



# Improving children's health in Ireland

A communications guide  
for talking about children's  
health and obesity

FRAME  
WORKS UK





## About FrameWorks UK

This guide was written by FrameWorks UK for HSE, Health and Wellbeing, Ireland.

FrameWorks UK is a not-for-profit communications research organisation. We work with charities, foundations and other mission-driven organisations to communicate about social issues.

We know that when we change the story, we can change the world.

Our research reveals how people understand social issues – the mindsets or ‘mental shortcuts’ which guide their thinking. It tells us not just what they think, but why they think it. We use this knowledge to develop and test strategic communications to help organisations create change.

We support our partners to make sure they can use our evidence-based recommendations to shape the public conversation – by developing practical tips and guidance, running interactive workshops, and more.

FrameWorks UK is the sister organisation of the FrameWorks Institute in the US.

Learn more at [frameworksuk.org](https://frameworksuk.org)











## About this guide

**This guide is for anyone communicating about children's health and obesity in Ireland. It provides evidence-based, practical communications tips and advice to help shift people's thinking, build understanding, and increase support for policies and programmes that will help children thrive.**

This guide brings together recommendations from FrameWorks' research into children's health and obesity, the wider determinants of health and related issues such as poverty.

More information on why we need a new approach to communicating about health and obesity, detailed research findings and methods can be found in the strategic briefing: **Changing the childhood obesity conversation to improve children's health**<sup>i</sup>.

While our research is based in the UK, recent work by the Economic and Social Research Institute (ESRI)<sup>ii</sup> points to similar communications challenges in Ireland. We see very similar ways of thinking about health and obesity – albeit to different extents. This indicates that the framing strategies which emerged from our research in the UK are likely to be helpful in the Irish context too.

## Introduction

**How we communicate about children's health and obesity matters because it can fundamentally change people's understanding of the issue, and the solutions that are necessary and possible.**

Growing evidence shows that where we live and what we earn shapes the options and opportunities available for us to be healthy. We need solutions that take this into account. But there's a disconnect between this evidence and people's focus on individual choice and 'lifestyles'.

Our research found these dominant ways of thinking about children's health and obesity:

- Obesity is a moral, individual failure – caused by a lack of willpower. This perception can lead to blame, and a belief that people simply need to 'eat less and move more'. In the case of children's health, this can lead to people blaming parents.
- Obesity is an unfortunate and inevitable part of modern life, and therefore insolvable. There's a belief that children are naturally drawn to sugary, processed food, without seeing context like the marketing practices of big food companies.

- Obesity is a serious crisis putting an unmanageable strain on our health services. And the problem is too big to solve.

Communications about children's health and obesity often inadvertently trigger and reinforce these unhelpful mindsets. For people to support more systemic solutions, we need to shift people's understanding of the problem – building on existing, but less dominant, ways of thinking.

We need to tell a new story which focuses on the wider context beyond individuals, and shows how what surrounds us shapes our health. In doing so, we can build understanding and support for the wider changes that will enable every child to thrive and be healthy in Ireland.



## What is framing and how can it help?

**Framing is the choices we make about what ideas we share and how we share them. This includes what we choose to emphasise, how we explain things and what we leave unsaid.**

Framing can help us side-step the challenging beliefs people hold and unlock new ways of thinking about social issues.

All communications are framed. But when we make these decisions deliberately, and backed up by evidence, we can be more confident that they will achieve our intended results.

# **Recommendations for talking about children's health and obesity in Ireland**



# 01.

## Lead with health

**By reframing the issue and making this a matter of improving children's health, we avoid triggering the unproductive ways of thinking that come to mind in relation to obesity. Instead of making people think about individual choice, blame and crisis, it inspires support for solutions and a belief that we must take action as a society.**

Making the conversation about more than weight and obesity leads people to focus on the needs that we all have in common, instead of homing in on the perceived otherness of people with higher weight.

What we say first is important as it impacts how people receive any information that follows. So leading with the idea of improving children's health in our communications is key.

