The Airedale Backcare for Children (ABC) programme was developed in response to the growing problem of low back pain. The programme is designed to help children understand their back pain and learn strategies to cope with it. The sessions are led by a physiotherapist and target children aged 9 to 12 years old. The programme has been shown to be effective in reducing pain and improving function.

Courses
The ABC programme consists of 10 weekly sessions, each lasting approximately 1 hour. The sessions cover topics such as anatomy and physiology, exercise techniques, and pain management. The programme is led by a physiotherapist and is designed to be engaging and fun for children.

Service
The ABC programme is available to all children aged 9 to 12 years old in the Airedale area. It is delivered in schools and community centres. The programme is led by trained physiotherapists and is supported by local health professionals.

Excess body weight is now the most common cause of low back pain. Overweight and obesity increase the risk of developing low back pain. Children are at risk of developing low back pain if they are overweight or obese. This is particularly true for children who are overweight or obese and have a family history of low back pain.

Aspects of Childhood Obesity in an Irish region: ‘Our children...their future...why weight?’ Four studies highlight the concern of parents and teachers about the negative aspects of school and home life that contribute to child and teenage obesity.

Discussion points:
1. Study 1 portrayed a picture of modern day obesity, where family pressures are not always possible and where there is no clear guidance on what to eat at the table as a family. The role of the health environment in the development of childhood obesity has been recognised for a long time.
2. There is clear evidence internationally that patterns of behaviour and of obesity are well established by the time a child reaches secondary school age. Eating family meals has been shown in several studies to be associated with healthier dietary intake patterns. Many families understandably experience evening meals as a rush period which is not always conducive to healthy eating habits.
3. Several studies have reported an association between obesity and high levels of TV viewing, and between obesity and low cognitive stimulation. However, Study 1 pointed to the worrying pattern of eating dinner while watching TV, a habit reported by a third of respondents.
4. Parents have a strong influence on their children’s eating habits both by direct mechanisms (practical support, equipment, transport etc.) and by indirect means such as modelling and family activity.

The thinking pattern of parental influence seems to be a major factor in the current trend in obesity. There is a strong association between parents and child eating behaviours, with parents who eat together more often and have a more active lifestyle being more likely to encourage their children to eat healthy foods. However, some parents may have less household income or more physical activity, which may affect their ability to provide healthy meals. Future research should focus on understanding how these factors interact and how they can be addressed in a way that is practical and sustainable.
Study 2: Child-Directed TV Food Advertising

Parental views on TV food advertising directed to children were examined. Parents of children in 1st Class (7-8 year olds) were surveyed by questionnaire (569 parents). They were selected by obtaining a stratified convenience sample of schools from the Cork city and county area. All of the parents of 1st class children in the sampled schools were surveyed. The response rate was 79%.

The main findings were:
1. 73% of parents felt that children had too much exposure to TV food advertising.
2. Most parents (79%) considered that child-directed TV food ads usually promote unhealthy foods (i.e., foods high in fat, salt, sugar) (Fig 1).
3. Parent power was perceived by parents to be common, with 50% saying their child put pressure on them to buy certain foods or drinks as a result of TV ads.
4. One third of young children were reported to have a TV in their bedroom.
5. Satellite/cable channels were the TV channels most commonly watched by children - channels not covered by Ireland’s Children’s Advertising Code.
6. A majority of parents (56%) felt they had no say or influence over children’s TV food advertising, only 21% had ever made a complaint.

Discussion points:
Children are targeted as consumers. They are vulnerable to sophisticated marketing techniques and intense, repetitive advertising for high-calorie, energy-dense food and drinks. Television is the principal channel used by food marketers to reach children. Food products dominate children’s advertising. Advertising directly affects the foods chosen by children who now have far more disposable income than they had several decades ago and far greater influence on their parents’ buying habits. The type of food being advertised is of huge concern.

US and British children are exposed to five food commercials per hour of television time (amounting to thousands per year), most for fast food, soft drinks, sweets and sugar-sweetened breakfast cereals. In Study 2, television features promoted prominently in homes surveyed. One third of the children had a TV in their bedroom. One in five children were watching 3+ hours each weekday, with 50% watching 3+ hours each weekend day. Adverts for fast food, sweets and sugar-sweetened breakfast cereals were featured in 40% of the TV programs they watched.

Almost all the additional training was focused on ‘sporty’ children.

Most of the alternatives to competitive sports were thwarted by lack of funding, lack of facilities, lack of volunteers or lack of interest from parents.

No additional costs were incurred.

The main findings were:
1. The majority of young children’s sports activities were not free to parents or children.
2. The majority of young children’s sports activities were less free to parents or children.
3. The majority of young children’s sports activities were more free to parents or children.
4. The majority of young children’s sports activities were better free to parents or children.
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Study 3: Primary School PE Facilities & Practices

A random sample of fifty primary schools was surveyed in relation to physical activity facilities and practices. School principals were interviewed using a standard questioner: a sample of parents of 6th class children were identified and interviewed using a further structured questioner.

The main findings were:
1. Of the primary schools surveyed, 50% reported having adequate indoor facilities for physical activity.
2. Most children had less than forty minutes actual exercise in PE class during the school week (Table 2).
3. 40% of primary schools had no equipment in PE class.
4. Almost all the extra-curricular training was focused on ‘sporty’ children.
5. Most of the alternatives to competitive sports were thwarted by lack of funding, lack of facilities, lack of volunteers or lack of interest from parents.

Table 2: Time spent exercising in PE class

<table>
<thead>
<tr>
<th>Minutes</th>
<th>No. of schools (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>10-20</td>
<td>19 (19%)</td>
</tr>
<tr>
<td>21-30</td>
<td>13 (13%)</td>
</tr>
<tr>
<td>31-40</td>
<td>15 (15%)</td>
</tr>
<tr>
<td>41-50</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>

(88% of schools had only one PE class/week)

Discussions:
Schools are important settings for physical activity promotion. Because children spend time in school, their physical education experts have recommended that at least 30% of all schools contain physical education rooms, or a small area within the building where physical education can be conducted. The amount of PE per week noted in Study 3 compared poorly with other European countries, such as Austria, Norway, Portugal and Spain.

In a country like Ireland with a significant amount of rainfall, outdoor sports and physical activity in general can be weather-dependent. Ten per cent of schools surveyed lacked any indoor facility and a further 12% described inadequate facilities. In the absence of adequate indoor facilities, poor weather conditions are very real barriers to the promotion of physical activity in those schools.

To secure a significant amount of physical activity in the school day, all opportunities (including lunch and breaks) should be exploited. The large number of primary schools have a ‘no running in the yard’ policy and a considerable portion of primary schools are therefore not currently acting as environments that adequately facilitate and promote an active life for their children.

Schools frequently focused on high athletic achievement and talented athletes. To increase the physical activities of all students, particularly older girls, best practice for interventions recommends more curricular and extracurricular activities that direct more resources to programmes that target all students.

Study 4: School Food & Drink Choice Availability

A survey of food and drink choice availability in primary schools in Cork and Kerry was undertaken. A questionnaire was posted to 117 schools. The response rate was 79%.

The main findings were:
1. The majority of young pre-school students (1-2 years old) were reliant on the food choices provided for them in that environment.
2. Fast foods or convenience foods were the most common options available in school cantines.
3. Sugar-sweetened fizzy drinks were widely available to 70% of children. Of those children drinking fizzy drinks, 88% of vending machines were limited in tuckshops.
4. Chocolate was by far the most common snack available; fruit options were extremely limited in tuckshops (Fig 2)

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