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### **Abstract**

The rationalities of advanced liberalism shape the call for people to be more responsible for ‘being active and eating well’ (Dean, 1999; Petersen & Lupton, 1997), even those living with social disadvantage. We draw upon qualitative data to examine how sport and recreation policy and program officers within state and local levels of government frame and interpret the ‘active living imperative’ for healthy lifestyles. Our analysis identified major policy tensions between different levels of government that directly affect the success of government initiatives to increase physical activity. We present our analysis of four main themes: 1) the rise of the health agenda in sport and recreation policy and sport and recreation services enhanced role in health promotion; 2) the obesity epidemic as the instigator for the policy shift in sport and recreation; 3) tensions between government agendas and competing priorities; and 4) governments’ proposed solutions to support active leisure in communities. Our analysis of the sport/recreation sector revealed competing priorities with the health promotion focus on reducing lifestyle risk and a need for more strategic cooperation between levels of government and different departments.

Keywords: active living, healthism, policy, service delivery, social inequality

### ***Introduction***

The benefits of physical activity are well cited in a range of international policies that emphasise the potential economic and health outcomes for individuals (e.g., OECD, 2010, 2011). Yet, governments face major challenges in mobilising adults and children to take up the ‘active living

imperative' and change their lifestyles through greater incidental, commuting and recreation/sport activity. In the domain of sport and recreation, government providers at the state and local levels also have to plan for and manage population demand for infrastructure (e.g., parks, bikeways, pools, sport fields) and targeted services (i.e., youth, family, culturally specific, older adults) within the context of a market based leisure economy that is comprised of public, commercial and third sector organisations (such as youth centres, aquatic centres, gyms, sport clubs) (Coalter, 2007).

Governments within advanced liberal societies have to grapple with complex, 'wicked' policy problems by addressing a fundamental tension between the imperative to ameliorate social disadvantage and ill health through public provision of sport and recreation, and an expectation that the individual or family will increasingly exercise the choice to become active (Althaus, Bridgman & Davis, 2007).

In this article, we examine these tensions within the policy context of Australian public service provision and promotion of healthy lifestyles to contribute to the growing body of critical scholarship in health promotion, leisure studies, obesity studies and sociology (Fullagar & Harrington, 2009; Fusco, 2006; Gard & Wright, 2005, Hunt, 2003). In relation to current policy and promotion discourses, we aim to develop a critical analysis of the construction and effects of healthy lifestyle 'choices and risks' in light of their interpretation by active living professionals. We question the power-knowledge effects that certain health risk discourses have in assigning greater moral responsibility to individuals and families, while reducing the important focus on the environment or social context that enables active living (Foucault, 1991). In describing the rise of healthy lifestyles and focus on prevention of illness, Crawford (1980) coined the term "healthism" to describe "the representation of good health as a personal choice" (Crawford, 1980 as cited in Fusco, 2006:66; see also Colquhoun, 1991). Crawford aimed to critically unpack the assumption that all health promoting activities were inherently "good" for individuals and populations by foregrounding the

ideological basis and power-knowledge relations that underpin different constructions of health problems, interventions, and funded solutions.

Hence, the conceptualisation of healthism is still very relevant and has been extended through Beck's (1992) work on the rise of the risk society and Foucault's (Dean, 1999, Foucault, 1991) work on governmentality in advanced liberalism. Though they hold somewhat different conceptualisations of power, both Beck and Foucault are concerned with identifying how individuals are urged to take up responsibility for their own conduct in line with cultural norms, market forces and changing notions of government. O'Malley (1996: p. 200) argues that the rise of risk management discourses has led to the "responsibilization [of the individual whereby health becomes a] duty to be well". In Foucault's sense, we can think about how the rise of healthism is part of the power relations of broader biopolitics that shape how governments act to provide and promote physical activity with the aim of maximising population health, productivity, and security (Dean, 1999). The health agenda of advanced liberal governments is strongly informed by economic imperatives to reduce the burden of disease that unhealthy lifestyles generate and the potential loss of productivity they cause. While we do not take issue with the importance of supporting healthy living practices in the current era of chronic disease and high government debt, we do argue for closer scrutiny of how the active living agenda positions individuals as responsible for their own health or illness with respect to the constraints that shape active participation. Throughout this article, we develop the argument that the individualisation of risk and benefit may discourage people from becoming more active by failing to address socio-cultural determinants or understand the constraints to leisure that shape the opportunities of marginalised families (Beck, 1992, Hunt, 2003, Morgan, 2011).

A growing multi-disciplinary body of literature has identified a range of factors that contribute to non-participation and sedentary lifestyles, such as, beliefs about risk, family circumstances, cultural norms, school and community opportunities, as well as the broader social, political and economic context of advanced liberalism (Bundy et al, 2011, Cleland et al, 2009, Dollman & Lewis, 2010,

Franzini, et al 2009, Perkins et al, 2004, Macdonald et al, 2004). Though many of these factors are well recognised in health promotion, public health policy and active living programmes, not enough attention is paid to the issues affecting the participation of citizens in relation to the broader market economy, social inequity, consumerism and work-life imbalance (Hamilton & Denniss, 2005; Schor, 2010). We examine this challenging contemporary social context empirically to understand how sport and recreation professionals endeavour to interpret and implement active living policies.

