and asked parents to sign a 'permission note' so that their child could participate. At one school, parents were asked to send back a note only if they did not want their child to participate in the program.

When the programs had first started in these schools, an information session had been held so that interested parents could find out how the program was taught. Of the four schools, only Eucalyptus continues to have a parent information session. Parents at Eucalyptus were also given a weekly program overview "...so they knew what the program was going to be about". Eucalyptus teachers saw many benefits in involving parents. One teacher commented:

You've got to let them know so that when the kids come home with questions it is not totally out of context.

The assistance it gave parents to talk to their children about sexuality was noted by one teacher:

Parents are not always sure how to answer... and they're not always comfortable answering questions that come up. They're always interested in the books that explain it because they can actually use the books with the kids to explain things. They wanted a book list of all the books so that they could buy the books.

The need for a partnership approach with parents was stressed by another teacher:

It needs to be a partnership. Parents need to be aware of what the syllabus says, what's in the document and the reasons to teach it. It's to support hopefully what they are teaching at home. They have a right to come to information evenings to put forward questions, object, discuss, find out more. They have the right to actually not have their children take part but we have been lucky that that hasn't been an issue. I think also they're happy for the subject to be introduced, it sort of opens it up and they can have some sort of discussion at home. You get an idea of how the community feels by actually talking to the parents.

At the other three schools, parent sessions were no longer offered because attendances had lessened over the years and the program was well supported by the school community. At all schools, there were opportunities for parental involvement in the program once it had commenced. The Banksia teacher commented:

I operate an open door policy in my classroom. I think to make a success of a program like this you need to have involvement from the parents. I encourage the kids to go home and talk to their parents.

At Acacia, students took home their work. One teacher commented:

All the stencils that we give the kids go home in a folder... they have to put it in their bag and take it home. It's then up to mum and dad to take the next step.

4. What are teachers' reflections on having taught the program?

Teachers' concerns when teaching the program

Throughout the focus group discussions and interview, the teachers expressed various 'concerns'. Concerns included what the parents might think, how far they should investigate a topic and how to accommodate differences in maturity, knowledge and comfort among the students.

Teachers were particularly conscious of what parents might think. As one teacher expressed: *I don't know how much to say, how much information to give them... I don't want parents to think I'm filling their heads...*

Where is the cut-off point and how far to go into topics was a concern that went beyond concern about what parents might think. Teachers pondered over whether all the students' questions should be answered or whether some questions should be left for high school. One teacher commented:

The thing that I find difficult is knowing where the boundaries are, particularly with questions... because often they ask questions about things that aren't in the program... you can say 'That's not in the program, I can't discuss that with you' but I feel uncomfortable doing that...

Teachers commented on the range of maturation of the students and the students' differing expressions of interest in the program. An Acacia teacher asserted:

You're dealing with children of a similar chronological age but wide degree of differences as far as maturity goes.

Students from some cultural groups appeared to teachers to be less knowledgeable than many of their peers.

Topics teachers found difficult to discuss

While teachers were generally 'comfortable' teaching the program, some teachers, particularly those new to teaching the program, reported feeling uncomfortable teaching some aspects of the formal program or answering some of the questions asked by the children. Some teachers, 'new' to teaching the program, felt uncomfortable discussing 'wet dreams', the female body parts and masturbating. Experienced teachers had often developed ways of feeling comfortable. As one teacher commented:

You've got to be very comfortable with the terminology and you need to practise that before you get there... I don't have a problem now but when I first started we'd all practice together and say 'vagina, vagina, vagina' and 'penis, penis, penis' so usage depersonalised the words.

Teachers' final reflections

While wide ranging 'concerns' made teaching sexuality education a 'challenge', the teachers who taught the program found the work 'rewarding'. As one teacher said: "Children say 'thank you'". Teachers commented that children have the right to this education and, while the ideal is for parents to have talked to their children, not all children have these conversations with their parents. The realisation of how important it is for parents to communicate about sexuality with their children led many teachers with young children to reflect on their own parental role as a sexuality educator. One teacher said:

I haven't talked to my nine year old son about condoms and yesterday in the car he was telling his ten year old sister all about them, what it is, what it looks like and I thought 'I'd

better start talking to my own children because they're obviously talking, they're obviously finding out things'.

