

LET'S TALK YOUNG
LET'S TALK ABOUT

CHILDREN'S RIGHT TO PHYSICAL HEALTH





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Table of content

1.

INTRODUCTION

2.

PARTICIPATING COUNTRIES
AND REGIONS

3.

ENYA FORUM IN CROATIA

4.

RECOMMENDATIONS

5.

CONCLUSION

6.

ANNEX 1

1. INTRODUCTION

This report summarises the work carried out by ENYA in 2025 under ENOC's thematic focus on children's rights to physical health, highlighting key activities, outcomes and recommendations.

The European Network of Young Advisors (ENYA) has been an integral part of the European Network of Ombudspersons for Children (ENOC) since 2009, bringing together the ideas and experiences of different young people (between the ages of 13 and 17) from across the ENOC Network.



In 2025, ENOC has specifically addressed the **Protection and Promotion of Children's Right to Physical Health**. This specific objective includes evaluating the extent to which international and regional standards in the child health(care) framework are being effectively implemented in the ENOC member countries and the critical role played by ICRI to independently monitor, report and hold relevant authorities accountable for violations of children's right to health. The work also illustrates and strengthens the capacity of ICRI in their role as defenders and promoters of children's rights, as well as their unique position of "bridges" between EU values, international human rights law and national law, policies and practices.

The main objective of ENYA is to place children and young people at the forefront of the work carried out by ENOC by ensuring the highest level of participation. The recommendations made by the Young Advisors will form part of the ENOC policy statement which will be adopted at the Annual Conference in September 2025.

The **ENYA national coordinators** are the key figures for the successful implementation at the country/region level of the ENYA project. Their role is also important for the smooth organisation of ENYA related events and activities. In order to support, organize, supervise and effectively coordinate the work of the different ENYA country/region teams, a member institution volunteers to act as the ENYA General Coordinator at the ENYA Forum and Annual General Assembly, and takes on the role to facilitate the implementation of the ENYA project.

The ENYA 2025 project has been overseen by the ENOC **Child Protection Officer** supported by the Child Protection Team made of two members); the **ENOC Principal Coordinator**; the **ENOC Assistant Coordinator** and the **ENYA General Coordinator** Croatia, who together form the **ENYA Management Board**..

Throughout 2025, the ENYA Management Board, along with participating countries/regions, carried out a structured participatory process leading participating young persons to form an informed opinion on children's right to physical health and thus develop rights based and action-oriented recommendations on the matter. The latter will be presented by the young people at the ENOC Annual Conference in September, in Bucharest, Romania.

This process included **several key phases and activities**:

1

A detailed Concept Note and Project Plan:

Outlining the **purpose and objectives** for the year, **participation criteria** for countries/regions, participatory methodology for engaging young people, **expected outcomes** and deliverables, **timeline** for national and joint activities, as well as the **main theme** and **sub-topics** to be addressed.

2

Capacity building and training:

Detailed Implementation Guidelines and Guidelines on Participatory Methods were adopted, accompanied by **mandatory training on child participation** and **child protection**.

This training was designed to ensure that all participating countries/regions followed the ENOC's **Child Protection Policy** and embedded meaningful child participation in all phases of the project.

3

Coordination and Support:

Continuous communication and **support were provided to all ENYA country/regional Coordinators**, including:

- o Guidance for **new participants**.
- o Support with **national-level implementation** of activities.
- o Facilitation of **peer exchange** and coordination between countries.
- o **Follow-up and monitoring procedure** was implemented to track progress.

The ENYA project and preparations for the ENYA Forum held in Croatia were presented by the representatives of the Office of the Croatian Ombudsman for Children to the participants of the **ENOC Spring Seminar** on 26–27 May 2025, organised in Luxembourg.

4

National and regional consultations with young advisors:

Each participating country/region conducted **domestic consultations** with young people on the agreed theme and sub-topics.

These activities followed a participatory approach, allowing children and young people to explore the issues, express their views and develop recommendations.

5

Drafting ENYA Recommendations:

All national recommendations were **collected and consolidated** for the ENYA Forum.