### ***Background to the Australian Context: Governing leisure for health***

We focus on the Australian context as a means of contributing to international debates concerning the rise of health risk discourses. Concerning figures emerge in the most recent national data on adult participation in a sport or recreational activity (at least once a year) that identifies a decrease from 66% in 2005-6 to 64% in 2009-10, largely attributed to a drop in women's participation (ABS, 2011, p. 1). Only 30% of the Australian population (aged over 15 years) participated regularly (more than twice a week). Moreover, an index of social disadvantage consisting of "attributes such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations" (ABS, 2012, p.13) show a non-participation rate in sport and physical recreation of 37.0% in the lowest quintile compared to 16.1% in the highest (ABS, 2012, p. 13; see also Dollman & Lewis, 2010).

Not surprisingly, governments in advanced liberal democracies have invested in public provision and social marketing to urge citizens to exercise greater individual responsibility for health through sport and recreation participation (Skille & Solbakken, 2011). Like other Organisation for Economic Cooperation and Development countries, the Australian government has funded health promotion campaigns such as *Life: Be In It* (1975-1981), and more recently, the *Active Australia* initiative (2005-2010), despite the lack of evidence to demonstrate their effectiveness in increasing participation in active recreation (Bellew, Schoeppe, Bull & Bauman, 2008). Current social marketing campaigns use TV advertisements, Web sites and print media to show people how to

*'Measure Up'* and assess their Body Mass Index, and to suggest people *'Become a Swapper'* by substituting physical activity for their usual choices of sedentary activities.

In the Australian context, not only has the federal department of Health and Ageing embraced the active and healthy agenda; this agenda has also shaped the way policies are produced and implemented through sport and recreation programs, as well as physical and health education. While the instrumental relationship between health and leisure is not new in government policy, we argue the rationalities of advanced liberalism now shape the call for individuals and families to be more responsible for "being active and eating well" (Dean, 1999; see also Petersen & Lupton, 1997). Perhaps we are stating the obvious, but what we aim to demonstrate is how ideas about what constitutes healthy/unhealthy and normal/unacceptable behaviour are historically and culturally situated. The decline of the welfare state and the rise of liberal notions of responsibility have occurred alongside an increased reliance on market forces and voluntary organisations with stretched resources to provide opportunities for active leisure and sport (see Coalter, 2007). For example, in Queensland private/public partnerships have changed community swimming pool provision to a user pays model, sport club funding is governed by adherence to active living messages, and commercial fitness enterprises have spilled from gyms into the public space of parks.

With the rise of healthism, the sport and recreation policy arena in particular has undergone seismic shifts with the changing policy directions of the Australian Sports Commission since its inception in 1985 (Bloomfield, 2004, p. 86). These changes have included a broadening from an elite focus to community participation and more recently the "*capacity to contribute to... social inclusion and preventative health*" (Independent Sport Panel, 2009, p. 18; emphasis added). Similarly at the state level, government funding for sport development and sport clubs is no longer primary singular focus for they now have a mandate to encourage healthy and active living.

In liberal democratic governments, middle and senior level public servants routinely interpret and apply public policies designed to attain specific results (Althaus, *et.al.*, 2007), which may entail

negotiating the changing political ground in which they work. The federal government sets its policy agenda, and its priorities in turn govern the conduct of state and local governments through the allocation of funding for programs and infrastructure. This approach is based on the principle of “subsidiarity” because in terms of intergovernmental relations, the lowest level of government is assumed best for delivering outcomes. While this concept is most commonly associated with the legal arrangements of the European Union under the Maastricht Treaty (Henke, 2006), it has wider applicability (see Zahra, 2011) and may be useful in this case. In the latter half of this article, we examine how sport and recreation policy and program officers within state and local levels of government frame and interpret the “active living imperative” for healthy lifestyles and identify tensions between levels of government and competing priorities in sport/recreation and health that arise in public provision.

### ***The healthy lifestyles study: methods***

Our interests in health discourses (Fullagar 2002, 2003) and family leisure (Harrington 2006, 2009) came together when we embarked on the three-phased “healthy family lifestyles” project in 2006. In Phase 1 we interviewed parents and children from four diverse families to find out what “healthy living” meant to them (Fullagar & Harrington, 2009). This paper does not include these findings. In Phase 2, five key informants were recruited through a snowball technique within government agencies across a diverse range of portfolios implicated in the delivery of the healthy and active agenda. They were interviewed to obtain their perspectives on the shift at the federal and state level from primarily sport development to an emphasis on activating healthy lifestyles. Their staff positions at the time of the study were: principal advisor, senior advisor, regional manager and acting executive manager from the state department of Sport and Recreation in Queensland, Australia, and recreation program coordinator of the Brisbane City Council’s Department of Sport and Recreation in the state’s capital.

The interview schedule for the state policy staffers asked questions that followed a logical sequence for the purposes of the study: *What are the current policy priority areas in the department in relation to service provision? What influence has the health emphasis had on the policies or the approach to service provision? What do you think about the effects of the public policy focus of the department on family leisure choices and opportunities? What do you think are the key policy challenges surrounding the provision of leisure services?*

The semi-structured interviews were conducted face-to-face by members of the research team and ranged in duration from one hour to ninety minutes. All interviews took place in informants' home or workplace in December, 2006 and were digitally recorded and transcribed prior to an interpretive analysis of themes.