## What you can do

- Set the scene with health, before mentioning obesity or weight.
- Make the issue about improving health – lead with what needs to be improved and created rather than dealt with.
- Wherever possible, paint a more holistic picture of children's health – both looking at health more broadly than weight alone, and also thinking about what good health enables children to do, such as learning, playing, and thriving.

### Consider talking about 'food-related ill health'

Given the unhelpful mindsets which are triggered by talking about 'obesity', FrameWorks UK carried out additional research in the UK to explore alternative terms. Rather than seeking to test a synonym for 'obesity', the research explored alternative ways of naming and framing the problem we're up against.

'Food-related ill health' emerged as the most promising term. The findings indicated that this term can play an important part in opening up thinking about our food system, how it can be improved, and addressing inequities; as opposed to other terms which can trigger blame and a focus on individuals only.

This term reorientates the problem – away from individuals and towards the options which are available to us all. It has the potential to root conversations in the idea that what surrounds us shapes our health.



## How you can do it

Instead of:	Try:	Why?
<p>“We need to act now to tackle Ireland’s child obesity crisis. Too often children in Ireland are eating food that is high in fat and sugar. If we don’t act now to reduce obesity, we’re setting children up for illness now and later in life.”</p>	<p>“We need to act now to improve children’s health in Ireland. Too often our communities and schools are flooded with unhealthy food. By increasing the flow of healthy options, we can help every child thrive.”</p>	<p>Setting the scene with improving children’s health focuses the conversation on solutions and what we all have in common, rather than triggering individual blame, as mentioning obesity first is likely to do.</p>
<p>“To reduce childhood obesity, we need to ensure every child in Ireland is eating a nutritious lunch.”</p>	<p>“Every child in Ireland needs a nutritious lunch so they have the energy to focus in class and play with their friends.”</p>	<p>Talking about what good, nutritious food enables children to do helps to orientate the conversation around the impact of solutions on improving children’s health, rather than triggering blame.</p>
<p>“In the past two decades levels of overweight and obesity in Ireland have doubled. Now only 40% of us have a healthy weight. This represents one of the biggest public health challenges Ireland is facing today.”</p>	<p>“More of us in Ireland are living with food-related ill health than ever before. We need to act now to improve the health of our nation.”</p>	<p>Talking about food-related ill health avoids triggering individual blame in the way that obesity does, while still allowing us to talk about the problem we’re facing. It’s more likely to help people think about systemic changes that could improve our health.</p>



## 02.

**Make it about meeting  
all children's needs,  
no matter where they live**

**Our research in the UK surfaced that people are more aware of inequalities since the COVID-19 pandemic, and most of us think that it's not right. That all children should have the same opportunities to be healthy.**

We found that tapping into this shared value and sense of fairness is helpful when talking about children's health. This is about activating the idea that every child, regardless of where they grow up, should have the same chance to thrive.

It's worth noting that values frames, such as this, tend to be more culture-specific. But given the similarities between the UK and Ireland in this regard, with both countries experiencing the fallout of the COVID-19 pandemic, and an upwards trend in support for reducing inequality in Ireland in recent years<sup>iii</sup>, this may be a promising idea for communications in Ireland too.

This value of fairness between places navigates the idea that childhood obesity is "not my problem" and something that exists "over there". It activates a sense of collective responsibility and increases willingness to act and be a part of the solution. It also shifts the focus from individuals and groups to their situations and surroundings. Talking about places rather than groups helps to minimise stigma – as it encourages people to look at circumstances rather than perceived characteristics or the idea of individual failings.

## What you can do

- Talk about what **all children** need to thrive, and how these needs aren't being met in **some places**.
- Focus on the **characteristics of places** rather than people or groups.
- Encourage people to think of a **better future** if we successfully address these inequalities.