6

ENYA Forum held in Croatia from 1 to 2 July 2025 brought together youth delegates and coordinators from participating regions to:

- o Share and refine their national findings
- o Engage in **thematic workshops**, discussions and collaborative sessions
- o Prioritise **joint recommendations** on the chosen topics.

The Forum programme was developed to prioritise internal expertise and youth leadership, with external professionals.

7

Participation in the ENOC Annual Conference

The ENYA team made a thorough preparation for meaningful engagement at the ENOC Annual Conference. During the conference, the ENYA will present their activities and **recommendations**, and actively participate in discussions with adult stakeholders and ENOC members.

This structured, youth-led process ensured that the **ENYA 2025 Recommendations** were grounded in the real views and experiences of young people across Europe, developed through a rights-based, participatory approach in line with the ENOC standards.



2. PARTICIPATING COUNTRIES & REGIONS

In the 2025 edition of the ENYA project, children and young people from 14 ENOC member institutions joined in to express their views on this year's policy topic. These are:

Andalusia/Spain	Malta
Basque country/Spain	Montenegro
Catalonia/Spain	Northern Ireland/UK
Croatia	Poland
Cyprus	Scotland/UK
Iceland	Slovakia
Italy	Ukraine

They have worked on the Project for months, led by their coordinators and the ENYA Management Board, as well as supported by the ENOC Child Protection Team.

The teams from these countries completed the following project phases:

- o **Identified groups of young people** (between the ages of 13 and 17) to participate in this initiative;
- o **Attended Training** on Child Participation and Child Protection provided by ENOC;
- o **Provided information** to the participants about the initiative and what the expected outcomes are;
- o **Prepared and facilitated** activities and discussions for the young people;
- o **Supported and empowered** the young people to express their informed opinions.



The participating teams **conducted numerous activities with children**, many of them holding three to four sessions, ranging from online to in-person or hybrid formats.

Croatia and Basque Country/Spain teams.



In addition to discussions and presentations, some participants carried out research and invited experts, such as representatives from ministries, public health institutes, local hospitals, nurses and medical students. In some cases, visits to hospitals were organised, allowing children to meet (in person) with healthcare professionals.

The children involved in the Project varied in number - from small groups of seven children to over twenty - and came from diverse backgrounds and regions across the participating countries. Most participants were members of existing young people's advisory groups of the Ombudspersons' offices, while several came from newly established groups of children.

Throughout the national activities, children across participating countries raised a wide range of important topics related to their physical health and access to health care.

The key themes included:

- o Access to health care services, including paediatric care and emergency services, particularly in remote areas
- o Nutrition and access to healthy food, including the issue of obesity
- o The impact of energy drinks, vaping and drug use, including the influence of their marketing
- o Open spaces, access to sports and play, and the inclusion of children with disabilities in physical activities
- o Environmental impacts on children's health
- o Communication between health professionals, children, schools and kindergartens
- o Child-friendly information about physical health and protection from misinformation

- o Education on sexual and reproductive health
- o The role of schools and teachers, including physical education, school nurses and general health education
- o Participation of children and youth in decision-making about their health, including vaccination
- o Mental health and its strong connection to physical health (which was frequently mentioned by children in multiple countries, despite not being the central project theme)
- o Challenges related to public health management and systemic issues
- o Financial barriers to accessing quality healthcare and participating in sports or wellness activities
- o Promoting healthy lifestyles and ensuring equal access to public health services.

These insights reflect children's thoughtful observations and highlight the importance of involving them in shaping health-related policies and practices.

Each participating team was required to **develop 5 rights-based recommendations**.

All national recommendations were **collected and consolidated** for the ENYA Forum, where young people voted and prioritised the recommendations they would like to address to competent authorities.

3. ENYA FORUM IN CROATIA

ENYA Forum was held in Jezerčica, Croatia from 1 to 2 July 2025, and it was hosted by the Office of the Ombudsman for Children in Croatia.

There were two young representatives per participating country/region, supported by the national/regional ENYA Coordinator.