We were also interested in how this new direction affected council officers "on the ground" and the implications of the healthy and active agenda for priorities at the local council level. In Phase 3 of the study, from February through March 2009, we inventoried the recreation and sport programs and gathered contact details for relevant staff in four of the eleven city and regional councils across South East Queensland (see Figure 1). We invited selected staff to participate in a focus group in their council chambers. The letter of invitation included the discussion guide questions for them to think about prior to the focus group. Examples of these questions included: *What are the key priority areas for [your council] that relate to the delivery of programs and services to support the promotion of healthy active lifestyles for families? Can you tell us about how effective you think these initiatives are in supporting recreation participation for different kinds of families? Given the anticipated population growth in SE QLD what issues do you anticipate having to plan for in the near future?*

We held four focus groups of between 4 and 6 staff with twenty planning, sport and recreation and dedicated Physical Activity and Active Healthy Communities staff in Brisbane City Council, Logan City Council, Redland City Council and Moreton Bay Regional Council. These councils represented



adjacent areas of Southeast Queensland, varying in area size, population size and socio-demographic composition of their respective communities. Between the 2006 and 2011 census the total population of Queensland increased by 11% to 4, 332,737 people, the majority of whom lived in the southeast corner of the state.

The focus groups were held in city and regional councils' offices, ran from ninety minutes to two hours, and were digitally recorded and transcribed before a thematic analysis. The coding procedures were led by the primary author who developed the codes used by three coders (i.e., both authors and a research assistant). Our purpose in phases two and three of this study was to canvas a range of positions across state and local government to obtain multiple perspectives on the opportunities and challenges for public provision of active and healthy lifestyles. Ethical clearance was obtained for all three phases of the study and participants signed consent forms that indicated their willingness to be involved in the study and their understanding they could withdraw at any time. As much as possible we have de-identified the specific local councils for which participants in Phase 3 worked to protect their anonymity.

(Figure 1 about here)

We identified four key themes from our analysis of the interview and focus group transcripts: 1) the rise of the health agenda in sport and recreation policy and sport and recreation services enhanced role in health promotion; 2) the obesity epidemic as the instigator for the policy shift in sport and recreation; 3) tensions between government agendas and competing priorities; and 4) governments' perceptions of constraints to individual and family participation and their efforts to support active leisure in communities.

### ***The rise of the health agenda: Implications for sport and recreation provision***

While elite sport “is delivered by the state and territory institutes and academies of sport, [the states] currently formulate their own policy with relation to sport and recreation and play a major role in its implementation” (Bloomfield, 2004, p.137). Queensland was one of the last states in Australia to

develop a Department of Sport and Recreation (Bloomfield, 2004). In this state, the Queensland National Fitness Council was renamed the Queensland Recreation Council on 23 September 1982 to reflect the emphasis placed on recreation in the 1980s. One of its functions was media promotion of an active lifestyle, but overall its role was to research, design and promote recreational activities. By Cabinet decision on 18 March 1991, the Council was disestablished and its operations were taken over by the Department of Tourism, Sport and Racing, Division of Sport and Recreation. According to one of our interviewees it was primarily a funding body for sport clubs, with little “*value added*” in services. He explained that, unlike other states in Australia, where sport and recreation funding came from tobacco and alcohol taxes or general revenue, Queensland Department of Sport and Recreation obtained a guaranteed 22% of the gaming revenue from casinos and lotteries to resource its programs and services. For the last 10 to 20 years, its core business was to fund sport clubs and other community recreation organisations. Within the state department, recreation was very much overshadowed by sport. As a state level interviewee told us, however, in 2006 “*equal credence has [now] been given to the recreation side of things.*” Signs of a change brought on by the healthy and active agenda included funding for walking trails (“*whereas for many years we didn’t because they weren’t a sport’s field*”) and the definition of sport “*loosened up a bit*” to recognise the growing popularity and impact of activities such as mountain biking.

The state level informants were clearly aware of a discursive shift within the sport and recreation sector from a sport industry and development agenda to one of physical activity for health outcomes. According to our informants, four foci had recently emerged: (1) physical activity for community well-being; (2) physical activity for physical health; (3) physical activity for mental health, and (4) the original focus on sport industry and development. Some of our informants appeared a little baffled by this change. As one said, “*So [the minister] spoke recently on physical activity for mental health outcomes...what does that actually mean?*” He felt it was particularly significant that the