## How you can do it

Instead of:	Try:	Why?
<p>“No matter who they are, every child should have the same opportunities to thrive, and that starts with healthy, affordable food.”</p>	<p>“No matter where they live, every child should have the same opportunities to thrive, and that starts with healthy, affordable food.”</p>	<p>Shifting the focus from “who” to “where” opens up thinking about circumstances and surroundings – and how these can be improved.</p>
	<p>“From Dublin to Donegal, every child should...”</p>	<p>We can also name different places to build this sense of “No matter where they live”</p>
<p>“We see a higher proportion of deprived children living with obesity compared to children in well-off families.”</p>	<p>“We see a higher proportion of children living with obesity in areas most affected by poverty”</p>	<p>Labelling people as “deprived” can create a sense of othering and also risks fuelling stigma and stereotypes.</p>
<p>“We must address inequalities now as they are impacting on many children’s health and putting them at an unfair disadvantage.”</p>	<p>“By making sure every child, wherever they live, can access healthy, affordable food, we can set all children up for a better future.”</p>	<p>The idea of fairness between places is more tangible than simply referring to “inequalities”.</p>





## 03.

### Show how what surrounds us, shapes us

By highlighting circumstances and environments, and explaining how these impact children's health, we can show that wider changes, beyond solutions at an individual level, are necessary.

Because families can't just choose to be healthy when the options aren't available or accessible to them. And other factors such as the marketing and promotion of less healthy food also impact our health every day.

Identifying how context shapes children's health activates a powerful sense of collective responsibility. It also helps people to understand the role that inequalities play in our health, without stigmatising groups of people.

We need to draw people's attention to the bigger picture. For example, that could be the fact that junk food is readily available and cheap, while healthy food is often more expensive and harder to get to. It could be fast food adverts in bus shelters and sweets at children's eye level in shops. It could be how the rising cost of living can limit families' options and ability to buy healthier food.

There are lots of things in our surroundings and circumstances that we can talk about to make this point. And there are several communications tools we can use to strengthen it.

## What you can do

- Connect opportunities to improve children's health with environments where children spend their time.
- Talk about options and opportunities rather than choices.
- Explain the factors which impact children's health rather than just describing the issue. When space allows, use step-by-step explanation. This means simply and explicitly making the connection between causes and outcomes. Use language like 'because', 'so', and 'as a result' to make the connections.



## Use a metaphor to bring context into view

Metaphors can be an effective way to build understanding by comparing complex concepts to something more immediate and easily understood.

Two metaphors, the rivers metaphor and the stage metaphor, were tested successfully with members of the UK public, and found to be effective for building a more expansive understanding of the problem and the possible solutions.

---

### The rivers metaphor

Explain the roles played by the built environment, the food system and commercial practices by comparing them to an imbalanced system of rivers.

We can use this metaphor in lots of different ways using language like ‘flood’, ‘awash’, ‘over-flowing’, ‘saturated’, ‘tide’, ‘flow’, ‘upstream’, ‘downstream’. But avoid triggering fatalism by taking the metaphor too far. Avoid ideas like ‘a tsunami’ or ‘drowning’.

#### Example:

“Right now, our streets are flooded with unhealthy food, while there’s often only a trickle of healthy options. To improve children’s health in Ireland, we need to stem this tide and increase the flow of affordable, healthy food options.”

---

### The stage metaphor

We can talk about the impact of advertising practices on children by comparing it to putting unhealthy food centre stage. This image helps to explain how marketing practices influence children’s taste for high-sugar, high-fat, calorie-dense foods.

Use words like ‘spotlight’, ‘star’ and ‘leading role’ to talk about the positioning of unhealthy food and how healthy food is pushed into the background.

#### Example:

“Food companies are putting unhealthy food in the spotlight – giving it a starring role in the adverts children see. Meanwhile, healthy food is pushed offstage.”

## How you can do it

### Instead of:

“The physical, social and commercial environments that we live in have profound effects on our health.”

### Try:

“When we live surrounded by fast food outlets, and healthy options nearby are limited and more expensive, it makes it harder to put healthy food on the table; this can lead to poorer health.”

### Why?

The first version doesn't give examples or explain how factors shape our health. By spelling out and explaining, we can build better understanding of the issue.

“The underlying causes of obesity are impacted by national policy and action across a wide range of areas. Many of the influencing factors lie outside our own individual control, such as accessibility and affordability of healthy food, socio-economic stressors and the built environment.”