The Forum brought together youth delegates and coordinators from 12 participating countries/ regions to:

- o work on rules and expectations
- o share findings of their national activities
- o engage in thematic workshops, discussions and collaborative sessions
- o prioritise joint recommendations on the chosen topics.

The Forum programme was developed to prioritise internal expertise and youth leadership, with external professionals involved.

An event evaluation was implemented at the end of the Forum.



During the Forum, the young representatives presented the key highlights from their countries and regions.

The ENYA General Coordinator presented the Recommendations submitted by members, which were organised into five groups :

- o Universal access to healthy, balanced, sufficient and sustainable food
- o Consumption of energy drinks, vaping and drugs
- o Right of children and adolescents to information and to express their opinion
- o Fair access to health care and attention provided by health professionals
- o Right to sport, rest, play and do physical activity)

after which the young representatives voted to prioritise them.



Croatian Institute of Public Health

The experts from the Croatian Institute of Public Health participated in the Forum, presenting their "Living Healthy" project. They showcased practical examples of balanced and healthy meals, and introduced a physical activity course "Polygon for Physical Activity of School-Aged Children" which the participants were able to try out on site.

Institute for Social Research in Zagreb

They also had the chance to learn more about the Croatian education system and a study on the impact of digital technologies on the mental health of children and youth in Croatia during a presentation by Dr. Boris Jokić, Director of the Institute for Social Research in Zagreb.



Two educational activities were organised for young persons – visits to Zagreb and Krapina.



4. RECOMMENDATIONS

Each of the participating countries/regions submitted five recommendations, which were compiled so as to produce a comprehensive list of recommendations, removing any repetition or overlap.

The list of recommendations was shared amongst the coordinators prior to the forum.

The compiled list of recommendations consisted of **46 recommendations**. They were organised into **five groups**:

- o **Universal access to healthy, balanced, sufficient and sustainable food**
- o **Consumption of energy drinks, vaping and drugs**
- o **Recognition and guarantee of children's and adolescents' right to information, to express their opinions, be heard, and participate in all decisions related to their physical health**
- o **Ensuring that all children have fair access to health care and attention provided by healthcare professionals**
- o **Ensuring adequate spaces, time and conditions for all children and adolescents to fully enjoy their right to sport, rest, play and do physical activity**

The recommendations were presented to the young advisors at the ENYA forum. The young people discussed the recommendations to gain a clear understanding of those put forward by other countries/regions.

The young people were then given different coloured stickers and were asked to vote for their eight preferred recommendations, which would be considered for inclusion in the ENYA recommendations within the ENOC Statement to be adopted at the ENOC General Assembly in September.

The full list of recommendations, along with the number of votes each received, is provided in Annex 1 of this report.

5. CONCLUSION

The young participants from 14 ENOC member countries have actively participated in the ENYA process both at the national/regional level, and at the European level, represented by 24 young advisors (13 jurisdictions represented) who participated in the ENYA Forum in Croatia, and 13 young advisors attending the ENOC Annual Conference in Romania.

The recommendations of the Young Advisors address multiple aspects of children's and young people's physical health. These include:

- o ensuring equal access to healthcare services for all children, regardless of economic, social or geographic circumstances (particularly for children on the move, children without adequate parental care and other vulnerable groups);
- o promoting healthy lifestyles;
- o strengthening regulations on the advertising and consumption of energy drinks and tobacco products;
- o providing healthy and balanced school meals, enhancing the delivery of Physical and Health Education classes;
- o and respecting the opinions of children and young people on matters related to their health.

Their recommendations will be incorporated into the ENOC's position statement on the right of children to physical health, following the joint Forum held in Croatia and the ENOC Annual Conference to be held in September in Romania.

The young people will also be presenting their work at the ENOC Annual Conference. It is now up to all ENOC member institutions that work on ensuring that children's rights are protected, respected and fulfilled to really listen to what the young people have said. Their views and opinions have been expressed and conveyed, their engagement was strong, and now it's our responsibility to turn their recommendations into action and a real change.