minister was addressing the Sport Federation of Queensland at the time. The shift within the department to four foci had “*shaken the foundations a little bit and people are asking questions.*” He was quick to clarify that the department maintained its grant programs geared toward organised sport. It was still “*building sporting fields, providing coaching clinics, employing people to run state sporting organisations and regional sporting bodies and those sorts of things...so we haven’t robbed Peter to pay Paul. We’ve just brought more money into the mix and changed a little bit of our skill set to link more closely to health and education.*” Perhaps a sign of this new orientation, in its current form, Sport and Recreation Services was part of the Queensland Department of Communities and no longer a stand-alone Department of Sport and Recreation. Swinney and Horne noted a similar shift in the Scottish context where “the positioning of sport and leisure within [a department of Community Services] may be indicative of the increasingly instrumental use of sport to achieve broader social objectives (e.g. health/fitness, combating youth crime, increasing literacy levels), that drives policy and practice in local authorities” (2005, p. 288). An illustration of change in the policy agenda for Sport and Recreation was the short-lived Community Partnership Grants Program interpreted by one state informant as moving sport and recreation into the “*health domain.*” This program funded projects linking active lifestyles, physical activity and healthy eating, even though, our informant noted, he had no one on staff with a nutrition background to evaluate proposals. He thought, somewhat pessimistically, the most likely recipients of the grants would be schools to overhaul menus in tuck shops (i.e. school canteens) and provide some physical activity programs after school. This program evidently resulted in a number of programs funded in 2007. Five of them were featured on the department’s Web site as “case studies” and included the Far North Queensland example of Cherbourg State Primary School partnered with a regional medical centre, the Cherbourg Aboriginal Shire Council and Cherbourg Community Health to give school children (the majority Indigenous) a “wide range of nutrition and sporting, camping, traditional games and recreational activities” as part of their school day, including tasting new healthy foods, free fruit each morning,

and preparing a nutritious family dinner each term

([http://www.sportrec.qld.gov.au/funding/CaseStudies/active\\_partnerships.cfm](http://www.sportrec.qld.gov.au/funding/CaseStudies/active_partnerships.cfm), retrieved on

September 22, 2008). This funding program closed in 2008 after only two rounds

([www.communities.qld.gov.au/sportrec/funding/overview-of-all-funding-programs/closed-on-](http://www.communities.qld.gov.au/sportrec/funding/overview-of-all-funding-programs/closed-on-hold/community-partnerships-program-2008-round-two)

[hold/community-partnerships-program-2008-round-two](http://www.communities.qld.gov.au/sportrec/funding/overview-of-all-funding-programs/closed-on-hold/community-partnerships-program-2008-round-two), retrieved 8 December, 2011). Another

informant referred to the same program as a way of Queensland Health partnering with Sport and

Recreation to “*create physical activity opportunities for the community [not through program*

*delivery] but to partner with us to influence local governments or others to provide those activities*”.

This example highlighted how the policy imperative to promote health worked through the power of

Sport and Recreation to govern the funding of grants for preventative physical activity and nutrition

programs in order to produce health outcomes in Queensland. How did the shift in policy focus from

sport industry development to physical activity for health outcomes occur? All the state-level

interviewees and one local council staff member in a focus group pointed to the obesity epidemic

that has recently concerned both popular and professional circles, including academics studying

recreation – for example, see Samdahl (2011) for a critical view of the obesity epidemic and the

presumed role of recreation.

***The obesity epidemic as a policy drive: campaigns to combat inactivity***In all advanced liberal

democracies, “*the obesity epidemic has really come upon everybody really quickly and governments*

*are now having to respond to that,*” as one informant expressed it. In interviews and focus groups,

informants acknowledged that the same shift to physical activity to underpin healthism has occurred

in other states in Australia<sup>1</sup>. An informant explained that Queensland spends about 20% of the state

budget on health and so “[*Queensland*] *Health is looking at ways to provide preventative measures*

*to prevent people from accessing health services.*” Two of the informants in the state Department of

Sport and Recreation stated : “*our new minister ... has made it very clear that he expects the sport*

*and recreation industry to be making the links between what they do and the health outcomes.*” The

other declared: *“I think the thing that has pushed things in the last five years is the growing evidence of the effect that obesity is having on our society...So, when the Premier announced the ‘Obesity Summit,’ this was the catalyst to start thinking more in a physical activity context.”*

The two-day Obesity Summit was convened in May 2006 by the Queensland Premier with four areas of inquiry including active living (opportunities for physical activity and healthy living) ([www.health.qld.gov.au/news/obesity\\_summit.asp](http://www.health.qld.gov.au/news/obesity_summit.asp), retrieved January 5, 2012).

After the Obesity Summit, the Department of Sport and Recreation was given the leadership role in funding programs to achieve physical activity outcomes; out of \$21 million in initiatives announced at the summit, \$13.5 million was to be funded out of the Sport and Recreation budget. Another outcome of the Obesity Summit was the establishment of the Obesity Secretariat, also resourced by Sport and Recreation, but reported to the Department of the Premier and Cabinet, to develop policy around physical activity. What do these policy insiders think of obesity being the new driver of policy? One declared *“the spotlight is so brightly on obesity that disabilities dropped off [the department’s radar]”* and another said *“health has recently been replaced with obesity. We no longer want to stimulate a healthy lifestyle; we want to avoid obesity in children and adults.”* However when they talked about what was actually being done to help people avoid the risk of obesity, they seemed to doubt that government initiatives to increase physical activity and encourage healthy eating will succeed.