5. What are mothers' reflections on the school program?

All mothers in the sample approved of the school's involvement in their child's sex education. Many mothers expressed their approval that the program was taught to boys and girls together, often because it enabled their child to gain a different perspective (in many families the children were all boys or all girls). The mothers also said it was good for their child to get another perspective from another adult, their teacher. The mothers at the different schools varied in what they knew about the school program and how satisfied they were about their level of knowledge of the program. Level of satisfaction of the mothers seemed to be related the level of consultation and openness the school had with parents about the program. Thus at Eucalyptus, where a parent information session was held, and Acacia, where work samples were sent home to parents, there was much more satisfaction than at Casuarina, where there was no longer an information session or work sent home to the parents. While Casuarina mothers were supportive of the school program, they said they did not know very much about what the school was doing and all mothers said they would like to know more. One Casuarina mother commented:

It would be helpful if the school actually let us know when and what they are teaching them. Because if you have boys like ours who say nothing; I don't know what he knows. Because even though they say in broad terms at the beginning of the year, that we're going to do this, we're going to do Personal Development, they don't actually tell you what that entails, so it's hard to be supportive. I mean, I don't even know what day of the week the class is on, what happens, or anything.

And another mother added:

I have no idea what goes on - secret teacher business!

At Acacia school, even though the school no longer held a parent meeting, parents were informed about the program and regularly sent homework samples in a special folder. Parents knew what the program entailed and were very supportive of the work of the school and the teachers. As one mother commented:

Actually I think its wonderful how they stand up there and say this in front of the children. I think it's fantastic.

Another mother added:

Yes it is a big ask from a teacher.

Eucalyptus school held both an information session for parents and kept parents informed about the program. The mothers were very supportive of the school and the teachers.

One issue, that was not included in school programs but which many parents had already talked to their children about, was sexual orientation. Many mothers felt that the school should be doing more to combat homophobia. Several mothers said their children made homophobic comments and these mothers felt their children had developed these attitudes at school in the playground. Some mothers stated the school should include sexual orientation in the program to assist those children who feel different. At Acacia school, a mother asked the group 'Do they discuss

homosexuality (in the program)?'. Another parent responded 'Yes, it comes up in the question box'. Many mothers at this school then went on to say how they had gay friends and relatives and wanted their children to be tolerant of sexual diversity. At Casuarina school, the mothers also talked about the need for tolerance to be shown to people of a different sexual orientation. At Eucalyptus school, a mother stated that, in her view, the Education Department should do more to counteract homophobia and to educate the children to understand and tolerate all forms of diversity including sexual diversity. The other mothers agreed with her. The mothers also felt that there could be children who would benefit from unbiased information about sexual orientation. As one mother stated:

What about the children that might be feeling homosexual already...

I think what is lacking in the Education Department is they should be talking about that as much as about heterosexuality, and that there's nothing wrong with homosexuality, because then you wouldn't come home with these 'Fag' and 'He's a poofster'. You don't hear heterosexuals being spoken about like that.

Another mother added:

I think perhaps it might be helpful for those children who are confused and have been feeling differently, and being attracted to the same sex, I think it might be beneficial for them in that they're getting unbiased information. And then perhaps their journey may not be quite so difficult if they're given information a bit earlier.

6. What sexuality issues do parents discuss with their children and how do they do this?

All the mothers in the sample had had some discussion with their child about sexuality. Most mothers had already commenced discussions with their children about personal hygiene, changes at puberty, reproduction and pregnancy, sexually transmitted infections, contraception, sexual abuse, when is it OK to have sexual relations, sexual orientation and tolerance of people's sexual preferences. The depth of coverage of these issues varied among the mothers. The majority of the mothers said they were relatively comfortable discussing sexuality issues with their children. For a few of the mothers however, sexuality was a difficult topic to discuss, often because they had not had any sex education from their parents when they were young. They wanted to talk to their children but didn't know how. Also, while most mothers were comfortable discussing changes at puberty, quite a few mothers found sexual intercourse was difficult to discuss often because they felt that their children would be thinking 'Oh, mum and dad did that!' Mothers who were comfortable discussing most sexuality issues still found it difficult to discuss paedophilia with their children as they didn't want to scare their children. Among those mothers who were comfortable discussing sexuality with their child there were several who said that their child was reluctant to talk with them, possibly due to embarrassment. These mothers were most appreciative of the school program for their children. An Acacia mother commented:

With my daughter being embarrassed it's better to learn at

school with all her friends, they're all learning it together.

Thus while most mothers had had conversations with their children around sexuality, for some mothers, due to mother or child discomfort, there had been few conversations so far.

When mothers did discuss sexuality issues with their children it could come about in several ways. Sometimes the mothers initiated conversation with their child. Mothers reported that as their child approached puberty, they took opportunities to raise issues with their child. One mother commented:

I had the conversation with my nine year old daughter just not so long ago, because she's grown quite tall and looks like she's developing already. And I thought I'd better have that conversation with her. She was actually quite good, it went quite well, but she did refer to it the next morning as 'You know that disgusting talk we were having', and I thought 'Oh gosh!'

Many mothers reported that their children often asked them questions about sexuality and this provided an opportunity to continue a discussion with their child. Sometimes day-to-day experiences prompted children to ask their mother a question. As one mother commented:

She's very interested in my bodily functions, when I get my period, and how you know. She's starting to get into that time, 'How do you know when you're getting your periods and what does it feel like?'

