



Child & Youth wellbeing and mental health first

Healthy lifestyle & wellbeing of children and young people in Slovenia



REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE



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Executive Summary

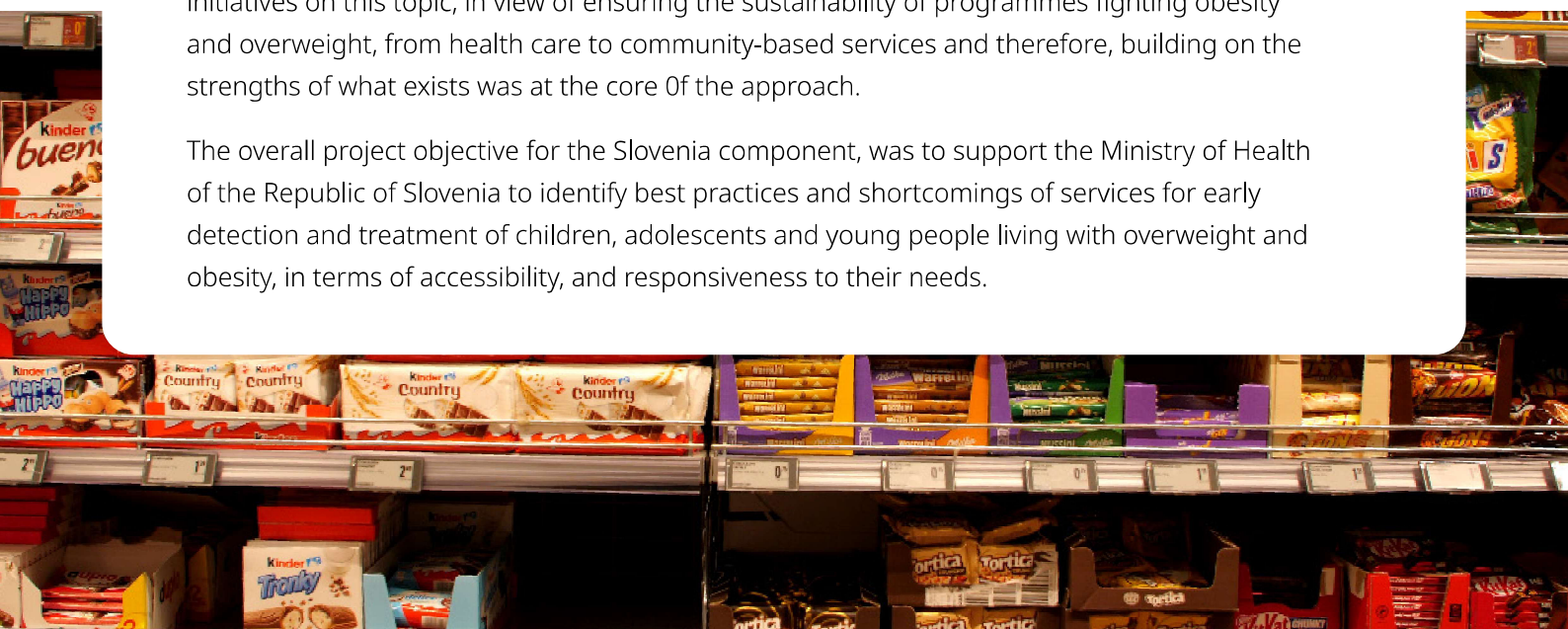
1. Background and Project context

The European Commission, through the Technical Support Instrument, supported four EU Member States in the context of the multi-country technical support project titled *“Supporting mental health and care for the wellbeing of vulnerable children and young people”- Healthy lifestyle & wellbeing of children and young people in Slovenia*”

The project implemented in Slovenia, together with Spain (concretely in Andalusia) Cyprus and Italy, had diverse objectives but shared a common underlying aim, which was the improvement of the provision of mental health, wellbeing and psychosocial support to children and young people. The project comprised a set of tailor-made actions to match the national and regional specificities of each country.

Slovenia is considered as a good practice in the EU when it comes to policies and programmes on nutrition and healthy lifestyle. Nevertheless, evidence shows that the issue of overweight and obesity in children and young people remains high. Stakeholders agree that the added-value of this project is the potential to increase collaboration and cooperation and to connect stakeholders with one another. It was also important to ensure synergies with all existing initiatives on this topic, in view of ensuring the sustainability of programmes fighting obesity and overweight, from health care to community-based services and therefore, building on the strengths of what exists was at the core Of the approach.

The overall project objective for the Slovenia component, was to support the Ministry of Health of the Republic of Slovenia to identify best practices and shortcomings of services for early detection and treatment of children, adolescents and young people living with overweight and obesity, in terms of accessibility, and responsiveness to their needs.



There were several specific project objectives, which were;

- > To assess the adequacy and effectiveness of services (for early detection and treatment of children, adolescents and young people living with overweight and obesity, in terms of accessibility, and responsiveness to their needs. The programmes assessed included the Integrated Health Promotion Centers (IHPCs) - Family Approach to Healthy Lifestyle, Šentvid pri Stični - Children's Hospital School for healthy lifestyle and Debeli Rtič programme My challenge.
- > To foster collaboration and cross referral between IHPCs overweight and obesity intervention programmes (Šentvid pri Stični - Children's Hospital and Debeli Rtič programme)
- > To strengthen referral linkages between the IHPCs and community-based organisations and services
- > To improve capacity of stakeholders to provide services and policies that address the needs of children and young people
- > To provide and facilitate a platform for young people to have their voices heard regarding how services meant for them are designed and how the broader environment they live in, influences their daily lives and options for healthier choices.

These objectives were articulated as 2 project outcomes.



Outcome 1:

The Ministry of Health understands the challenges, barriers and enablers to enrolment, participation, and completion of the services available for children, adolescents and young people living with overweight or obesity and how these intervention programmes can be improved.



Outcome 2:

The health authorities of Slovenia, service providers, schools, sport organisations, local community groups, youth organisations, and key stakeholders have knowledge about the drivers of overweight and obesity, and the capacities to strengthen policies and programmes related to healthy lifestyles and mental wellbeing.

1.1 Purpose of the report

The purpose of this report is to provide stakeholders with an overview of the key findings and highlights of the project and set of proposed recommendations. For more details on each specific evidence stream, there are comprehensive reports available upon request to the Ministry of Health, Directorate of Public Health, Division of Health Protection.

1.2 What this report covers

This report synthesizes four complementary evidence streams that were generated by expert agencies and institutions in Slovenia. The Institute of Social Protection, Faculty of Social Sciences, University of Ljubljana, No Excuse (NGO) and National Institute of Public Health (NIJZ). The report covers the key findings generated by these organizations that were contracted by UNICEF under the project. This report also includes a section on proposed recommendations that contribute to outcomes 1 and 2 of the project.

The four evidence streams generated are (1) the assessment conducted by the Institute of Social Protection (IRSSV), of Slovenia's child overweight and obesity programmes (IHPCs overweight and obesity intervention programmes, Šentvid pri Stični - Children's Hospital and Debeli Rtič programme), (2) Faculty of Social Sciences, University of Ljubljana's, participatory research with adolescents aged 15–19, (3) UNICEF and No Excuse, engagement with and activation of young people for Fix My Food Slovenia, and (4) the National Institute of Public Health/University of Ljubljana led, identification of capacity development needs of key sectors to optimize support to children and families at risk of or in need of care for overweight or obesity.



Highlighted findings and recommendations

Together, these four streams or processes have revealed a system that offers needed and valued services provided by different sectors such as health, education, social welfare, youth and sports. The system, however, comprising many diverse services is fragmented in some places, with some services unevenly accessible, and not as responsive to child, adolescent or family realities as is required.

The assessment conducted by IRSSV of the three prominent programmes for supporting families with children living with overweight or obesity (Integrated Health Promotion Centres: Family Approach to healthy lifestyle Programme, Debeli Rtič camp, and Šentvid pri Stični children's hospital), and the system mapping and participatory research with young people, conducted by the University of Ljubljana, highlight areas for strengthening these existing services, for example, there is an opportunity to expand weight screening to a wider age range of children for early detection of children at risk for overweight or obesity, expand the use of data collected via SLO-fit participation, identify and strengthen care pathways, and increase youth involvement in service design.