According to another state level informant, social marketing campaigns such as Queensland Sport and Recreation’s “Eat Well Be Active” and the Queensland Health’s “Go for Two [servings of fruit] and Five [servings of vegetables]” may not succeed in lowering obesity rates because *“the message is quite muddled right now”* about how much physical activity one needs, how much one should eat, how often one should exercise and for what level of activity should one aim. He felt the confused message was the case not only in Queensland or across Australia, but *“probably internationally as*

*well.*” He had prior experience with the national Active Australia campaign, providing feedback to their marketing agency, and he felt it was “*abysmal*” The lack of brand recognition of Active Australia today meant it was a “*total failure*”. Overall, he thought there were “*peaks and troughs*” in messages like “Get Out and Get Active” and “Active Queensland” because while people knew they had to be active, they used “*lack of time as an excuse not to do it*”.

A recreation program coordinator argued that existing campaigns promoting physical activity were “*far too broad*” and the federal Active Australia initiative amounted to throwing money away by not targeting the message. However, she also pointed out that few social marketing campaigns anywhere have achieved behavioural change. With all the government commitment and funding that could be funnelled into a physical activity campaign, “*it’s quite hard to make sure that you do a campaign that is going to be effective for families.*” Another council level informant referred to the campaign messages as “*preaching to the converted,*” given that they only appeal to children and young adults “*who are going to participate in sport, or have an active lifestyle anyway*”.

Efforts to encourage active and healthy lifestyles were also criticised on the grounds that the policy tools used were of questionable relevance to how people conduct their lives. An informant from Queensland Sport and Recreation brought up the example of a policy initiative to educate families to put their backyard to better use. He said, “*I don’t think that’s the answer because if people are going to use the backyard, they’ll use it anyway. Giving people ideas on how to use the backyard is nice, but we tend to address that problem with brochures and Web pages ... but it really doesn’t have a huge effect on people’s lives.*” Other policy officers rejected the argument that family life is too time-pressured for commitment to children’s organised sport by suggesting that physical activity could still be encouraged as part of family leisure in several ways.

One informant argued that blaming computer technology for increasing sedentary behaviour in families was like “*fighting a tidal wave*” and suggested the X-box or computer screen could be used instead to initiate physical activity that mimics the cyber-activities the games display, particularly

with boys. While innovative solutions combining computer technology with physical activity “*may be too hard for policy [makers] to get their head around,*” his opinion is that the present “*family message is failing*”. He thinks a better solution would be for “*families to sit down and all play X-box together, and then go and repeat what they just did on the screen actually out in the community.*”<sup>ii</sup>

At the local council level, only one informant mentioned childhood and adult obesity as the impetus for council’s work in the area of active and healthy living. She suggested the Brisbane City Council vision statement “Living in Brisbane 2026” had an unrealistic target for reducing obesity:

*We are going to be internationally renowned as the active, healthy lifestyle city ... for everyone to have an active lifestyle and Brisbane residents, regardless of age, gender and ability will be encouraged and supported in the process of physical exercise. We have great public spaces and sporting facilities and clubs that provide safe programs. And here is an interesting one, when it comes to obesity, our target for 2026 is for the percentage of Brisbane population within the normal weight range to be the highest in the OECD countries. Currently we’re [Australia] 7th worst.*

Like their state counterparts, local council officers had doubts about the efficacy of the active and healthy living strategy.

Telling parents what to feed their children or how to spend family leisure time may be perceived as too much government intervention into private life, thereby reflecting a more general problem with government policy to address what essentially are private freedoms. It is questionable whether policies aimed at healthy and active living will work across the social landscape, particularly among people living with social disadvantage. It should not be assumed that if the state gives people the correct information about physical activity and healthy eating that they will rationally choose to take it on board as their personal responsibility to make the right choices and avoid lifestyle diseases that cost the state money to treat; in other words, they will embrace healthism.

As demonstrated, even those responsible for delivering the information were not convinced people will act upon it in light of individual and structural constraints. They identified how middle class and normalised notions of family inform campaigns in ways that failed to engage those on low incomes or from culturally diverse backgrounds. In our context, the rise of healthism in sport and recreation is an example of the tensions that occur in the promotion of active living as a rational, self-responsible and accessible “lifestyle” that reduces risk through “freely chosen” leisure activities. Ironically, the problematic here is about the very nature of individual freedom to choose healthier activities and change their “behaviour”. From a more critical perspective on health promotion, we argue for the need to start with different assumptions about leisure opportunities and constraints for diverse families and communities. We situate individual and family choices about active living in the cultural and structural context of advanced liberalism as this affects access to work, consumption, housing, education and a range of services that in turn act upon meanings about, and opportunities for, physical activity.

In the next section, we will look at the tensions that exist between national, state and local government agendas and their competing priorities that frustrate and constrain implementation of active living policies.

### ***Tensions between government agendas and competing priorities***

The principle of subsidiarity would suggest that the active living agenda and attendant priorities of the federal government would govern how states allocate their funds to facilitate programs and services delivered at the local level. According to an informant from a local council, the local government has a similar health policy direction to the federal government, but relations with the state government over priorities are causing considerable tension. Staff from all four councils reiterated the point that they had to find ways to get along with state and federal governments, in spite of conflicting priorities. For local government, a priority was delivering programs and services “on the ground.” To do this, it needed to maintain good partnerships with state and federal



government. As a development officer pointed out, *“state and federal government are the ones that drive the marketing campaigns; they have the money to, particularly in terms of the marketing related to physical activity. Local councils are happy to let other levels of government mount physical activity campaigns on their behalf.”* What they are less happy about is that the priorities of state government are ‘vastly different’ from the priorities of local government and the funding is always inadequate for what the community needs. Local council planners are caught between what the community says it wants and what the state government is prepared to fund.