Several mothers reported that their children often ask questions after something is said by another child. One mother told me how her recent discussion of menstruation with her eleven year old daughter had come about:

My daughter had a secret, because she had a crush on someone, and this girl kept badgering her saying 'What is it, what is it, is it this, is it that? Have you got your periods?' And she didn't know what that (periods) was, so then she came home and said 'What's that?' and I went 'Oh, OK'. So I just had to tell her then. But she was 'Oh, OK'. And that was that. She just took it very matter-of-factly, which surprised me.

Many TV shows raise issues of sexuality, even the shows that are on in 'child viewing time'. Many mothers were asked questions about issues from TV shows. A TV show prompted one girl to ask her mum about orgasms and dildos:

My daughter wanted to know what orgasms were, so I just explained very briefly that it's the height of sexual arousal. And then there was something else about using dildos that she'd heard and I said 'I don't think that's something that you need to know at this stage, we'll talk about that later'. But she wasn't worried about that at all, the fact that I'd answered her and said 'Don't even worry about that now, you're only ten years old.'

Discussion

In NSW, the place of sexuality education in government primary schools has moved from an option (NSWDE, 1981) to being an 'expected' part of the school upper primary PDHPE program (NSWBS, 1999). Thus year 6 and many year 5 children are being given the opportunity to access important knowledge and information about their bodies, their feelings and their relationships from trusted adults (providing they have parental/ caregiver permission to

participate in school programs). That the school takes on this responsibility is particularly important for all students but especially the minority of children in upper primary classes who have had no conversations about sexuality with their parents or care givers. Fortunately, many parents do talk to their children about some sexuality issues as evidenced by the mothers in this study. Whether or not parents have yet had discussions with their children about any or many sexuality issues, teachers in this study reported almost all parents are very supportive of the school's role in this area, a finding supported by other research (Berne et al., 2000). All the mothers who participated in the study were happy that the school offered sex education and were most appreciative of the work of the teachers. Particularly appreciative were those mothers who were not comfortable discussing sexuality with their child and mothers whose children didn't feel comfortable discussing sexuality issues with them. Primary school teachers are providing an important community service in ensuring that all young people have the opportunity to gain knowledge and develop attitudes and skills that support their personal development and their sexual health. Primary school teachers are also providing the knowledge and developing the skills and attitudes in students that will form a foundation for the secondary school sexuality education programs that will follow.

The teachers and mothers in this study saw value in having coeducational sexuality education classes, perceiving that it gives boys and girls the opportunity to learn from each other and about each other in a respectful atmosphere. In addition, providing the opportunity for some 'boys only' and 'girls only' sessions was seen by some of the teachers to have benefits. There is a considerable research literature (Lenderyou & Ray, 1997; Hilton, 2001) that supports the inclusion of some single sex sessions so that young people can explore aspects of sexuality in a more 'comfortable' environment. Research asking children their views on class composition supported single sex groupings for part of the program (Halstead & Waite, 2001). In light of the research findings, providing single sex groups for part of the school program is something that all schools need to consider.

While the school programs examined for this study covered most of the 'expected' content as outlined in the New South Wales PDHPE syllabus, there were variations in what was included in a program and what questions were answered. This 'variation' accommodated teacher differences in comfort level talking about the different topics and issues, and also teacher concerns about what the parents might think if certain issues were discussed. Thus schools and teachers could 'avoid' some of the more sensitive issues and topics, issues and topics about which children want to know and have a right to know. While staff at some schools have a policy not to answer, or to answer very briefly, questions about sexual identity, STIs and contraception (may be because they are concerned about what parents may think), staff at other schools did answer these questions. The question must be asked, 'do children have the right to have their questions answered?' The teachers in this study had not recently reflected as a group on current program content. During focus group sessions, many

teachers agreed with each other that new issues needed to be included in the program rather than be left to the chance of being raised on an informal basis through the question box. The focus group methodology thus allowed teachers to begin the process of reflecting on their school program. School staff need to examine program content and available resources on a regular basis and a time needs to be allocated for this task.

None of the schools included sexual identity/orientation in the written program. Anything about alternate sexual identities was something that may be discussed in question time if it was raised and if the teacher wished to discuss it. While sexual identity is not fixed at primary school age, many same sex attracted youth (SSAY) state that they knew they were 'different' at primary school age (Dempsey, Hillier & Harrison, 2001). To know that sexual orientation is an integral part of a person's sexual identity and is not a 'lifestyle choice' is knowledge that all students need, but particularly students who may be attracted to the same sex. By including discussions about identity and orientation in sexuality education programs, primary school teachers can make an important contribution to the welfare of young people who may now, or at a later time, identify as SSA. Many of the mothers in this study had already discussed sexual orientation with their children.