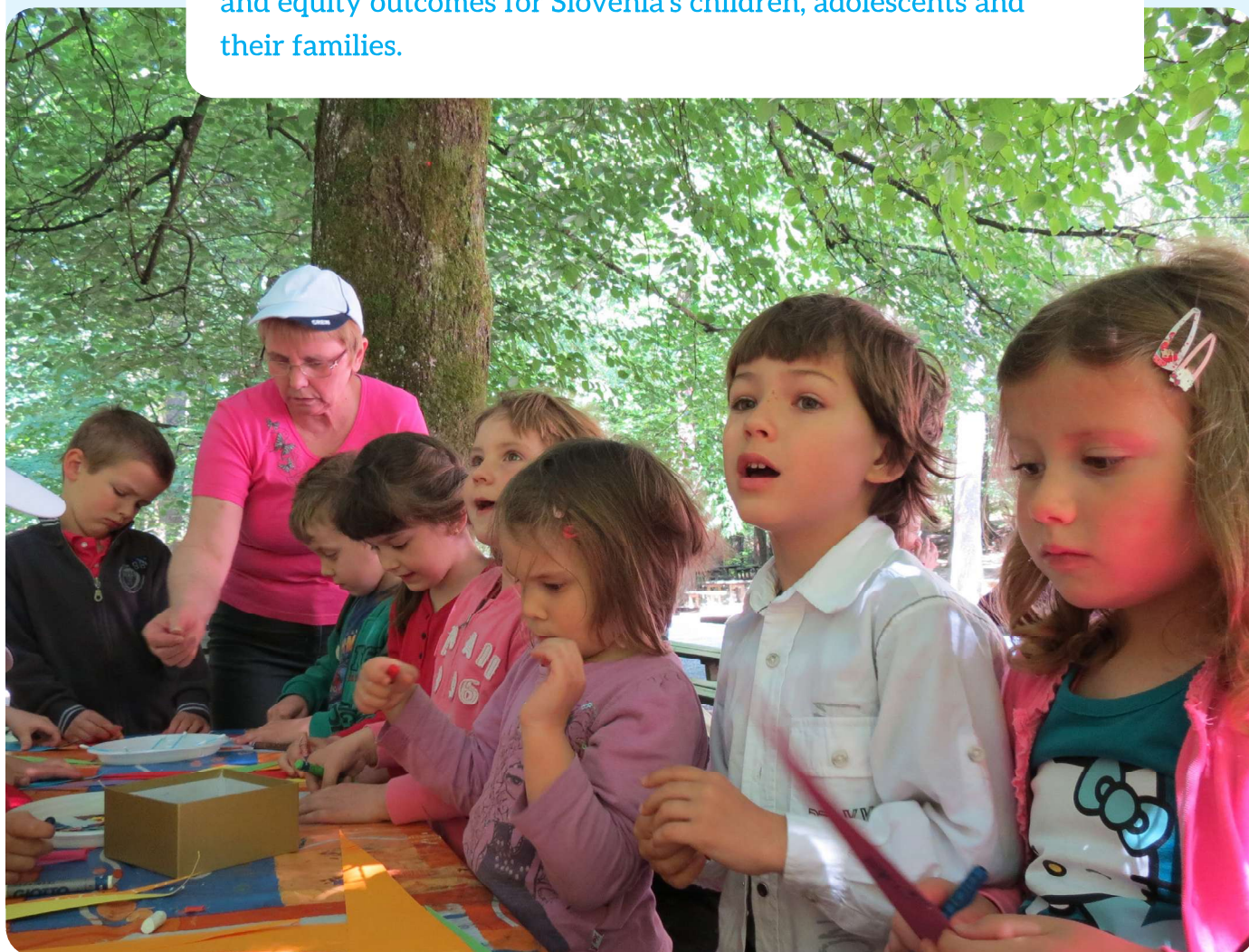
The youth engagement activities by the Faculty of Social Science, University of Ljubljana and UNICEF/No Excuse collaboration, elicited insights from young people that will shape future health, education and youth services design and they provided important perspectives for consideration by policy makers in all sectors. For example, young people have described how reinforcing dynamics such as small school meal portions, fast-food availability, energy-drink normalization, and body-image pressures amplified by social media, undermine healthy routines. They expressed how they experience the food environment, which they say undermines their intentions to make healthier choices and that the bombardment of advertising and marketing tactics used to influence their choices is overpowering. They have said that without healthy and locally available food options, they do not have real choice.

The identification of capacity needs of health, education, family welfare, sport, and youth sector stakeholders to optimize the services provided to children, adolescents and their families, which was conducted by the National Institute of Public Health in collaboration with University of Ljubljana, Faculty of Social Services, generated valuable understanding of knowledge and skills gaps that need to be addressed by reforming existing training and capacity development packages and processes.

These four evidence streams converge on the need for:

- a.** updates to existing healthcare services (IHPCs overweight and obesity intervention programmes, Šentvid pri Stični - Children's Hospital and Debeli Rtič programme) treatment protocols and standardization of procedures for engaging families, and for providing follow up care and cross referrals between these programmes and outside to community-based services, including follow up care options in community settings
- b.** Systematized tool/s for service providers for the selection of relevant referral options
- c.** policy reforms on school mealtimes, school food environments, institutional upgrades in school kitchens, water access points, physical education infrastructure
- d.** policy reforms on youth-targeted food and beverage marketing; digital and non-digital
- e.** meaningful youth participation, family engagement, and media literacy.
- f.** Revised and expanded scope of training materials, packages and resources for stakeholders working with children, adolescents and their families

Implementing these changes can improve health, learning, and equity outcomes for Slovenia's children, adolescents and their families.



Outputs and activities

To achieve the two outcomes and three outputs of the project, specific activities were designed and executed by those contracted for each specific area of work and in collaboration with and guidance from the project beneficiary authority, the Ministry of Health and Steering Committee members from the European Commission's SG REFORM and UNICEF.

There were 3 project outputs, achieved by a mix of activities conducted throughout the duration of the project.



Output 1

Assessment and analysis of barriers and enablers to enrolment, participation and completion of overweight and obesity programmes provided by the Ministry of Health and other key stakeholders and recommendations for improvements.

The three programmes included in the assessment were (1) Integrated Health Promotion Centres: Family approach to healthy lifestyles Programme, (2) Debeli Rtič camp, and (3) Šentvid pri Stični children's hospital.

The scope of the assessment included an analysis of the key factors associated with user experiences, the identification of barriers to uptake, use and completion of the services, a better understanding of international good practices that might be transferred to the Slovene context, and recommended mechanisms for improving referrals process between the three services and to other community based services to address the gaps in follow up upon completion or drop out from the healthcare services.

Assessment of the health services for children and families (Integrated Health Promotion Centres: Family Approach to healthy lifestyle Programme, Debeli Rtič camp, and Šentvid pri Stični children's hospital)

- i. establish the key factors associated with positive user experiences
- ii. identify barriers to uptake and use of the services and non-completion of the programmes and,

- iii. understand better what international good practice suggests, and
- iv. develop an integrated approach and systematic referral mechanisms for professionals and community groups from different sectors

For methods used to conduct the assessment see more details in Chapter 1.



Output 2

Local level catalogues of relevant mental health/wellbeing, psycho-social services, community, youth and school-based programmes and services available for children, adolescents, young people, and their families are standardised, and recommendations made for a service provider database.

To achieve this output the following broad activities were conducted. The activities included a mapping of services and services providers across different regions of the country, a review of existing resources and tools used by healthcare providers to identify referral options (catalogue of services), based on which recommendations were made about how future databases could be developed and designed. Finally, an implementation plan was developed that provides suggestions on how the key recommendations of the overall assessment could be taken forward by respective and relevant stakeholders and line ministries.

- > Map service providers and range of services available to families with children at risk of or living with overweight, layered with key indicators (poverty, geographic location, burden of overweight prevalence)
- > Review and develop a standard format for the local level catalogue of services, based on the mapping exercise
- > Identify a set of recommendations for development of a database of services and service providers for use by authorities.
- > Based on consultations with key stakeholders, develop a Services implementation plan

Collectively, all of the activities conducted by IRSSV formed the comprehensive assessment phase of the project. Findings from the assessment were also used in other phases of the project, highlighting the inter-connectedness of each evidence stream.