It is a common theme among council staff that budget limitations stymie their efforts to provide better active living initiatives for the community. For example, a physical activity officer explained the Sport and Recreation Team’s intention to go beyond just offering free and low cost activities for children by seeking external funding for a 12-month pilot program *“to try and cover the costs of membership and uniform for entry into a [sport] club... the biggest cost that families need to consider for a child to be able to go that next step.”* They had been turned down for internal funding (*“We are in a very tight budget year”*) and hoped that with a successful pilot program, they could go back to council the following year and say *“Look this is what fantastic things we’ve been able to do, can you fund it?”*

There are also budget issues with existing programmes that impede staff efforts to support healthy and active lifestyles for more members of the community. A program officer explained that limited resources and budgets only allowed for a restricted number of people in different sessions and classes; many activities get booked out and the council cannot afford to run them twice. So there are limited opportunities for individuals and families to take up free or low cost programs offered by the council’s Active and Healthy Parks program with many *“very good quality”* programs servicing repeat customers only. The lack of additional program space presents a further challenge for providers if more people take up the healthy living imperative and try to increase their physical activity levels by taking part in locally available programs and

facilities. As another informant explained, Queensland Health targets sedentary people, to get them out and moving more, and Sport and Recreation staff responded with the Active and Healthy Parks program. She cautioned, however, that this initiative has planning implications:

*Once you get people up to this level here, most eventually want to go somewhere else, because people get bored very easily, or will they just stop again? When they walk, and then they can do that, well, what do I do next? That's the way exercise works. Once you do a little bit, you want to do more; if you do none you want to do less. So, it's that simple..... If you want people to be healthy long-term, then this is a good platform but there needs to be places for them to go. Because as soon as people start to exercise, they find they've got skills and abilities they never even knew they had, so they want to start exploring.*

Success at getting more families and individuals physically active may put unforeseen pressure on Sport and Recreation departments as they aim to find funding to provide more public open space and infrastructure and become more creative and innovative in designing organised programs to meet the demand. Local government providers were caught in a predicament where they could not effectively service increased demand for programs or target their limited resources to more effectively meet the needs of more disadvantaged community members. The limited funding for active leisure is indicative of a liberal rationality and a broader shift away from 'welfare recreation' as Coalter (2007) argued, and towards a greater reliance on individual responsibility for maximising one's health, fitness and productivity (Barry, Osborne & Rose, 1996).

The active living imperative was driving the policy direction within sport and recreation services at both the state and local levels. State government exercised power through the administration of funds for programs, facilities, and services to which local councils conformed, while trying to meet their specific community demands (Dean 1999). As the next section will show, staff working in the local

government areas that knew what constraints deterred and what opportunities existed for active and healthy living within their communities.

***Governments' proposed solutions to overcoming constraints to family participation in active leisure in communities***

In this section, we look at the critical issues policy advisors and program officers thought families faced today in trying to make the “right” physical activity and healthy eating choices in their daily lives. This section also raises questions about whether the Queensland Department of Sport and Recreation and Sport and Recreation Teams in local Councils addressed issues surrounding the diversity of families that live in their communities. For example, according to the focus group data there are people of 170 nationalities living in Logan City (Fynes-Clinton, 2011). We were interested in the views of state-level and local council officers on how socially disadvantaged families were positioned to take advantage of the programs, services and healthy living tips found on their websites and in their brochures to succeed in attaining the normative (middle-class) active lifestyle.

Aware of obstacles some families encounter that prevented them from becoming more active and eating healthy foods, policy and program officers thought of implications for their own areas, with ideas about constraints on participation and solutions they could feed into the policy process. Informant responses ranged from individualised perceptions of the problem of inactivity or low participation as located in the private realm of family choices, through to broader social justice concerns about the need for government provision in light of the social, cultural and economic constraints that shape family leisure choices (Shaw & Dawson, 2004). The issue of individualised responsibility emerged in suggestions that incidental physical activity could be built around a busy lifestyle by “*fitting it in 10 minute bursts*” or by using walking programs like the “*walking school bus*” funded by the Department of Sport and Recreation and delivered by local government.

The majority of informants identified changes in children's and family lifestyle choices linked to broader social change in work patterns, family structures, community services, social inequalities and mounting money pressures. With both partners working, and often working casual (i.e. irregular) hours across the entire week, many parents did not have their weekends free to take children to sport. Children's sport was also becoming more expensive, so more parents relied solely on schools to provide their children with physical activity and sport. One state-level informant felt the problem had been compounded by a sport industry that had not adapted well to the changing needs of families, partly because of its conservative culture and rigid rules.