6. ANNEX 1

ENYA 2025 RECOMMENDATIONS

We, children and young people, invite decision makers and other stakeholders to take into consideration our recommendations below regarding children's right to physical health:

1.UNIVERSAL ACCESS TO HEALTHY, BALANCED, SUFFICIENT AND SUSTAINABLE FOOD

Healthy eating should not depend on money. We want healthy and accessible food and drinking water at home and in school.

1.We recommend that all children and adolescents, regardless of their economic, social, or geographic situation, be guaranteed **real and universal access to healthy, balanced, sufficient, and sustainable food. (7)**

2.We request the development of **public policies** that facilitate access to **nutritious food and drinking water**, both at home and in school and social canteens, and that education on nutrition is promoted from an early age, avoiding inequalities that directly affect our physical health.

3. We call for measures to **reduce the prices of healthy products**, provide support to those who need it, and promote spaces where learning to eat well is an integral part of growing up healthy. **(10)**

4.We recommend ensuring free, quality and nutritionally **balanced school meals** for all students (in primary and secondary schools). Use canteens as spaces of promotion and education on balanced nutrition and good eating habits, ensuring clear and accessible information about food. This way, we can combat obesity issues, poor eating habits, and ensure fair and healthy physical development for all children. **(7)**

5.Every school should promote healthy habits by **creating state standards of providing free of charge, drinkable, filtered and safe water from water fountains or dispatchers**. Every student should have the right to drink water whenever they need to. **(1)**

6.**School vending machines or school bars** should provide healthy snacks like salads, oatmeal snacks and fruits instead of unhealthy ones. **(1)**

2. CONSUMPTION OF ENERGY DRINKS, VAPING AND DRUGS

Ensure the efficient implementation of laws which protect children from the use of harmful substances.

1. We recommend the adoption of legislation regulating the **minimum age for the consumption of energy drinks**, with a suggested threshold of 16 years (4)

2. We recommend raising awareness about the **negative impacts of energy drinks, vaping and e-cigarettes** on the health of young people: (1)

a) We recommend the adoption of legislation requiring **energy drink** cans and bottles to display **health warnings**, similar to those on cigarette packaging, and to ensure that packaging is less visually appealing to children and young people (7)

b) We urge governments to **address vaping** among young people by ensuring that vape flavours and marketing are not targeted at them, and by providing clear messaging on the risks of vaping so that it is not seen as a safe alternative to smoking. (8)

3. RECOGNITION AND GUARANTEE OF CHILDREN'S AND ADOLESCENTS' RIGHT TO INFORMATION, TO EXPRESS THEIR OPINIONS, BE HEARD, AND PARTICIPATE IN ALL DECISIONS RELATED TO THEIR PHYSICAL HEALTH

We want to decide about our bodies. We want to be heard. We need clear and useful information to take good care of ourselves.

1. Children must **have a voice** and be able to express their opinion, be heard and participate in all decisions related to their health, across all areas including family, school, health services, etc. (16)

2. We propose the establishment of a **mandatory protocol for information, consultation and participation of minors in any situation** affecting their bodies, ensuring that they can understand what is happening and that their opinions have a real impact in the process. (2)

3. A **respectful approach** should be provided to young patients who should be given information about their health, medical procedures and treatments in a manner that is clear, complete and appropriate to their age and level of understanding. (5)

4. We recommend promoting **accessible, clear and continuous public communication and education strategies on physical health**, specifically aimed at children and adolescents. This communication should also be available on platforms used by young people (e.g. TikTok).

5. We recommend providing **age-appropriate, needs-based, and culturally relevant** information on physical health, including topics such as eating disorders, sexually transmitted infections, smoking, and vaping. (1)

6. We recommend increasing the **quality of information** on the changes in the stage of adolescence and adapting health services to their needs from a preventive care perspective (nutrition, sport, sleep, self-esteem, energy drinks, screen time abuse, vaping, drugs).