Providing information about the diversity of sexual identities in the community is the first step towards promoting tolerance towards people of differing sexual identities. The teachers in this study were very aware of homophobic comments being made to students by other students in the playground (a finding reported by many researchers, e.g. Epstein, 1997; Murray, 2001). In order to speak out about the use of homophobic language, children need to understand that discrimination on the basis of one's sexual orientation is illegal and immoral (Alloway, 2000). This requires children to understand the meaning of terms such as sexual orientation and identity. This learning takes place when pro-active school staff address sexual identity within the formal PDHPE program and actively implement their school's anti-bullying policy. This includes actively denouncing any homophobic comments made by members of the school community and actively challenging any myths, prejudices and stereotypes expressed by members of the school community.

One of the themes that emerged in this work was teacher concern about what the parents might think about aspects of the program. Australia is a 'values plural' society (Logan, 1991) and teachers may be reluctant to be seen to challenge values that may be held within some students' families. Many of the mothers in the study actually commented that the school needed to do more to address homophobic bullying and to encourage children to be tolerant of diversity including sexual diversity. However because the mothers in this study were volunteers, it cannot be assumed that their views represent the majority of mothers' views on educating about homophobia and sexual identity. Nonetheless, sex education needs to be based on anti-ignorance and anti-homophobic principles and teachers need to implement these perspectives if programs are to meet the needs of children and to reflect the principles enshrined in legislation.

Primary teachers today are extremely busy professionals with a very wide range of duties requiring expertise in many areas. While the teachers participating in this study approached their sexuality education responsibilities with commitment and professionalism, some of the teachers had had limited opportunities to become skilled before they first taught in the program and few teachers had had opportunities to update their skills on a regular basis. Teachers also need time to assess student and parent needs prior to program implementation each year, and periodically to review program content and update program resources. Indeed, many Australian teachers report limited or no special training in sexuality education at a pre-service or an in-service level, and strongly support ongoing professional development in this area (Harrison, 1997; Rowling, Booth & Nutbeam, 1998). More sexuality education training opportunities need to be made available to primary teachers who need this support.

In order to maintain strong parental support for school programs, it is important that school staff continue to have parent information sessions where program content can be discussed with parents. These opportunities for exchange also enable teachers to find out what parents have been saying to their children. In schools where patronage has dropped off over the years because of familiarity with the program and overwhelming support for the program, schools could take the opportunity to offer additional input at the information session, input such as skills in communicating with their children about sexuality as they approach adolescence. Many parents are seeking opportunities to develop communication skills in this area (Kaiser Family Foundation, 1998; Berne et al., 2000). The primary school setting is an ideal venue for such programs to be offered either by school staff alone or in collaboration with specialist community organizations such as Family Planning.

Conclusion

To date there has been very little Australian research on teacher and parent perceptions of primary school sex education. This small scale study has highlighted the valuable contribution primary teachers make to personal development and sexual health of primary students. Not all school programs however included important issues such as same sex attraction, contraception and STIs even though parents discussed these issues with their children and the issues were included in the syllabus documents. The need for continuing teacher professional development and the need for regular opportunities to review existing programs have been highlighted as areas needing to be addressed as has the need for schools to continue to offer relevant parent sessions so that teachers can work in partnership with parents in providing comprehensive sexuality education for primary students. Increased system and school level financial support is required for this professional development.

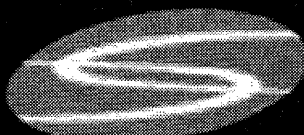
Primary teachers are providing a most important service to young people, their families, and the community when they teach a comprehensive sexuality education program and support parents in their sexuality discussions with their children. They are also laying the groundwork for future secondary school sexuality education programs. To do this effectively they must have support and training.

Author Note

Jan Milton has for many years been engaged in education, training and research related to the teaching of sensitive health issues including sexuality education. Jan can be contacted at School Policy and Practice, Faculty of Education and Social Work, The University of Sydney, New South Wales, Australia 2006 And via email: j.milton@edfac.usyd.edu.au