For some families, even accessing information about free activity programs offered by Councils was difficult if they did not speak English or lack computer literacy. Inadequate public transport was also an issue for families wishing to access parks, walking trails and outdoor activity programs. The delivery of programs was another area where policy officers perceived they were not meeting the current or future needs of families. All informants acknowledged that sport and recreation departments had a normative notion that a family is, as one put it "*the standard family with 2.2 children in the suburbs*" which means that in a diverse and fast growing population like Southeast Queensland "*a lot of people fall through the cracks.*"

The focus groups produced more nuanced observations than did the state-level policy officers about opportunities and constraints for individuals and families in their local council areas. For example, in the Logan City council focus group, a member remarked that while the recommended 30 minutes of activity a day was important, "*especially within our [low socio-economic] areas, if it's a high cost or it's not accessible [by public transport], it doesn't matter. They won't take that on board. We could run however many programs to compliment them, but if they don't support low cost and accessible a lot of them won't get involved and we won't have the attendance.*" Other staff cited an issue of "Come and Try" days with sport clubs and community organisations not leading to increased memberships, because of the cost of an annual club membership (for example, about \$350 for field

hockey), uniforms and equipment. The same was true for a low-cost program run by the city called Active Logan with “*some of the classes are very much oversubscribed.*” Again a focus group member explained, “[w]ilst we’re running some fantastic programs that are either low cost or free, it still does not lend itself for kids to actually make a transfer from an Active Logan program or ‘Come and Try’ day activity to actually becoming a member of a club.” Interestingly, staff felt free programs were less valued by the public than ones that required a payment of \$1-3. Even then, “[o]bviously the location is just absolutely crucial. They want everything in their back garden.” The city had recently taken over managing and operating four municipal swimming pools from external lease holders, which, according to the physical activity coordinator for Active Logan, has enhanced their low cost options through greater control.

The issue over competing uses of space and which spaces were used by which groups in the community was raised in a number of focus groups. Even when free or low cost programmes were offered by councils, people did not participate if the space was stigmatised, or perceived to be “*uncool*”. For example, one staffer spoke about some innovative school holiday programs she designed with dance lessons, hip hop demonstrations and skate clinics and was disappointed they were not well-attended: “*a lot of the ... community don’t let their children go to that skate park because it’s linked to the Youth Space which is then linked to at-risk youth. So they don’t want their kids anywhere near them... and it’s one of the big issues that Youth Space has, to actually get people out of that notion that that’s what it’s like.*” More generally skate parks were an example of free opportunities for active leisure that managed to fall short of the community’s needs. One of the members of the same focus group explained:

*Skate parks are a great example because you build a skate park and the kids will come.*

*Well, we know what happens; invariably it leads to other problems. If you don’t have the skate parks within a broader context of open space that supports the other means that go with it, you just don’t go and dump hundreds of kids on the weekend at a particular*

*location without toilets, without access to shops, without surveillance, without broader links to other community activities ....*

The local councils ran similar types of low and no cost sport and recreation programs to ‘activate’ their parks, but if public perceptions of certain spaces were negative, or the space was not supported by amenities, then people would not access it. Council staff were in somewhat of a bind, having to respond to federal and state government’s goals to make the population more active and healthy, yet facing a number of impediments, including social disadvantage and differing cultural and religious needs. The focus on implementing the rational imperative to promote active living for health was buried by the complexities of public leisure provision for diverse communities. As the interviews revealed, the public provision of sport and recreation required a sophisticated professional understanding of how to increase participation through sensitively engaging with people, creating innovative programs and maintaining attractive parks and facilities. Health was certainly recognised as a beneficial outcome of participation, particularly for those who could not afford commercial provision, but health was not necessarily the driver for individual engagement in physical activity.

We need to point out that, in addition to responding to the active living imperative, local sport and recreation staff maintained their involvement in the management of sports facilities, supported sporting clubs through funding, and continued to try to access space for future sports and recreation clubs. This latter task was challenging for all the informants we interviewed.

On the topic of facilities and grounds for sports and other physical activities in their local area, informants realised there was a limit to the number of people who could actually participate in the space available. For example, some sport clubs capped their numbers because they did not have enough space to accommodate all the people who wanted to participate. As a senior advisor in Open Space Planning argued: *“[Sport clubs] want their doors open for absolutely everybody that walks through it, but the reality is that at one particular site it does have capacity, you will hit the ceiling. You can’t just keep growing and growing and growing.”* This point was reiterated by a sport and

recreation development officer in another focus group who said “*there are increasing numbers turning up on the weekend to participate in sport, which is great, but it’s definitely reaching capacity and it’s at a cost to the venue*”. At the local level staff were worried that as demand for ‘active and healthy lifestyles’ grows (fuelled by social marketing) so too does the problem of providing the opportunities and space for people to be active and potentially turning people with the least resources away.

Both state and local government staff were on the receiving end of the healthy and active imperative initiated by the federal government, which worked through the principle of subsidiarity, where services were deemed best delivered by the most proximate level of the state to the local population. But there was an apparent gap between the inspiration for a healthy and active nation and the implementation with inadequate state funding, seemingly inexhaustible community demands if the Healthy and Active Imperative gains sufficient traction, and a lack of adequate space for an active population at the local level.