7. We recommend introducing **ongoing health and wellness education courses, delivered by adequately trained experts**, at all levels of education. These should take into account the maturity levels of both girls and boys. (1)

8. We recommend educating children and young people on how to identify **reliable sources** of information, in order to avoid misinformation from advertising or social media on trending diets and sports practices. We further recommend strengthening controls on the spread of false information online and promoting the dissemination of reliable, scientifically validated information. (5)

9. We recommend introducing **Health Education as an integral part of the school system** – covering topics such as healthy lifestyles, nutrition, sleep, and the impact of physical activity on mental and physical well-being, vaccines, and sexual health. This should be implemented from an early age. Children need dynamic and interactive education, rather than just simple PowerPoint presentations, to gain a deeper understanding of the issues discussed, including more challenging topics. (4)

10. We recommend increasing and improving the quality of **sexual education** for children and adolescents through educational and health sessions in schools led by specialized professionals no older than 25. This education should address not only protection and risks but also aspects of pleasure, self-care, and their impact on overall health. (16)

11. We request that **taboo topics be normalised** and discussed openly through informative talks in schools, fostering a more informed, independent, and discrimination-free childhood and adolescence. (1)

12. We recommend **making environmental education compulsory** in primary and secondary school curricula and providing it in the spaces used by children and adolescents. This should raise awareness about air pollution, access to clean water, urban planning, and other environmental risk factors.

13.We recommend strengthening the cooperation between educational and health institutions and parents in creating a strategy for promoting children's health in schools, as well as in implementing health education programs; educate parents about the importance of vaccination and preventive health care. **(1)**

14.**We recommend promoting a healthy lifestyle:** encourage daily hygiene, regular exercise, spending time in the fresh air, getting enough sleep and healthy eating habits, as well as prevent the consumption of harmful substances (alcohol, tobacco, e-cigarettes, fast food) through systematic education and prevention campaigns and physical activity competitions. **(1)**

15.**We recommend creating child-friendly health centres and informational services.** Children suggest opening specialised health centres or dedicated corners within existing clinics that provide interactive educational content and workshops, so that children can better understand how to take care of their physical and mental health, and to promote prevention of diseases and risky behaviours.

16.Children and young people (with consideration for their age and developmental stage) should be **actively involved in co-creating Physical Education programmes** (e.g. through consultations, surveys or student councils). **(3)**

17.**Medical professionals** should receive **training in the area of participation**, and clear standards of care for children and young patients should be developed and implemented. **(1)**

4. ENSURING THAT ALL CHILDREN HAVE (FAIR) ACCESS TO HEALTH CARE AND ATTENTION PROVIDED BY HEALTH PROFESSIONALS

Physical health cannot depend on luck or money.

1. We recommend providing access to health care: provide prompt, accessible and free healthcare for all children, including in rural and less accessible areas, in particular the availability of doctors, medicines and necessary therapies, through accessible, public services, including: **(7)**

- regular medical check-ups in schools,
- more frequent mandatory check-ups not only with a paediatrician but also with other
- specialists
- free medical checks for various diseases and the appropriate response with medicines
- home care when necessary
- a real improvement in the response times of the health system and the quality of care,

-- increase the number of paediatricians and specialized health professionals for children, including speech therapies, physiotherapies, psychiatrists, etc) and dental services, rare specialities

- health services should be provided after school hours,
- reducing the waiting time needed for appointments,
- education of health professionals on how to provide child-friendly medical information and respond to children's needs, and the provision of translators in cases where the child cannot communicate in the language spoken.
- having frequent means of transport to health care centres
- provision of psychological support to children through school units, without requiring parental/guardian consent....

2. All children, including **migrant children** (even undocumented), **disabled children, children without parental care and children from other vulnerable groups** should have equal access to healthcare. **(22)**

3. Review the practice regarding access to paediatric gynaecologists, particularly with respect to age requirements. **(2)**

4. We recommend establishing a national digital database for children's health monitoring – a unified digital system recording key health indicators such as height, weight, physical activity levels, and medical check-up results. This system would enable doctors, schools, and relevant institutions track health trends and respond more efficiently to issues like obesity and inactivity. **(4)**

5. We recommend that school nurses be present in every school and be easily accessible to children. This is especially important to ensure equality, so that all children have access to medical care when needed. **(2)**

6. The **education system** should develop **flexible approaches for children and young people with chronic or long-term health conditions**. It is important that children who miss school time due to illness or appointments can be brought up to speed easily. **(1)**