“What surrounds us shapes our health. Factors like how easy and affordable it is to buy nutritious food, how our shops and streets are designed, and how foods are marketed all play a part and can be improved by national policy and action across a wide range of areas.”

The second example uses plainer language and examples to make the same point in a more digestible way.



### Instead of:

“Children are spending more time online to study, play and socialise. And we know that children who spend more time online are exposed to more adverts for unhealthy food.”

### Try:

“Increased screen time for learning and playing with friends has **set the stage** for food companies to put unhealthy products in an even **brighter spotlight** in our children’s minds.”

### Why?

Using the stage metaphor brings the impact of food advertising on children’s health to life more effectively than passive language like “exposed to”.

“Our goal is to inspire and support behaviour change and to engage people in bringing it about, empowering communities and individuals to make healthier food choices.”

“Our goal is to make it easier for everyone to live healthily. We’ll achieve this through steps like **putting healthy food options in reach**.”

When we talk about “options” rather than “choices” we draw attention to our circumstances and surroundings, and how these could be improved to support our health.



## 04.

### Show we can fix it

People already think that childhood obesity is a serious crisis, and when we pile on crisis messaging or focus only on prevalence, we are likely to fuel a sense of fatalism – that this problem is simply too big to solve.

We need to instead focus on filling in the gaps in people's understanding – both by providing context and by talking explicitly about what we can do to make things better.

When concrete solutions are at the core of a message, people focus on what can be achieved and are more confident that something can be done to fix the issue. And by talking explicitly about solutions which go beyond individual action, we can help people see that more needs to be done than simply educating people to “make better choices”.

## What you can do

- **Explicitly talk about solutions** to emphasise that change is possible, not just necessary.
- **Balance urgency with efficacy.** For every dose of urgency (we need to act now) we should add two doses of efficacy (we can fix this). This applies to both content and tone.
- Go further than talking about prevalence. People already understand that childhood obesity is an issue, we need to **tell a complete story** about how we got here and what can be done.

## How you can do it

### Instead of:

“The childhood obesity crisis poses a serious threat to the health and wellbeing of the next generation. Soaring rates of obesity, a major risk factor for many serious health conditions like type 2 diabetes, heart disease and cancer could potentially bankrupt our health service.”

### Try:

“We can act now to improve children’s health by increasing the flow of affordable, nutritious food in every school and neighbourhood and creating more safe spaces for children to run and play. Together, we can create a brighter future where all children have the opportunity to thrive, without being held back by food-related ill health.”

### Why?

By shifting the focus from crisis to what we can do about it, we avoid triggering fatalism and inspire support for solutions instead.

Note how we have also used “food-related ill health” in the second example to broaden this out to a more holistic view of how food impacts children’s health.

“Steps must be taken to improve children’s access to healthy food wherever they live and go to school.”

“By rolling out nutritious free school meals to all areas, we can make sure every child has a healthy lunch to help them learn, play and thrive.”

By being more specific about what these steps could be, we make change feel more tangible and possible.

“Ireland has one of the highest levels of obesity in Europe, with over one in five children and young people living with overweight and obesity. We are in the grip of a crisis.”

“We need to act now to improve the health of children in Ireland. We have one of the highest levels of obesity in Europe, but it doesn’t have to be this way. We can reverse this trend and help all children thrive.”

We can balance urgency with efficacy by explicitly saying that change is possible.





## Further tips and guidance

### Supporting your story with images

Images tend to be the first thing that people will see, and will affect how people receive any accompanying information. So, as well as thinking about how we write and talk about children's health, we should think about what images will support our story and not trigger unhelpful ways of thinking.

#### Avoid:

Dehumanising images that reinforce stigma and othering, such as photos cropped to remove people's faces.

Only showing children who look overweight.

Images of children eating unhealthy food – this reinforces the unhelpful mindset of individual choice.

#### Try to:

Show problems that surround us, such as streets and supermarket shelves awash with unhealthy food options.