References

- Alloway, N. (2000). *Just Kidding? Sex Based Harassment at School*. Sydney: New South Wales Department of Education and Training.
- Berne, L., Patton, W., Milton, J., Wright, S., Hunt, L., Peppard, J. & Dodd, J. (2000). A qualitative assessment of Australian parents' perceptions of sexuality education and communication. *Journal of Sex Education and Therapy* 25: 161-168.
- Dempsey, D., Hillier, L. & Harrison, L. (2001). Gendered (s)explorations among same sex attracted young people in Australia. *Journal of Adolescence* 24: 67-81.
- Department of Education and Employment (DfEE) (2000). *Sex and Relationship Education Guidance*. Nottingham: DfEE.
- Epstein, D. (1997). Boyz' own stories: masculinities and sexualities in schools. *Gender and Education* 9: 105-115.
- Halstead, J. & Waite, S. (2001). 'Living in Different Worlds': gender differences in the developing sexual values and attitudes of primary school children. *Sex Education* 1: 59-76.
- Harrison, L. (1997). Toward a more effective model of HIV/AIDS education: Some findings from a school-based sexuality education pilot project. *Health Promotion Journal of Australia* 7: 185-188.
- Harrison, L. & Dempsey, D. (1998). *Evaluation report of the trial of Catching On: a sexual health curriculum for years 9 and 10*. Melbourne: La Trobe University Centre for the Study of Sexually Transmissible Diseases.
- Hilton, G. (2001). Sex Education-the issues when working with boys. *Sex Education* 1: 31-41.
- Kaiser Family Foundation (KFF) (1998). *Talking with kids about tough issues: A national survey of parents and kids*. Menlo Park: KFF.
- Kreuger, R. (1998). *Analyzing and Reporting Focus Group Results*. Thousand Oaks, CA: Sage.
- Lenderyou, G. & Ray, C. (1997). Why is sex education work with boys important? In: G. Lenderyou & C. Ray (Eds). *Let's hear it for the boys! Supporting sex and relationships education for boys and young men*. London: Sex Education Forum.
- Logan, G. (1991). *Sex education in Queensland: a short history of the debate since 1900*. Brisbane: Queensland Department of Education.
- Murphy, B., Cockburn, J. & Murphy, M. (1992) Focus groups in health Research. *Health Promotion Journal of Australia* 2: 37-40.
- Murray, D. (2001). Addressing homophobia and sex-based discrimination in schools. *Youth Studies Australia* 20: 32-36.
- New South Wales Board of Studies (NSWBS). (1992). *Personal Development, Health and Physical Education K-6 Syllabus Draft*. Sydney: NSWBS.
- New South Wales Board of Studies (NSWBS). (1999). *Personal Development, Health and Physical Education K-6 Syllabus*. Sydney: NSWBS.
- New South Wales Department of Education (NSWDE). (1981). *Personal Development in the Primary Schools. A Policy Statement*. Sydney: NSWDE.
- New South Wales Department of Education (NSWDE). (1989). *AIDS: Information for teachers in the primary school*. Sydney: NSWDE.
- New South Wales Department of Education (NSWDE). (1989). *Child Protection. Preventing Child Sexual Assault: K-6*. Sydney: NSWDE.
- New South Wales Department of School Education (NSWDSE). (1991). HIV/AIDS education in primary schools. Memorandum to primary principals 91/211(S.103). Sydney: NSWDE.
- Rosenthal, D. & Smith, A. (1995). Adolescence, sexually transmissible diseases, and health promotion: information sources, preferences and trust. *Health Promotion Journal of Australia* 5: 38-44.
- Rowling, L., Booth, M. & Nutbeam, D. (1998). Health education curriculum and teaching: progress and problems. *Curriculum Perspectives* 18: 46-52.

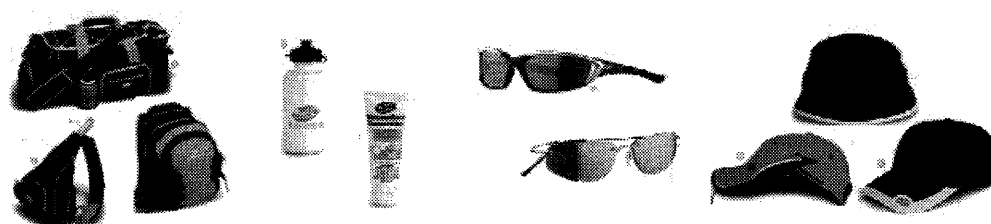

streamline

Streamline now offers ACHPER Members a 20% discount on all purchases*. Products offered by Streamline include hats, beanies, visors, sport bags, back packs, sun lotions, lanyards, drink bottles and sunglasses.

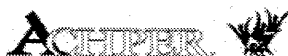
Streamline sunglasses offer a quality range of eyewear to all adults and children. Streamline is a recognised leading sunglass supplier to schools. Sunglass purchases are backed by:

- 12 month unconditional guarantee.
- \$1 from every pair of glasses purchased donated to your organisation.
- Streamline engrave the glasses free of charge so that stops them from being stolen or lost.
- Every pair reaches Australian Standards and complies with the recommendations of Sun smart.

For more information contact ACHPER National on 08 8340 3388 or to place an order visit www.streamlines.com.au



*ACHPER members must quote their membership number at the time of ordering to redeem this offer. This discount applies to all items, but is dependant upon stock availability. This discount does not apply to products already marked down or in conjunction with any other offer.



Better Health and Education for all Australians - promoting active and healthy living

Draft - November 2004 - Strategic Directions Paper - 2004-2008 Strategic Plan

"ACHPER is in the process of finalising its strategic directions for the next 5 years. The following Draft Plan is now available at the recently upgraded ACHPER website in the Members area. Comment and feedback from all ACHPER members is encouraged via fax 0883403399 or email ned@achper.org.au" marked attention Jeff Emmel, National Executive Director. Comments should be received by January 10 2005."