Output 3:

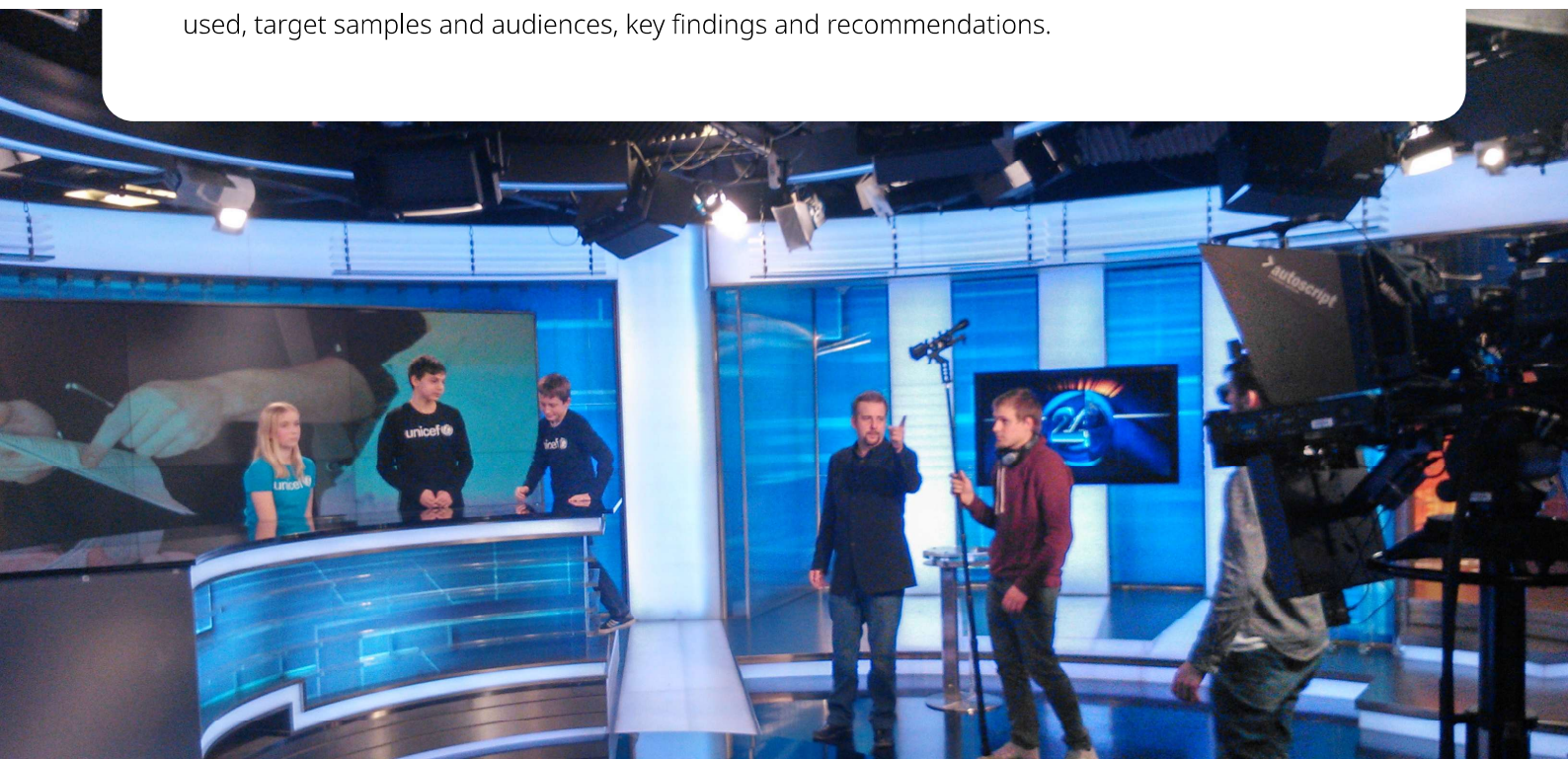
Capacity building for service providers, key stakeholders, schools, sports organisations, and community-based organisations on understanding the drivers and risk factors associated with overweight and obesity among children, adolescents, and young people

To achieve output 3, two streams of activities were undertaken, one in collaboration with young people using participatory research and co-creation techniques and the second focusing on assessing capacity development gaps among stakeholders that are in some way working with and supporting young people and their families.

The Faculty of Social Sciences, University of Ljubljana led participatory research with young people that provided a platform for them to express their opinions and perspectives on how healthcare and other services can better meet their needs. Important insights were gained that will help to inform Ministry of Health, Ministry of Education, Ministry of Labor, Family, Social Affairs and Equal Opportunities, and other stakeholders about improvements to existing services and how they are provided. One of the most reported reflections expressed by young people was the need for better follow up care after completion of the IHPC or hospital based programmes.

The second stream of activities led by the National Institute of Public Health and Faculty of Social Sciences, University of Ljubljana, involved an assessment of the capacity development needs of healthcare professionals, teachers, sports coaches, and youth workers to name a few and a proposal for how existing training packages, modules and resources might be revised to address identified gaps.

The next section of this report provides more detail on each of the evidence streams, methods used, target samples and audiences, key findings and recommendations.





CHAPTER 1:

Child overweight and obesity healthcare services assessment



Outcome 1:

The Ministry of Health understands the challenges, barriers and enablers to enrolment, participation, and completion of the services available for children, adolescents and young people living with overweight or obesity and how these intervention programmes can be improved.



Output 1:

Assessment and analysis of barriers and enablers to enrolment, participation and completion of overweight and obesity programmes provided by the Ministry of Health and other key stakeholders and recommendations for improvements.

- > **Activity 1.2.** Assessment of the situation at national level



Output 2:

Local level catalogues of relevant mental health/wellbeing, psycho-social services, community, youth and school-based programmes and services available for children, adolescents, young people, and their families are standardised, and recommendations made for a service provider database.

- > **Activity 2.1** Review and develop a standard format for the local level catalogue of services and service providers
- > **Activity 2.2** Identify a set of recommendations for development of a database of services and service providers for use by authorities.
- > **Activity 2.3** Services implementation plan

Introduction and objectives of the assessment

To comprehensively assess the adequacy and effectiveness of programmes and services addressing overweight and obesity among children and adolescents in Slovenia, the Social Protection Institute of the Republic of Slovenia as engaged by the project to evaluate the impact of these programme and services at three levels: micro (individual), focusing on the users' and providers' experiences and insights, mezzo (organizational/community), examining interconnectedness with other stakeholders within regional and local communities, and macro (policy/systemic), analyzing national strategic documents and approaches across health, education, sports and social sectors.

The specific objectives of the assessment are detailed below.

1. To assess the:

- > accessibility and availability of child overweight and obesity programme,
- > responsiveness to the needs of target groups,
- > collaboration and cross-referral between service providers and other stakeholders,
- > screening and referral mechanisms,
- > tracking and monitoring systems in place, and
- > need for capacity development.

2. To gain insights from both user and provider perspectives to identify barriers and enablers for enrolment and participation, reasons for successful completion of programme, as well as the main factors contributing to declining participation, dropout, or non-completion.

3. To identify good practices, gaps, and areas for improvement while providing evidence-based recommendations.



Method and scope

Methods used by IRSSV to complete the assessment included focus groups and surveys with Integrated Health Promotion Centres (IHPCs) and programme staff; interviews with policymakers and NGOs; consultations with children, adolescents, and parents; and an online survey of IHPCs.

The assessment, conducted by the Social Protection Institute of the Republic of Slovenia, reviews the implementation and effectiveness of child overweight and obesity programmes in Slovenia. The programmes included those at Integrated Health Promotion Centers (IHPCs), Debeli Rtič camp, and Šentvid pri Stični children's hospital. The study focused on accessibility, responsiveness, collaboration, screening, monitoring systems, and capacity development.

1. Programme Employees and Service Providers

- > Focus groups and surveys were conducted with IHPC staff and other programme providers to evaluate programme success factors, referral mechanisms, and collaboration opportunities. Challenges include staff shortages, spatial limitations, and inconsistent referral processes. The survey revealed that most IHPCs collect basic demographic data but lack standardized monitoring systems.

2. Key Persons Interviews

- > Interviews with policymakers, experts, and NGO representatives highlighted the need for better collaboration across sectors, improved awareness of programmes, and stronger intersectoral coordination. Experts emphasized the importance of addressing socio-economic disparities and the need for tailored interventions for vulnerable groups.