### **Discussion and Conclusion**

In this article, we canvassed the views and examples of state and local council sport and recreation policy, planning and program officers, as well as dedicated Physical Activity and Active Healthy Communities staff, to show how they frame and interpret the government imperative to promote active living and healthy lifestyles in their community. We have seen the change in focus on the part of the federal government from funding sport development to using sport and recreation as an instrumental vehicle to achieve health outcomes presented a number of challenges at both the state and local levels of government in Queensland. We found the active living imperative, impelled by a focus on reducing the risk of an obesity epidemic, drove the policy direction within sport and recreation services at both the state and local levels. The state holds “the bucket of money” as one informant put it, and the local councils maintained a balancing act between applying for the Active and Healthy funding from the state and getting

their own priorities funded, in relation to the identification of local community needs. A broader challenge for both levels of government, but played out at the local level, was if the demand for active and healthy lifestyles grew, how would local authorities provide equitable opportunities and space for people to lead active lifestyles? Similar tensions have also been identified by Allender, et.al. (2012) in their research on the perceptions of local government employees on their role in promoting healthy eating practices and active living. Creating supportive environments for healthy eating was perceived to be more challenging than promoting physical activity. Like our research, the findings of Allender et. al. (2012) highlighted the contemporary problem facing advanced liberal governments that urge their citizens to be autonomous, enterprising, consumptive individuals and at the same time expect self-disciplined, morally virtuous and economically prudent health choices.

We questioned whether socially disadvantaged members of these communities were in the position to take advantage of the government Web sites, tips for healthy living, and the public programs and services on offer (Beck, 1992; Hunt, 2003). While families took advantage of free and low cost activated parks programs and ‘Come and Try’ days of club sport, the cost and accessibility of membership in sport clubs was still prohibitive for this section of the Queensland population, particularly in low socio-economic communities such as those found in Logan City. In addition, state and local officers either held or questioned a narrow and highly normalised notion of family that assumed two white, middle class working parents with two children (with no special needs). Although local government providers attempted to broaden some of their programs to be more inclusive of different family types, cultural and religious differences and incomes, they struggled to create more equitable opportunities with limited resources.

Drawing upon the conceptual insights of work on healthism and governmentality, we have argued that sport and recreation policies have become discursively positioned as a means of creating healthy citizens. Presumably, such citizens are highly invested in minimising their risky lifestyle



behaviours by acting upon expert prescriptions for 'healthy (middle class) life-styles'. What tends to remain invisible within this 'responsibilized' construction of active living is the cost of participation, the different cultural values created about health, the norms that facilitate engagement for some and shaming for others (women who are overweight, migrants, low income families, older people and those with disabilities; see Rich & Evans, 2005, Fullagar, 2009). One of the unintended effects of the health moralism that informs individual healthy lifestyle ideals is the ostracism and blame often accorded to people who are overweight or unable to participate due to illness, disability or social inequality. These issues about the socio-cultural context were amongst the most troubling issues that service providers identified as they understood the complex constraints to participation that affected the health opportunities of individuals and communities.

A final question addressed in this article was the ability of governments to connect with how people lead their lives and increase participation in sport and recreation when the policy tools they used consisted of static Web sites, advertising campaigns and tips for healthy living. Does giving people information about how to conduct a healthy and active (arguably middle-class) life mean people will embrace healthism and make the rational choice to save the state the burden of treating lifestyle diseases (Dean, 1999; Peterson & Lupton, 1997)? Our interviews and focus groups reveal that the staff responsible for rolling out these Active and Healthy Lifestyle programs were highly committed to enabling greater participation, but remained sceptical about their impact within a resource constrained environment. There existed a continuing paradox in the current situation. Governments promoted greater physical activity, and yet by funding limited programs to achieve lifestyle change in communities, the responsibility shifted toward the individual. In the context of advanced liberalism, access to active leisure opportunities, services and facilities was increasingly shaped by market forces, which served to position active lifestyles as a middle class aspiration (Coalter, 2007). While few would disagree with the imperative to promote healthy ways of living, we argued that,

without a greater public commitment to understanding the individual, community, and social context of sport and recreation participation, service provision will fail to stem the tide of lifestyle diseases most prevalent amongst those with low incomes. Yet, given the high degree of professional commitment to creating supportive environments for active living, there is potential to build upon more sensitive and strategic approaches to collaboration between state and local governments. We concur with Poland, Dooris, and Haluza-Delay (2012) who recently argued in their critique of the health promotion focus on risk that more critical and creative responses would strengthen engagement with localised 'communities of practice' that may be settings-based (sport clubs, aquatic centres, recreation associations) or geographic. Such communities of leisure based practice could contribute a different knowledge based about the desires to engage and the constraints to participation that are largely invisible due to the dominance of healthism. In essence, the policy and practice challenge is not about abandoning the focus on health and its connection to active lifestyles. Rather, there is a need to redefine and debate the diverse meanings of healthy living, healthy communities and healthy cities from the perspective of recreationists, sport participants and active leisure enthusiasts from many different social backgrounds (Corburn, 2009).

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Figure 1

## Map of Council Districts in South East Queensland



Source: Council of Mayors South East Queensland

<http://www.councilofmayorsseq.qld.gov.au/retrieved January 10, 2012>

<sup>i</sup> The same focus on physical activity for public health outcomes has occurred throughout the developed world, for example in Scotland as Swinney & Horne (2005) tells us and in Canada where Bercovitz (1998, 2000) critically analyses the Active Living policy and Glover (2011) argues for a move from Active Living to a more holistic notion of healthy communities <http://lin.ca/resource-details/20229>, retrieved January 18, 2012).

<sup>ii</sup> This interview took place before Nintendo's Wii video game console was launched in Australia.