The 2004-2008 Strategic Plan was developed collaboratively by the National Executive and Staff of ACHPER under the guidance of the Board.

It specifies a clear purpose and some broad goals that will be put into operation through a National Office Business/Action Plan.

ACHPER's Strategic Plan is based on growth, achievement and progress and an acknowledgement that there are a number of key challenges that need to be met. These challenges are;

- maintaining improving key services to members
- improving our advocacy
- improving promotion of our products and services
- achieving financial stability and independence

The Plan reflects ACHPER's commitment to becoming a stronger, more influential peak body, respected by its members, partners and the community.

ACHPER's growth and achievements will be generated by its considerable expertise and experience that will be managed through an effective and efficient National Office, and a diligent and caring National Board that supports and works closely with its Branches.

About ACHPER

ACHPER believes that an educated nation comprising active and healthy young people is the best investment that can be made for the future of our community.

ACHPER is vitally concerned with the quality provision of physical and sport education, recreation, personal development, health promotion and health education in all education institutions from pre-primary through to the tertiary sector.

Through its state and territory branches ACHPER is uniquely placed to facilitate interaction between professionals embraced by its areas of interest. As a peak body ACHPER advocates for the professional growth and interests of its members ensuring that they are fully represented and recognised in Australia's rapidly changing political, educational and community structures.

ACHPER collaborates with a range of government, non government community and commercial agencies to continually improve the settings in which its members work as professionals.

During the past 5 years, major projects and initiatives have been undertaken with both government and corporate sectors. These include projects of National Significance such as *Better Health Outcomes for Young Australians*, the *Mind Matters Program* (Mental Health for Secondary Schools), *Rethinking Drinking* and the *Active Australia Schools Network*.

ACHPER provides quality curriculum resources through its *Healthy Lifestyles Bookshop*, publishes journals and magazines through its Active Graphics publishing arm and provides ongoing professional development activities through its branches and networks.

Areas of Activity

In seeking to achieve its mission, ACHPER is active in the following areas:

- Advocacy - promoting active and healthy living in school and community settings.
- Recruitment of members
- Improving member benefits and services
- Policy Formation - promoting public awareness of major issues both through the political process and the media.

- Research - initiating and supporting research work by members and kindred organisations.
- Continuing Professional Development for members.
- Project Management and Consultancy Services.
- Maintaining a National Journal that publishes professional and scholarly insights from across the sub disciplines that ACHPER represents.
- Resource development, promotion and distribution.
- Information Dissemination through publishing professional journals, news letters and website links to other relevant organisations.
- Development of strategic alliances with kindred organisations to strengthen ongoing curriculum and advocacy activities.
 - National Heart Foundation, fundraising for heart disease research through Jump Rope for Heart.
 - Australian Sports Commission, (Active Australia Schools Network) promoting participation in sport and recreation activities, school communities links and improving junior sport environments.
 - Kellogg Australia, developing web based learning around physical activity and nutrition education.

ACHPER's Values and Code of Practice

ACHPER Values

- Its members
- Quality service
- Diligent governance
- Collaboration with partners and branches

Code of Practice

- We seek to be an accountable, caring and respected organisation
- We are determined to be professional, approachable, helpful and informative
- We expect to be recognized and appreciated for our expertise, advice and influence
- ACHPER's "Brand" will reflect what our whole organisation stands for and does.
 - State and territory branch activities
 - Our quality resource materials and products
 - Involvement in managing projects supported by outside funding
 - Representation on National and State Level Advisory Committees government
- Our impact and influence will be demonstrated through regularly updated policy and position statements on the critical issues relevant to our values, principles, functions, our members and our clients.

Future Directions - Key attributes for the future

ACHPER's Directional Philosophy is based on growth and continuing improvement and reflects its purpose to promote active and healthy living for all Australians.

It will achieve this by:

- building a broad-based reputation for excellence in all of its core functions
- working in collaboration with state and territory branches to provide the best possible foundation for the organisation's activities/functions
- expanding and renewing its advocacy and policy work
- extending its membership
- supporting its membership through professional development, advice, resource development and research

In the ensuing years, ACHPER will:

- maintain its position as the leading organisation in the provision of systems/operations that support the development and maintenance of 'active and healthy living' for children and youth
- increase its recognition from relevant government agencies for its expertise, innovation and creativity
- develop further strategic partnerships with kindred bodies such as the NHF that enhance our standing and stability and provide a wider base for the achievement of our goals

- develop mutually beneficial relationships with private sector organisations that provide funding for the achievement of ACHPER's goals
- Continue to identify and demonstrate effective professional practices

Financial Direction

Underpinning all of ACHPER's goals will be the commitment to further improve our financial stability and our capacity to fund projects and activities. We seek to become financially;

- stable - conscious of our income generation capacity
- independent and self reliant
- well organised with effective operations and reporting procedures

In doing so, we will keep debt to a minimum and develop a capital expenditure plan for new product development. Our more independent financial position will not undermine the fact that we will continue to value and be involved in partnership/alliance arrangements that generate income.