3. Consultations with Children, Adolescents, and their Parents

- > Children and parents shared their experiences, highlighting the importance of family involvement, supportive environments, and engaging activities. Barriers to participation include stigma, logistical challenges, and low parental motivation. Participants emphasized the need for ongoing support and monitoring to sustain positive outcomes.

4. Analysis of Online Survey Among IHPCs

- > The survey revealed that IHPCs face challenges such as limited capacity, staff shortages, and spatial constraints. Collaboration with local stakeholders is inconsistent, and monitoring practices vary widely. Recommendations include improving data collection, enhancing collaboration, and addressing regional disparities.

To understand the diverse range of services, organizations and providers involved in supporting children and their families for health and wellbeing issues, the IRSSV conducted a mapping exercise. The overall goal of the service provider mapping was to identify the regions of Slovenia with the greatest need for child overweight and obesity programmes.

The service provider mapping contributed to two of the assessment aims, namely to:

1. Assess the accessibility of child overweight and obesity programmes, which involved

- > Examining the geographical location and distribution of services relative to the prevalence of overweight and obesity in children across the country
- > Examining the adequacy of the services in different regions based on met and unmet needs.

2. Assess existing mechanisms for collaboration and cross-referral across and between services and service providers, which involved

- > Mapping different service providers and available services to identify cross-referral opportunities between overweight programmes and local community stakeholders.

An interactive map, based on multiple datasets was developed. Each of the datasets were layered and filtering features created so that users can select information that they are interested in.

The map consists of three main layers

- > **Layer 1** serves as the starting point for the analysis and highlights key indicators relevant for assessing regional need for child overweight and obesity programmes.
- > **Layer 2** shows the policy response to the (regional) needs at the community level by mapping the active NGOs in relative policy fields.
- > **Layer 3** visualizes the existing child overweight and obesity programmes.

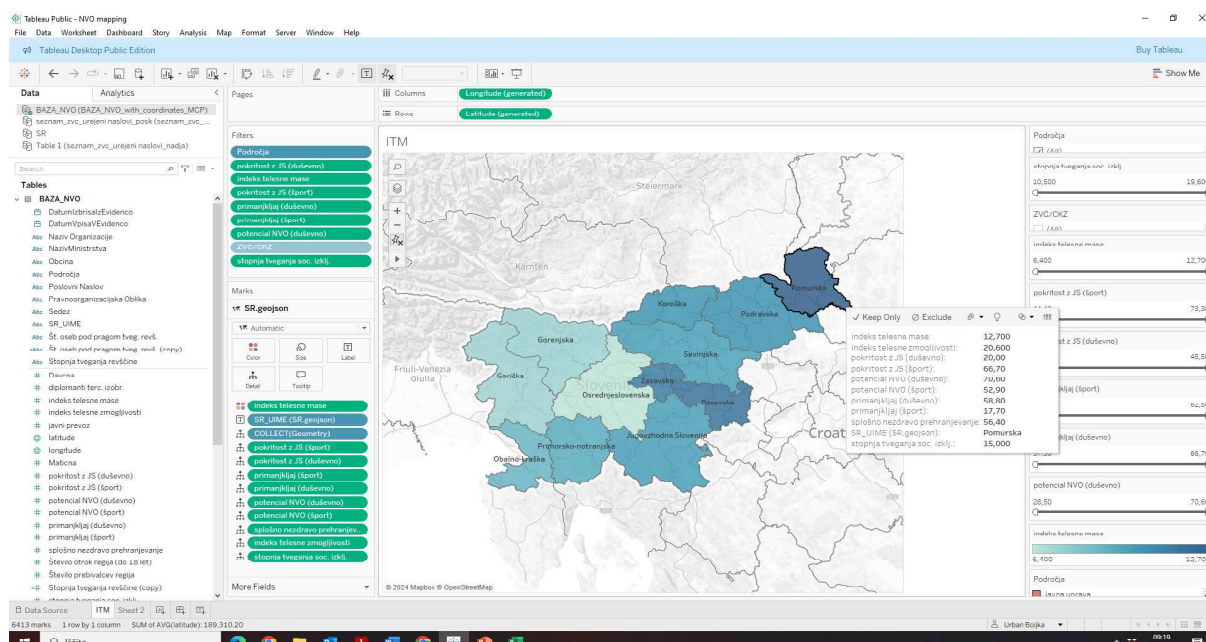


Figure 1: Example of visualization of data for the indicator “overnutrition of children” by region.

The three layers show the complexity of the need for relevant policy responses by the child overweight and obesity programmes. The interactive layered mapping allows providers visibility of what other services are available to support children and their families. For example, health care provider can see which opportunities in the community (local activities, sports, culture, youth etc) are available to children and their families for when the IHPC programme is completed, which could further reinforce the healthy lifestyle habits adopted during participation in the programme(s).

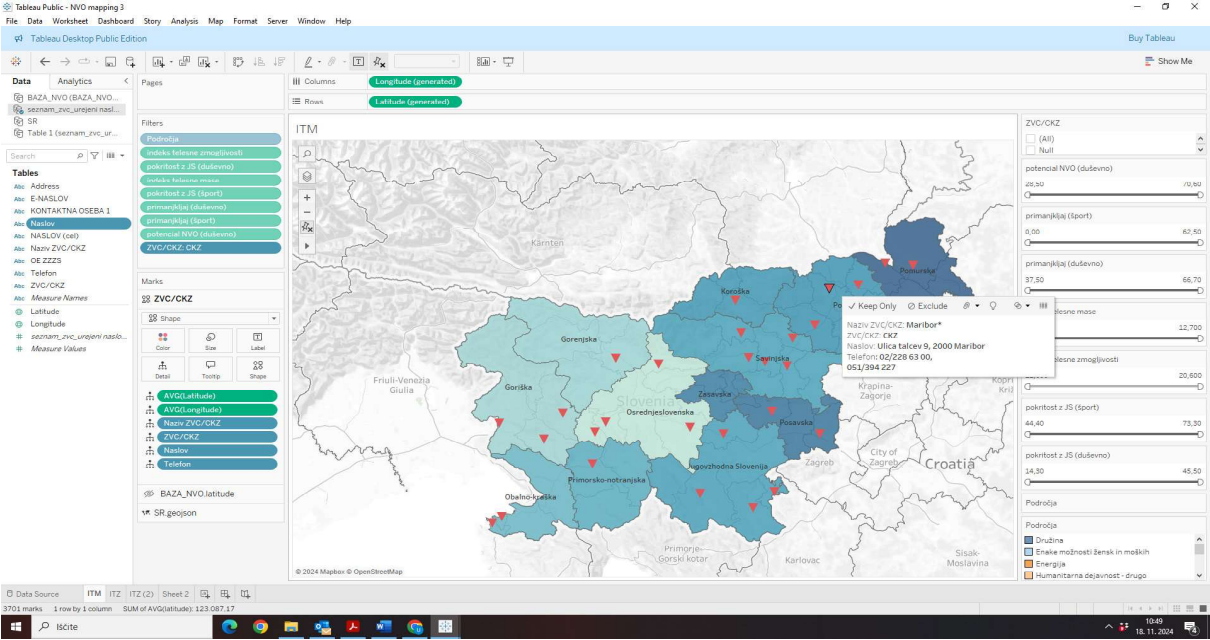


Figure 2: example of visualization of relationship between chosen indicator (the case of overnutrition of children) and availability of centres for health promotion.

One of the key insights gained from the mapping exercise was from an analysis of the clustering of regions based on NGO density. It shows varied levels of engagement across 13 fields relevant to child health. While some regions benefit from high NGO activity, others lack adequate support, limiting cross-referral and community engagement opportunities. This disparity emphasizes the need for tailored, region-specific strategies to strengthen NGO networks and enhance collaboration.

The interactive mapping tool developed in this project provides a dynamic platform for identifying regional needs, assessing service availability, and fostering NGO collaboration. It serves as a critical resource for policymakers to make informed decisions, ensuring that interventions are both targeted and effective.

Key Findings of the assessment

The assessment focused on 5 key areas, namely how accessible the services are, how responsive they are to the needs of children, young people and their families, how collaborative healthcare providers are with other services and community-based organizations, such as sports and youth groups. Finally monitoring mechanisms and systems were reviewed and barriers and enablers to the use of the health care services and programme completion were identified.