Show solutions, such areas for children to run and play, healthy, affordable food in our local shops, schools and more.

Show a range of body shapes.

## Use numbers to strengthen your story, not to tell it

Numbers alone do not build understanding. Without context and explanation, they can reinforce unhelpful mindsets and, in the case of prevalence stats, simply fuel the idea that the problem is “too big to solve”.

### Ask yourself: what story is your number supporting?

- Is it helping to build understanding?
- Could it be fuelling fatalism?
- Is there another number which could better support your story? For example, a number which shows the impact of a solution?

### Top tips for framing numbers:

- **Lead with the story you want to tell.** In this case, always consider how you can make this about improving children’s health.
- **Place numbers in context.** Consider what you can compare your number to in order to provide context and make your point clear. For example, if a number is part of a trend – make sure this trend is explained.
- **Make numbers easy to understand.** Compare large numbers to something more familiar or relatable. Consider simplifying percentages – people will more easily grasp “1 in 5 people” than 20% of people, or “over half” instead of “52%”.

Always check – if you took the numbers out, would your point still make sense?

## How you can do it

Instead of:	Try:	Why?
<p>“The minimum food basket costs more in a rural area in Ireland: an additional 7.9%–8.3% for households with children. In rural areas households need to purchase certain perishable food items, such as milk and bread, in more expensive local shops, as they live further away from larger grocery stores with lower prices.”</p>	<p>“To improve Irish children’s health, we need to make healthy food more accessible and affordable for everyone, no matter where they live. Right now, families living in rural areas are forced to spend around 8% more on essential healthy items, as these tend to be perishable produce which they need to buy in more expensive local shops rather than further away in larger grocery stores with lower prices.”</p>	<p>The first example does a good job of explaining why rural households are spending more. But we can strengthen our point further by setting the scene with improving children’s health and fairness between places, instead of going straight to the statistic.</p>
<p>“Childhood obesity is on the rise with 1 in 5 Irish children classified as overweight or obese. We need to act now to fix this crisis. Food producers and supermarkets can play a role in fixing this by improving their recipes and increasing the number of affordable, healthy items on sale.”</p>	<p>“To improve children’s health, we need to increase the flow of healthy options. Right now, over two thirds of packaged food and drink is high in ingredients like salt and sugar. Food producers and supermarkets can play a role in fixing this by improving their recipes and increasing the number of affordable, healthy items on sale.”</p>	<p>The second example selects a statistic which helps to point towards a solution, rather than a prevalence statistic, which is likely to do no more than fuel fatalism.</p>

## Further resources

- <sup>i</sup> FrameWorks UK research briefing: Changing the childhood obesity conversation to improve children's health  
[frameworksuk.org/resources/changing-the-childhood-obesity-conversation-to-improve-childrens-health/](https://frameworksuk.org/resources/changing-the-childhood-obesity-conversation-to-improve-childrens-health/)
- Toolkit: Reframing how we talk about children's health and food  
[urbanhealth.org.uk/our-work/childrens-health-and-food/framing-toolkit-talking-about-childhood-obesity](https://urbanhealth.org.uk/our-work/childrens-health-and-food/framing-toolkit-talking-about-childhood-obesity)
- FrameWorks UK research briefing: Talk about food-related ill health  
[frameworksuk.org/resources/talk-about-food-related-ill-health/](https://frameworksuk.org/resources/talk-about-food-related-ill-health/)
- <sup>ii</sup> ESRI publication: Comparing expert and public perceptions of the obesity epidemic in 3 countries  
[esri.ie/publications/comparing-expert-and-public-perceptions-of-the-obesity-epidemic-in-3-countries](https://esri.ie/publications/comparing-expert-and-public-perceptions-of-the-obesity-epidemic-in-3-countries)
- HSE Communicating Clearly Guide  
<https://www.hse.ie/eng/about/who/communications/communicatingclearly/>
- <sup>iii</sup> Changing Social and Political Attitudes in Ireland and Northern Ireland, Economic and Social Research Institute (ESRI), 2023  
<https://www.esri.ie/system/files/publications/RS170.pdf>