Goals 2004-2008

ACHPER seeks to:

- Strengthen its position and profile as the peak organisation advocating for quality physical education and health education in education settings (advocacy, leadership, policy, position statements)
- Achieve financial stability and independence
- Strengthen and build partnerships and alliances to provide a wider base for achievement of our goals (government projects, corporate arrangements)
- Improve/refine membership structure and services (membership growth, visibility, accountability, professional development, publishing)
- Be a key provider of innovative high quality resource materials for the education sector
- Engage communities in active and healthy lifestyle management

These goals are linked to Key Strategic Statement that are borne of an analysis of ACHPER's strengths, weaknesses, threats and opportunities.

They also reflect our core functions (business), a clear sense of the future needs of the organisation and an assessment of the options at our disposal and our capacity to resource them.

Goal: *Strengthen our position and profile as the peak organisation advocating for quality physical, health education and recreation*

Key Strategic Statements

- Build and enhance our relationships with key agencies within the education, health, sport and recreation sectors at international, national, state and local levels
- Communicate/liase with state branches to achieve key strategic goals
- Provide effective advocacy on a range of educational issues related to health, physical activity and sport and recreation on behalf of our members and the communities they serve.
- Provide leadership to members of the professional community, government, the private sector and local communities in health education, physical activity in education and recreation.
- Create informed and collaborative national key policy position statements in health education, physical education, sport and recreation from early childhood to tertiary level.

Goal: *Achieve Financial Stability & Independence*

Key Strategic Statements

- Increased focus on managing the development and production of specialist resource materials that reflect market needs and fill the 'gaps' that are being under-served
- Strengthening the marketing of Bookshop products in order to extend market base and range to international markets
- Continuing focus on the development of strategic alliances that have the capacity to generate income through grants and sponsorship
- Expansion of our capacity to attract and manage consultancies/projects
- Maintenance of all existing income streams
- Growth in membership and subscriptions

Goal: *Strengthen and build partnerships and alliances to provide a wider base for achievement of our goals*

Key Strategic Statements

- Promote ourselves as a respected Consultant/Adviser to government,

corporate and community sectors

- Increase our influence in cross government discussion and planning that deals with emerging contemporary childhood issues such as overweight/obesity/inactivity/participation
- Explore the feasibility/value of extending our membership and services to include, for example, early childhood and aged sector professionals
- Take opportunities to work with national organisations in provision of programs and development of products and services
- Strengthen ties with allied international organisations

Goal: *Improve and refine membership services and structures*

Key Strategic Statements

- Review and analyse the profile of our membership base to identify needs and profiles and consider the categories and services we offer.
- Revitalise our web space to provide enhanced 'member only' services and communication lines.
- Engage our members in the use of our website to assist them in their professional needs.
- Explore opportunities to add value to our membership from corporate relationships and kindred alliances
- Explore opportunities to grow our membership base in groups and communities with whom we don't have profile at present. ie; ECE/Indigenous/culturally and linguistically diverse populations, the aged.
- Actively ensure the National/Branch structure remains viable and vital.
- Improve the awareness of all members of what ACHPER does on a National basis.

Goal: *Key provider of innovative quality resource materials for the education sector*

Key Strategic Statements

- Monitor state, territory and national curriculum directions in primary, secondary, TAFE and university in "active and healthy living" and provide evidence and direction for potential niche markets
- Continue to review and refine ACHPER resources and review bookshop sales to identify gaps and needs
- Actively bid for projects to develop relevant curriculum resources with government and non-government organisations
- Research local and overseas education markets and establish product priorities for development and distribution
- Act as an expert advisor and consultant to provide evidence, direction and support in evaluating existing resources
- Establish a pool of resource writers, highlighting their interests, strengths, location and availability to draw upon when needed
- Develop relevant professional development activities/support linked to the promotion of quality resources.

Goal: *Engage communities in active and healthy lifestyle management*

Key Strategic Statements

- Support schools in Australia and overseas in becoming health promoting communities
- Strengthen ongoing links with State and Territory Education, Sports and Recreation and Health Departments to promote strategic futures
- Through media management and identified need promote community support for 'active and healthy living' education programs
- Identify and support special populations across the lifespan irrespective of age, ability and culture or emerging social needs

Critical Success Factors

- Satisfied Members and overall membership growth
- Bookshop sales and income increase
- Expansion of partnerships that enhance visibility, credibility and income generation
- Inroads into debt reduction
- Attracting key projects/consultancies that add value to ACHPER's day to day work
- Increased recognition of our advice and influence at government and community levels.