Accessibility: Regional disparities in staffing and infrastructure; Programme availability is regionally uneven, with underserved areas, particularly in eastern Slovenia, facing staffing and infrastructure shortages. Specialized programmes are accessible nationwide but have limited capacity and strict selection criteria.

Responsiveness: Tailoring is inconsistent for preschoolers, adolescents, and vulnerable groups (special needs, migrants). While programmes address the needs of target groups, they often lack tailored approaches for preschoolers, adolescents, and vulnerable populations such as children with special needs or migrant backgrounds.

Programmes are effective when tailored to individual needs, but standardized approaches often fail to address diverse family and cultural contexts. Vulnerable groups, such as children with special needs or low socio-economic status, require more targeted interventions.

Collaboration: Partnerships with schools are the strongest, but collaboration with NGOs, municipalities, and social work centers is weak and inconsistent. There is a lack of structured protocols and data-sharing systems. Stronger partnerships and structured protocols are needed to improve community integration and support for children and families, especially after completion of the programmes.

Monitoring: Preventive health check-ups during school years are effective for identifying at-risk children, but follow-up and tracking are inconsistent. There is no unified system for monitoring long-term outcomes, and many children drop out due to stigma, denial, or logistical challenges. Tracking and follow-up practices are fragmented, with no standardized national system. Monitoring is often limited to the duration of the programme, and long-term outcomes are rarely assessed. A centralized monitoring platform is needed to improve data sharing, outcome evaluation, and continuity of care.

Multidisciplinary teams: Multidisciplinary teams are essential but face challenges such as staff shortages, high turnover, and unclear roles. Effective teams rely on local initiative and informal protocols, but systemic support is needed to ensure consistency and quality.

Enrolment and completion barriers: are influenced by parental motivation, stigma, logistical challenges and programme accessibility.

Enablers: Enablers included supportive staff, engaging activities, family involvement, and clear communication between healthcare providers and parents.

The assessment of Slovenia's child overweight and obesity programmes highlights their strengths, challenges, and areas for improvement. The programmes, including those at Integrated Health Promotion Centers (IHPCs), Debeli Rtič camp, and Šentvid pri Stični children's hospital, provide valuable multidisciplinary support to children and families. However, their reach and systemic impact remain limited due to regional disparities, fragmented collaboration, and insufficient long-term monitoring.

Key Recommendations:

- 1. Expand Programme Reach:** There is a clear need to expand programme capacity and develop new intervention models to address gaps in coverage (preschoolers, adolescents, and vulnerable groups) and meet the diverse needs of children and families. Increase IHPC coverage in underserved regions, improve staffing, and address spatial limitations. Develop tailored interventions for preschoolers, adolescents, and vulnerable groups. Tailored approaches, early interventions, prioritizing regions with poor health indicators and community-based support are essential for long-term success.
- 2. Enhance Collaboration:** Establish structured partnerships with schools, municipalities, NGOs, and sports organizations.
- 3. Develop a national framework** for referrals and data sharing.
- 4. Improve Monitoring:** Create a centralized, inter-institutional monitoring system with standardized protocols and tools for tracking progress and outcomes.
- 5. Strengthen Parental Engagement:** Provide support to families to facilitate participation in programmes, improve health literacy, and reduce stigma through national awareness campaigns.
- 6. Innovate Programme Models:** Develop engaging, interactive, and multidisciplinary approaches that focus on behavioral changes and emotional well-being, rather than solely weight loss.
- 7. Ensure Long-Term Support:** Introduce structured follow-up systems, mentorship models, and community-based peer support groups to sustain positive outcomes.
- 8. Regularly update and use the services and stakeholder mapping tool** to support referral and engagement of community based organizations and services that can follow up children and families after discharge from health services.
- 9. Increase State-Level Commitment:** Prioritize childhood obesity prevention and care through stronger national strategies, funding, and intersectoral collaboration.

Conclusion:

Slovenia's child overweight and obesity programmes are valuable but require systemic improvements to ensure tailored interventions, long-term impact and universal access. Strengthening collaboration, monitoring, and community engagement, along with expanding programme capacity, will be essential for building a more equitable and effective system for childhood obesity prevention and care. By addressing identified gaps and implementing the recommendations, Slovenia can build a more equitable and effective system for childhood obesity prevention and care.





CHAPTER 2:

System Mapping & Participatory Research with young people



Outcome 2:

The health authorities of Slovenia, service providers, schools, sport organisations, local community groups, youth organisations, and key stakeholders have knowledge about the drivers of overweight and obesity, and the capacities to strengthen policies and programmes related to healthy lifestyles and mental wellbeing.



Output 3:

Capacity building for service providers, key stakeholders, schools, sports organisations, and community-based organisations on understanding the drivers and risk factors associated with overweight and obesity among children, adolescents, and young people.

- > **Activity 3.1** Participatory research with adolescents and young people to inform overweight and obesity prevention and intervention programmes and related policies
- > **Activity 3.2** Stakeholder dialog forums between adolescents and public and private sector stakeholders

Introduction and objectives of the participatory research

The Faculty of Social Sciences of the University of Ljubljana conducted participatory research with young people. They used a people-centred approach to behaviour and social change based on the assumption that all policies, solutions, programs and services need to be designed with users, not for users, which ensures that interventions should be developed based on a thorough understanding of target populations, problems they face, their needs, abilities, and desires. This includes determining how services should be designed, delivered and by whom.

This phase of the project was designed to complement rather than duplicate the work carried out by IRSSV. While building on their system mapping and findings, a Critical Systems Thinking (CST) approach and participatory research methods were used to deepen the analysis of services for early detection and treatment of overweight and obesity among adolescents, as well as exploring the food environment in Slovenia as it is perceived and experienced by young people themselves.

Methods and scope

The methods used for the Participatory Research included ethically approved (University of Ljubljana HREC No. 801-2025-012/TD), multi-method qualitative design online and in-person focus groups (including dormitory residents), in-depth interviews with a former participant of the Stična programme, and a co-design workshop using LEGO® to elicit youth-generated solutions.

A mapping of services targeting young people was conducted and added to the interactive map developed by IRSSV as described in the previous chapter.

Highlight Findings

Participatory research with adolescents aged 15–19 reveals structural, environmental and social barriers in Slovenia's system of policies and services related to prevention and management of adolescents and young people at risk or living with overweight or obesity.

Based on consultations with young people, they describe insufficient school meal adequacy (referring to portion sizes and inconsistency across schools), unhealthy food environments around schools, normalization of energy drinks, poor physical activity infrastructure, and strong influence of digital marketing as areas needing stronger policy and programme interventions. They also identify areas where policy changes could meaningfully shift daily behaviours toward healthier, equitable outcomes.

Below is a description of the two distinct but related stages of the work conducted by the Faculty of Social Sciences of the University of Ljubljana.

Stage 1: System Mapping (selected highlights)

The first phase involved mapping the existing system for the early detection of overweight and obesity among adolescents and young adults aged 15 to 19, as well as the programmes and services available for treating those identified as at risk. This provided a comprehensive understanding of the current landscape, including institutional roles, pathways of care, and barriers to access.

The mapping revealed that early detection of adolescents at risk of overweight or obesity relies on non-mandatory school health check-ups (1st and 3rd year) and voluntary SLO-fit monitoring, leaving at-risk groups (e.g., NEET youth) under-served. Adolescent-specific preventive programmes are largely absent, with care activated mainly after diagnosis. Stakeholder ecosystems span schools, dormitories, youth organisations, health actors, retailers, media, and policy bodies, yet systemic integration is limited.