7. Ensuring support for families who are **hospitalized for a prolonged period of time**. We recommend that children's hospitals, or facilities nearby, provide spaces where families can rest, as well as offer financial and psychological support to those in need. **(2)**

8. We recommend improving and expanding physical education (PE) in schools. Children call for an increase in the number of physical education classes, more extracurricular sport activities, and a personalised approach for children with different abilities to prevent obesity, improve physical fitness, and ensure that

every child has the opportunity to be active and healthy. (1)

9. We recommend diversifying Physical Education classes to reflect the individual needs and preferences of children and young people. It is recommended to move away from uniform and repetitive PE lessons in favour of offering students a choice of physical activities (e.g. dance, yoga, gym, swimming, team sports). It is recommended to eliminate mandatory fitness tests and the public disclosure of personal data such as weight and height (often in front of peers, which can be uncomfortable or even humiliating). (8)

10. Training PE Teachers in communication, motivation, psychological support, and prevention of violence and discrimination. It is recommended to establish a comprehensive training and mentoring system for physical education teachers (to include children's rights, mental health, peer violence and social exclusion, communication with children who have diverse needs). (3)

11. We recommend increasing the **quality of the curriculum pathways** for health and social care personnel and make them compulsory and child-friendly, so that they can raise awareness among minors. (1)

12. Access to treatment for **clinically vulnerable families** should be accessible through schools (e.g. physiotherapy, speech therapy, regular tests) to avoid having to attend multiple settings where they could be exposed to infection. (2)

13. Children engaged in **professional sports** should have access to free medical examinations by sports medicine specialists (including: treatment of injuries, regular preventive medical check-ups and screenings by certified sports medicine specialists; development and provision of nutrition recommendations adapted to athletes' needs; psychological support to help cope with stress and recovery during or after performances/competitions/events, etc.; access to modern rehabilitation centres equipped for sports recovery; continuous monitoring of recovery and readiness to return to training; integration of medical data and health status information into individual training plans.

14. The state must give greater attention to the detection and treatment of **kidney diseases** in children.

15. We recommend teaching children the basics of **first aid** from an early age. (3)

5. ENSURING ADEQUATE SPACES, TIME AND CONDITIONS FOR ALL CHILDREN AND ADOLESCENTS TO FULLY ENJOY THEIR RIGHT TO SPORT, REST, PLAY AND PHYSICAL ACTIVITY

We claim the right to move, rest and discover our bodies. Make towns more child and teenage friendly to promote outdoor physical activity.

1. We recommend that **adequate spaces, time and conditions** be guaranteed so that all children and adolescents can fully enjoy their right to sport, rest, play and do physical activity, under equal conditions and within safe, accessible and well-cared environments. Every educational institution must have a fully equipped sports hall with a complete set of sports equipment.

2. Schools should ensure a minimum amount of rest time during the school to support students' **mental health** and enhance their academic performance. Young people should have the right to choose extracurricular activities that genuinely interest them. Schools should better manage homework and exam workloads to allow students to organize their time effectively, rest adequately, and avoid stress and excessive self-pressure. (7)

3. We recommend promoting sport and play with **free access for vulnerable children**, while fostering healthy habits and a positive attitude towards the body. Participation in sports is vital for the physical health of children and sports have to be more accessible for all. (4)

4. We recommend investing in **proactive programs** that improve children's quality of life and promote healthy lifestyles. These should include: free spaces where children can exercise; the creation of facilities and recreational opportunities for teenagers (e.g. parks for adolescents); sexual education for children; access to free contraceptive methods; increased free time for children; research into the factors contributing to children's stress; activities and festivals for teenagers; the creation of public bathrooms; and the provision of sanitary products. (4)

5. We recommend ensuring that children live in **hygienic and healthy conditions** – including clean air, healthy diet, access to sports and hygiene products – through appropriate infrastructure and support for families. (5)

6. We recommend reducing sedentary lifestyle of children, both in classrooms and at home, by introducing **recreational breaks** and structured activities during classes, particularly in full-day school programs). (5)