RESOURCE REVIEWS

Available from the **Healthy Lifestyles Bookshop**

214 Port Road, Hindmarsh, SA 5007

Ph: (08) 8340 3388 • Email:

bookshop@achper.org.au

Body Knowledge and Control

Evans, Davies & Wright

Routledge, 2004 \$215.00

"Yet therefore before human beings make the right technical decisions they must first ponder what they want themselves to be and how much of their lives they want dominated by things." (Bertman, 1998)

Overall the content of this book helps readers to get outside the world of their own experience and to project themselves into the life and institutions with which they do not, in the ordinary course of events, have direct experience.

Secondly, they help the reader to detach from the prevailing societal values and attitudes in order to gain a level that goes beyond conventional perspectives. The various contributors convey the message that the body should not be viewed as a wholly natural phenomena, but is also socially constructed.

Part one is concerned with pedagogy, culture and identity. Part two with the social context of health and physical education. Part three focuses on schooling, the body and self-identity. The final part of the book deals with future directions, and research and curriculum development in teacher education.

Most of the chapters concentrated on questions of 'structure' but little about 'agency'. What can and should I do with this information in my day-to-day teaching role?

Questions that readers might be stimulated to start asking about attitudes toward the body, physical education and sport in contemporary society include: How are sports performers portrayed on television? What qualities are portrayed by elite performers? To what extent are performers depicted in machine-like terms?

A fascinating exercise for students would be to read the book in conjunction with Peter Lear's novel 'The Golden Girl'.

Brian Nettleton
Victoria

This Can't Happen to Me! Tackling Type 2 Diabetes

Bowden

Allen and Unwin, 2004 \$24.95

Type 2 diabetes is fast becoming an epidemic of affluence throughout the world. However, it is only in the last few years that diabetes 2 has become recognised as a health priority.

Declining physical activity levels along with increased consumption of refined foods high in sugar and fats are contributing to an increase in overweight and obesity. Bowden's book is a timely addition to the literature on diabetes.

The author is a well-known Australian media personality who has taken the facts of a serious health problem and presented them in a readable and interesting way. Credibility is established because he has used his own case study to illustrate the journey he travelled from first diagnosis to long-term management of the condition.

This book is based on current medical knowledge about diabetes 2 with regard to the nature of the problem, its

management and prevention. It was written as an outcome of a series of talks for ABC Radio National's Health Report following the author's unexpected diagnosis. Anecdotes by the author indicate that some GPs have difficulty diagnosing diabetes, and give outdated advice about its management. Hence books like this can play a useful role in helping raise awareness about the condition, and prompt the reader to ask appropriate questions of their GP if they suspect they have diabetes. Woven throughout the book are case studies of people who have developed diabetes which help personalise the condition and give assurance to readers that a relatively normal life is still possible. The tone of the case studies is that changes to diet, alcohol consumption and diet not only reduce the risk of other health conditions but can in fact result in a much more enjoyable lifestyle and sense of wellbeing.

The book is comprised of nine chapters.

Chapter One: 'But I'm bullet-proof...' traces the author's 'unexpected' diagnosis as an outcome of a medical check to his acceptance that lifestyle changes were essential. Facts about diabetes are also covered.

Chapter Two: 'Facing up to it' deals with the benefits of joining diabetes support groups and Diabetes Australia. The author recounting his own experiences covers diet and exercise advice.

Chapter Three: 'Why ants like your urine' covers an interesting historical account of the disease and its treatments.

Chapter Four: 'I don't have any symptoms' illustrates why half of people with diabetes are unaware of their condition. Interviews with doctors and people with diabetes make for interesting reading.

Chapter Five: 'The silent assassins' outlines the insidious nature of the disease and the need for careful monitoring of blood glucose levels. The complications of diabetes are also explained.

Chapter Six: 'What can I eat?' provides explanations of the glycaemic index (GI) and diet.

Chapter Seven: 'Only you can do it' highlights the importance of acceptance of the problem and why action need to be taken to manage it.

Chapter Eight: 'Don't panic' provides excellent reassurance for the newly diagnosed. Case studies give a human element.

Chapter Nine: 'Looking ahead' is a suitable recap of the book along with an interview with a senior official of Diabetes Australia - NSW.

The book is suitable for a wide readership. Its main targets are probably people diagnosed with Type 2 diabetes, and those with a high risk of developing it. It is also a useful book for their families and health professionals who may have little formal education on the condition. The book is also a good read for the general public who could benefit from the advice on lifestyle: changing diets and physical activity regimes that would not only reduce their health risks but help them feel better and enjoy life more!

Dr Peter Howat,
Associate Director,
Western Australian Centre for Health Promotion
Research, School of Public Health, Curtin University, WA