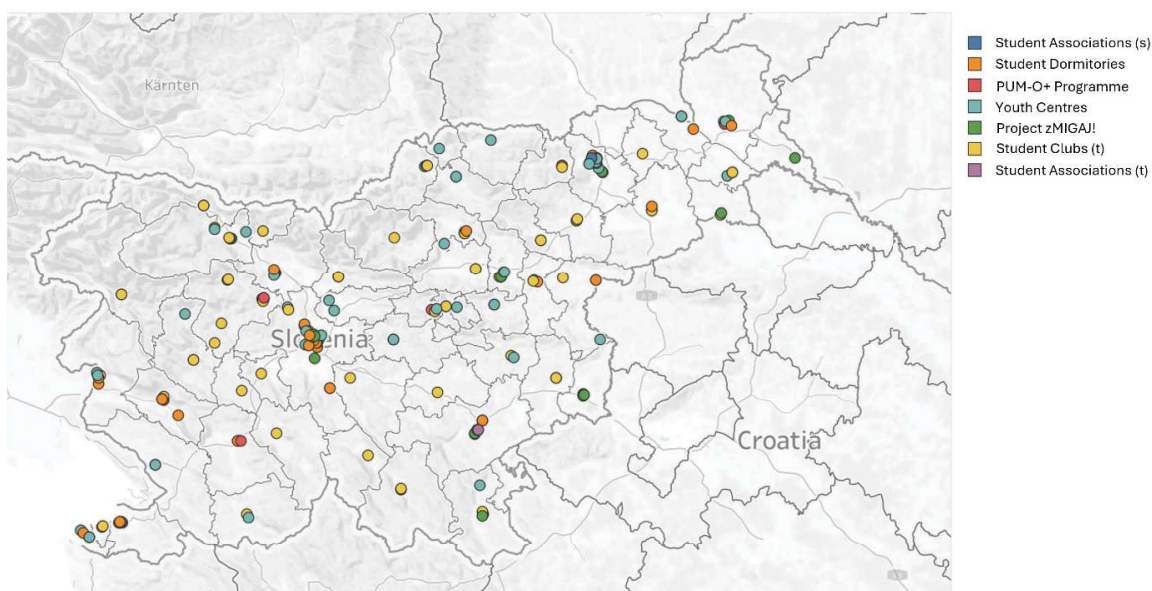


Figure 3: Geographic distribution of youth organisations and projects

Figure 3 is an image from the interactive map which shows actors, identified as important in the Slovenian context of youth overweight and obesity prevention. These are youth centres, student associations, student dormitories (residence halls), schools and dormitories participating in the Project zMIGAJ!, as well as institutions carrying out the PUM-O Plus programme (Project-based Learning for Young Adults). The map clearly shows uneven distribution of these actors (and their projects) across Slovenia.

Based on mapping and consultations with key stakeholders the following opportunities for systemic changes in the healthcare, education and youth sector were identified and are summarized below.

Opportunities for the systemic change to preventive healthcare:

- > Expand system boundaries to include those “at risk,” not just cases diagnosed with obesity.
- > The fact that preventive programs are only now being developed centrally (by the National Institute of Public Health), presents an opportunity to involve users (young adults) in designing these programs.
 - Adolescents’ and young adults’ lived experiences, especially those from marginalized groups (e.g., NEET youth, vocational students) should be presented in shaping the new programs.
 - Participatory design could contribute to system legitimacy and effectiveness. Inclusion of youth voices could serve as a powerful leverage point.
- > There is a need for better framed care pathways and improved feedback loops between primary and secondary care to ensure smooth transitions and consistent support for those individuals requiring interventions and services for well-being and health related issues.

Opportunities for systemic change in Education sector:

- > School meals and guidelines
 - All schools provide morning snacks, some also offer breakfast and lunch in accordance with 2024/25 guidelines for balanced nutrition.
 - The national guidelines are a leverage point for system-wide improvement.
- > Facilities in student dorms
 - Kitchens, fitness facilities, sports areas form micro-ecosystems that can amplify or buffer the influence of school environments with regard to physical activity and food practices.
 - Some dormitories are included in the healthy school networks.

Opportunities and recommendations for youth organizations:

- > Strengthening inter-system communication and creating cross-sectoral platforms (e.g., between youth centres and Health Promotion Centres) could enhance the responsiveness and coordination of the broader system.
- > Enhancing participatory mechanisms and enabling structured dialogue with young people to co-create health programs would democratize the system and make it more reflective of their lived realities—addressing systemic exclusion.
- > Youth centres are a leverage point for systemic change. Policy support (e.g., guidelines, funding, capacity-building) could help institutionalize health promotion in the youth sector, making it part of their core mission.
- > The current framing of PUMO programs excludes aspects of nutrition or health literacy. Partnering these programmes with health actors could address this blind spot.
- > Policy-level alignment and recognition of youth organizations as legitimate health actors could shift these structural barriers and incentivize cross-sector collaboration.
- > Interlinked youth organisations represents both a challenge and an opportunity. A challenge, because it can reinforce systemic inequities and reduce innovation by creating an echo chamber. An opportunity, because increased awareness and dialogue about these dynamics can serve as a leverage point for designing more transparent funding criteria, encouraging genuine collaboration, and ensuring better distribution of opportunities among youth actors.

Stage 2: Participatory Research

The second phase was based on participatory research with adolescents and young adults aged 15 to 19. This served two primary purposes:

- > to explore their lived experiences and perceptions regarding the services available to them for early detection and treatment of overweight and obesity; and
- > to assess the food and recreational environment from their perspective, identifying elements that either support healthy eating practices and physical activity or contribute to unhealthy dietary and sedentary behaviours.

The second stage methodology consisted of focus groups and interviews, which garnered insights from young people about how everyday contexts and structures drives their choices.

Youth described how everyday contexts and structures drive choices: small/unsatisfying school portions; convenient fast-food and retail near schools; high exposure to energy-drink branding; and strong social-media influence on aesthetics and supplements. Dormitory students reported better routines (sleep, meals) and responsive canteens, yet still a reliance on nearby retail for snacks.

‘Adolescents encounter reinforcing loops that promote unhealthy choices and balancing loops that promote healthy choices’





Reinforcing loops

Small school portions → hunger → reliance on convenience fast food and retail snacks → normalization of ultra processed consumption.

Energy drink fatigue loop:

academic stress → energy drinks → disrupted sleep → further fatigue and consumption.

Body image/influencer loop:

algorithmic content → fitness ideals → extreme dieting/supplement use → algorithm reinforcement via social media → stronger internalization.

Reinforcing → Physical Education (PE) discomfort/avoidance: Poor hygiene facilities + tight timing → avoidance → low fitness → lower enjoyment.

Balancing loops

> Balancing – Meal adequacy:

Longer breaks + sufficient tasty meals + water reduce fast-food reliance.

> Balancing – Block PE:

Long sessions allow meaningful activity and hygiene, mitigating avoidance.

> Balancing – Dorm governance:

Quiet hours and phone rules improve sleep and appetite regulation.

> Balancing – Hydration-reminders:

Prompts/refill stations increase water intake and reduce stimulant use.

Institutional design amplifies or mitigates risks:

> Absence of water stations, limited lunch time, lack of PE hygiene infrastructure, and inconsistent school meal environments contribute to unhealthy compensatory behaviours.

> Dormitories demonstrate that structured routines (quiet hours, phone guidelines) support healthier sleep and eating cycles.

Youth-Generated Solutions (Co-design Workshop)

Inputs from young people included suggestions to improve school meal quality and portion sizes; provide transparent menus; install bottle-filling stations (pitniki); upgrade PE infrastructure (showers, lockers) and use block scheduling; expand enjoyable non-competitive activity options; shape healthier retail defaults in school zones; and deliver realistic media literacy to decode advertising and influencer messaging.

Key findings

The analysis of focus groups, key informant interviews and co-creation workshops with young people has generated important insights into the current system that will be crucial for policy and programme managers to take into consideration when revising or designing services for adolescents and young people. The analysis depicts a system optimized for short-term weight loss, with insufficient attention to psychology, family ecology, and long-term maintenance (follow up opportunities and continuity of care).

The recommendations informed by the participatory research are grouped into 3 levels. Macro, Meso and Micro levels.

Recommendations from Participatory Research

Macro (Policy & Regulation):

Regulate youth-targeted High Fat Salt Sugar (HFSS) and energy-drink marketing; protect lunch-break duration; consider later starts where commuting is heavy; incentivize healthy retail defaults; subsidize healthy staples near schools.

Meso (Institutional Design):

Co-design menus; install water stations; improve queues; modernize PE infrastructure and culture; expand guided sessions (zMigaj-style) and equipment libraries; strengthen dorm health routines; integrate media literacy in curricula.

Micro (Behaviours & Norms):

Encourage bottle-carrying and hydration prompts; peer-led walking and active breaks; family-based routines for meals and physical activity; skills to spot “health halos” and misleading claims.



For more detail, see below suggested leverage points based on the inputs and 'lived experience' of young people.

Leverage points of change based on participatory research with youth

Policy and regulation

- ✓ Restrict unhealthy food advertising, particularly digital and sports sponsorships
- ✓ Limit fast food density near schools
- ✓ Subsidize healthy school meals and sports equipment

School organization

- ✓ Ensure longer lunch breaks, canteens with diverse and tasty menus and salad bars
- ✓ Provide facilities for heating/storing home meals
- ✓ Use block PE lessons, allow activity choice and promote fun

Communication and social influence

- ✓ Collaborate with credible influencers to promote balanced practices
- ✓ Enhance media literacy on advertising and marketing tactics

Access and affordability

- ✓ Discounts for healthy snacks in shops near schools
- ✓ Affordable 'on-the-go' healthy food options for long school days

Recreation

- ✓ Support non-competitive pathways
- ✓ Improve infrastructure; gyms, showers, recreational facilities

Timing of PE and meal times

- ✓ Longer duration meal windows and queuing capacity so students can finish food/meal; review portion adequacy/value
- ✓ Block PE as default where feasible; ensure shower time/privacy so effort isn't punished by social discomfort

Modify information flows and incentives in the local food environment

- ✓ Healthy product salience and student priced options at nearby shops; vendor agreements around schools (placement, pricing, promotions)

Hydration defaults

- ✓ Universal water-bottle norm, visible prompts ("don't forget water"), teacher cues at period ends and reliable water fountains/dispensers

Marketing counter-measures and transparency

- ✓ School level policies on energy drink presence/branding at events; media literacy(marketing tactics) modules

Student voice and co-design

- ✓ Encourage student council to run periodic taste-tests, portion audits, queue ethnography and publish dashboards; establish a routine feedback loop with the organizer of school meals

Affordability and access for movement

- ✓ Micro-grants/equipment libraries; promote non-competitive activity via clubs. Renegotiate what 'counts' as movement

Structure and rules (high leverage)

- ✓ School zone retail nudges; partner with nearby outlets to (a) default display fruit/sandwich/salad options first, (b) keep student discounts for healthier picks, (c) trial 'healthy combo' deals
- ✓ Hydration infrastructure + prompts: visible refilling points; "bring a bottle" norm; teachers' one-line reminders at end of class. Students explicitly asked for prompts
- ✓ Canteen "taste+nutrition" charter; keep co-design with students but transparently balance palatability with nutrient standards; publish a weekly "why this menu" note
- ✓ Movement frequency: double zMigaj" slots or add short, guided micro-sessions (20-30min)
- ✓ Energy drink policy + alternatives: Tighten on-premises rules, add acceptable stimulants (free tea/coffee/ fruit water) and sleep hygiene micro-lessons to prevent simple displacement into concealment

Information flows (medium leverage)

- ✓ Media literacy sessions on food marketing, "health halos" and supplements; students themselves asked for help to "not fall for it"
- ✓ Menu transparency and feedback loops + sleep/ phone hygiene nudges

Goals and mindsets (deep leverage)

- ✓ Shift implicit goal from "please everyone today" to "cultivate lifelong tasty healthy habits", making co-design sessions explicitly weigh both liking and nutrition



CHAPTER 3:

“Fix My Food” Slovenia – activating young people for better food environments

To complement the participatory research conducted by Faculty of Social Sciences, University of Ljubljana, UNICEF Europe and Central Asia, Regional Office, engaged the expertise of an organization called BiteBack. UK based, youth activist organisation that supports UNICEF globally to build capacity of young people to share their lived experience of the food environment and to tell their stories of how they interact with the food system.

UNICEF and local NGO, No Excuse, together with Bite Back, supported a series of workshops with young people from across Slovenia. Under the global campaign focus of Fix My Food, this Slovenia group of Fix My Food youth activists was launched.

UNICEF's Fix My Food movement is a growing global platform that equips young people to demand healthier, fairer food systems. Currently active in 20 countries the initiative centres on youth voices through advocacy, storytelling, and policy engagement to transform food systems. At the core of Fix My Food is storytelling—a fundamental way for young people to share their lived experiences and highlight the profound impact of their food environments. UNICEF helps youth amplify their voices and strengthen collective advocacy for impactful policy reform, whilst providing opportunities for young people to build skills and competencies in public speaking, media communications and policy advocacy.

Fix My Food directly stems from the food policy issues raised by young people. Its purpose is to give young people support and space to voice their call for change to the food environment that is directly and indirectly affecting their health outcomes. In the context of the project, these co-creation, participatory workshops were activities designed to contribute to the achievement of project output 3, outcome 2.





Outcome 2:

The health authorities of Slovenia, service providers, schools, sport organisations, local community groups, youth organisations, and key stakeholders have knowledge about the drivers of overweight and obesity, and the capacities to strengthen policies and programmes related to healthy lifestyles and mental wellbeing.



Output 3:

Capacity building for service providers, key stakeholders, schools, sports organisations, and community-based organisations on understanding the drivers and risk factors associated with overweight and obesity among children, adolescents, and young people.

- > **Activity 3.1** Participatory research with adolescents and young people to inform overweight and obesity prevention and intervention programmes and related policies
- > **Activity 3.2** Stakeholder dialog forums between adolescents and public and private sector stakeholders

Fix My Food Slovenia

Two in-person workshops were conducted with 25 young people from across Slovenia and 6 online mentoring calls were held with technical support provided by Bite Back and No Excuse.



The objective of the workshops and online mentoring calls were to build capacity and mentor key local youth structures to advocate for food policy changes to improve the food environment in Slovenia. No Excuse was the NGO engaged as the local youth organization to be a co-facilitators of the workshops and mentoring since they have capacity to sustain support to youth in Slovenia beyond the life of the project timeframe. The workshops covered training and mentorship on food environment advocacy to young people that were recruited by No Excuse from within their existing youth networks. A series of capacity building activities and co-creation of a campaign on food environment advocacy were the focus of the workshops.

An output of the Fix My Food Slovenia workshops and engagement with young people, was the development of a 10 point policy ask that articulates the ask of young people to the Ministry of Health.

As described in the previous chapter, participatory research and co-creation processes with young people were key activities undertaken to identify perspectives and needs of young people that relevant line ministries and organisations could use to inform their decisions about the type of interventions and policies to include in policy and strategy documents, such as the National Nutrition and Physical Education Strategy (2026-2036).

Representatives of young people from various regions of Slovenia have identified the food environment as one of the key areas that significantly affects the health, well-being, and long-term prosperity of children and young people. Based on shared experiences and observations, they have identified several challenges that require a systemic approach and strategic solutions. The following, in their own words is the call on the Ministry of Health and other relevant stakeholders to consider when formulating policies that affect them.



“We kindly call on the Ministry of Health to take our proposals into consideration during the preparation of national strategic documents. Young people are concerned about current trends, and we firmly believe that change is both necessary and achievable”.

THE IMPACT OF THE FOOD ENVIRONMENT ON CHILDREN AND YOUNG PEOPLE – CHALLENGES WE IDENTIFIED

- > “Advertising has a strong influence on young people and plays an important role in shaping our eating habits. Advertising and prominent placement of unhealthy options currently prevail, which has long-term negative consequences for our health. Young people wish to see less advertising of unhealthy food and more advertising of healthy foods, which should also be more affordable.
- > In shops, unhealthy products are often placed in prominent positions, making healthy choices more difficult to find. Products without added sugars or sweeteners must be intentionally sought out, whereas less healthy options are visible, prominently displayed at checkouts and are easily accessible.
- > Such exposure particularly affects younger children, who need high-quality foods for their development. Young people are alarmed by rising rates of obesity and consider this a serious public health challenge that requires systemic action.
- > In secondary schools, the quality of school meals varies greatly due to inconsistent monitoring. Young people want more healthy options and more uniform standards”.

Below is a list of 10 proposals submitted by young people to the Ministry of Health at the conclusion of the Fix My Food Slovenia co-creation workshops.

We are convinced that including these topics in the strategic national document can significantly contribute to improving public health and the well-being of young people, while also supporting long-term sustainable development goals.

We welcome the opportunity for further dialogue, cooperation, or the presentation of findings from youth discussions. Thank you for your attention and openness to proposals coming directly from the youth community”.

Fix My Food Slovenia – Young Advocates



Young people's proposals for improving the food environment

1. More effective monitoring of advertising, with an emphasis on promoting healthy food, which should also be more affordable.
2. Raising public awareness about the influence of the food environment and the marketing mechanisms that shape food choices.
3. Integrating media literacy content into the school curriculum to help children and young people understand how advertising works and to better recognize manipulative patterns.
4. Limiting advertising of unhealthy foods in local communities, especially in public spaces, at events, and in the vicinity of educational institutions.
5. Placing healthy foods at the forefront of store shelves to ensure quick and easy access.
6. Removing unhealthy products from the direct reach of children, as they are currently often placed on the lowest shelves or at eye level of children.
7. Introducing Nutri-Score or warning labelling on all products and regularly monitoring the accuracy of labels.
8. Increasing the availability of locally produced food, both in terms of price and logistical accessibility.
9. Harmonizing school meal standards, with secondary schools following the guidelines applied in primary schools, which provide higher-quality, healthier, and more diverse meals.
10. Adjusting the subsidized student meal system so that it does not allow the selection of highly unhealthy or fast-food options.

The 10-point ASKS expressed by the youth activists have been consolidated into 3 pillars they wish to see changes to regarding food environment policy.

Regulation:

advertising, packaging, misleading practices and legal frameworks

Accessibility:

school canteens, student meal vouchers, product placement on store shelves, pricing and affordability of healthy options

Media Literacy:

knowledge on how the advertising and marketing tactics used by the food and beverage industry are designed to 'influence' rather than 'inform' choices

The 3 pillars are visualized as part of the **Fix My Food Slovenia** groups' multi-media campaign that was launched in January 2026.

Campaign visuals in Ljubljana and media coverage





CHAPTER 4:

Capacity development of key stakeholders involved in providing services to children, young people and families



Outcome 2:

The health authorities of Slovenia, service providers, schools, sport organisations, local community groups, youth organisations, and key stakeholders have knowledge about the drivers of overweight and obesity, and the capacities to strengthen policies and programmes related to healthy lifestyles and mental wellbeing.



Output 3:

Capacity building for service providers, key stakeholders, schools, sports organisations, and community-based organisations on understanding the drivers and risk factors associated with overweight and obesity among children, adolescents, and young people.

- > **Activity 3.3** Undertake a Knowledge Attitudes and Practice assessment amongst healthcare professionals, psycho-social care workers, and other relevant organisations providing services for children, adolescents, and young people at risk of or living with overweight or obesity.
- > **Activity 3.4** Conduct training workshops for key stakeholders within and outside the health sector, including but not limited to Centres for Social Work and Youth Organisations about healthy lifestyles and mental wellbeing.

The National Institute of Public Health, jointly with Faculty of Social Sciences, University of Ljubljana, were engaged to design and conduct a Knowledge Attitudes Practices (KAP) Assessment. The KAP focused on evaluating the knowledge, attitudes, and practices of healthcare professionals and organizations providing services to children and adolescents at risk of or living with overweight or obesity.

KAP Assessment Overview and Purpose

The KAP Assessment aimed to evaluate the knowledge, attitudes, and practices of stakeholders involved in addressing overweight and obesity among children and adolescents.

- > The assessment focused on healthcare professionals, educators, and community organizations.
- > It identified gaps in service provision for adolescents aged 15-19, a group lacking systematic support.
- > The research builds on previous studies related to child obesity programs in Slovenia.

Methodology of the KAP Assessment

The assessment used qualitative research methods to gather in-depth insights from relevant stakeholders.

- > A two-tiered qualitative approach included semi-structured interviews and focus groups.
- > Vignettes were used to elicit responses to sensitive situations and encourage reflexivity among participants.
- > Four distinct protocols were developed for different sectors to ensure relevance to their specific contexts.

Sample Characteristics and Selection Criteria

The sample consisted of 12 participants from various sectors, selected through purposive sampling strategies.

- > Participants included healthcare professionals, educators, local community representatives, and national stakeholders.
- > Geographical criteria were applied to include regions with high obesity prevalence.
- > The final sample included 2 healthcare professionals, 4 educators, 5 local community representatives, and 1 national stakeholder.

Summary of KAP assessment findings

The following stakeholder groups were identified as being of vital importance because of the role each plays in providing comprehensive service provision to children, adolescents and their families.

- i.** Healthcare professionals (HCP), in terms of appointed physician for primary, secondary school students, and health education nurse, who play a key role in monitoring adolescent health and promoting preventive practices.
- ii.** Educational field, in terms of Physical Education Teachers, and School Counselling, due to their wide outreach, and capacities to promote healthy lifestyles through in-school interventions,
- iii.** Local community, in terms of youth organizations and sports associations due to their broad outreach, help mitigate negative effects of weight-based stigma, and provide ready-to-use infrastructure to promote healthy lifestyle,
- iv.** Key national stakeholders such as National institute for Public Health and SLOFIT, who systematically monitors the physical and motor development of children and adolescents, play a crucial role in identifying trends and informing targeted health-preventative strategies.



CHAPTER 5:

Priority Recommendations for sectors

Health

1. Integrate Mental Health Support into well-being related Services

- > Develop national referral guidelines and protocols in health promotion centres to help staff decide when and how to refer children and families living with overweight to mental health services
- > Expand professional development training for health professionals in health promotion centres to include content for addressing emotional eating, stigma and body image pressures.

2. Create a National PostProgram FollowUp Protocol

- > Train staff at the Health promotion centers (IHPC), Hospital Stična, and Debeli Rtič on how to use the services mapping tool, enabling them to identify and connect children and families with relevant community resources to support post-program follow up
- > Establish **structured and standardized followup** protocols, job aids or tools that can be used by all relevant stakeholders and service providers across the 3 programmes
- > Develop a national referral and tracking protocol across services.
- > Include pilot use of digital tools (apps, SMS reminders, online info sessions) to support lifestyle changes after children and families complete the health programmes.
- > Develop the services and stakeholder mapping tool into an online digital 'catalogue' that can be used by all relevant stakeholders

3. Optimize Programme quality, reach, participation and completion

- > Develop and include individualized or family-focused sessions
- > Broaden programme coverage to preschoolers, adolescents, and vulnerable groups.
- > Prioritize IHPC coverage in underserved regions, especially those with high prevalence of poor health indicators, by reviewing staffing allocations and quotas
- > Develop and pilot tailored intervention models (e.g. digital, telecounselling models) to address coverage gaps and diverse needs of children and their families.
- > Deploy mobile/outreach teams to reach remote areas and overcome geographic barriers.
- > Increase public awareness by launching targeted awareness campaigns about available services.
- > Use digital tools (apps, SMS reminders, online info sessions) to make enrolment easier and more transparent.

4. Strengthen health workforce knowledge, skills and capacities

- > Provide additional training for staff in cultural competence and children and families special needs.
- > Develop tailored outreach materials and communication strategies for low health literacy families.
- > Increase workforce planning and targeted recruitment in areas with staff shortages.

5. Enhance programme collaboration

- > Establish structured partnerships with schools, municipalities, NGOs, and sports organizations.
- > Develop a national framework for referrals and data sharing within and across the services (Stična- Debeli Rtič, IHPC and primary doctors/ paediatricians)

6. Improve programme monitoring

- > Strengthen the systematic monitoring of progress and outcomes within programmes and across institutions, supported by more consistent use of shared protocols, tools and appropriate digital solutions.
- > Develop a centralized, inter-institutional monitoring and data collection system.
- > Establish mechanisms to systematically collect feedback from children and parents.
- > Publish periodic national reports with outcomes to inform policy and public awareness.

7. Strengthen Parental Engagement

- > Provide support to families to facilitate participation in programs, improve health literacy, and reduce stigma through national awareness campaigns.
- > Provide support with transportation and flexible appointment scheduling for families.
- > Provide parental education to reduce stigma and enhance engagement.

8. Increase Policy Commitment

- > Prioritize childhood obesity prevention and care by incorporating it into key strategies, such as the National Nutrition and Physical Activity Strategy, the National Strategy for Children and other relevant national strategic documents, and ensure it is supported through dedicated funding mechanisms and intersectoral collaboration.

Education

1. Capacity of teachers and school personnel

- > Develop targeted professional development training for teachers to educate students on how to critically evaluate health claims and recognize misleading marketing tactics,
- > Increase participation of teachers and school personnel in professional development training opportunities provided by NIJZ to improve capacity to prevent and reduce stigmatization and manage children/families with complex needs
- > Train school staff to recognize and support at-risk children, in cooperation with health services.

2. Integrate Media Literacy into National School Curricula

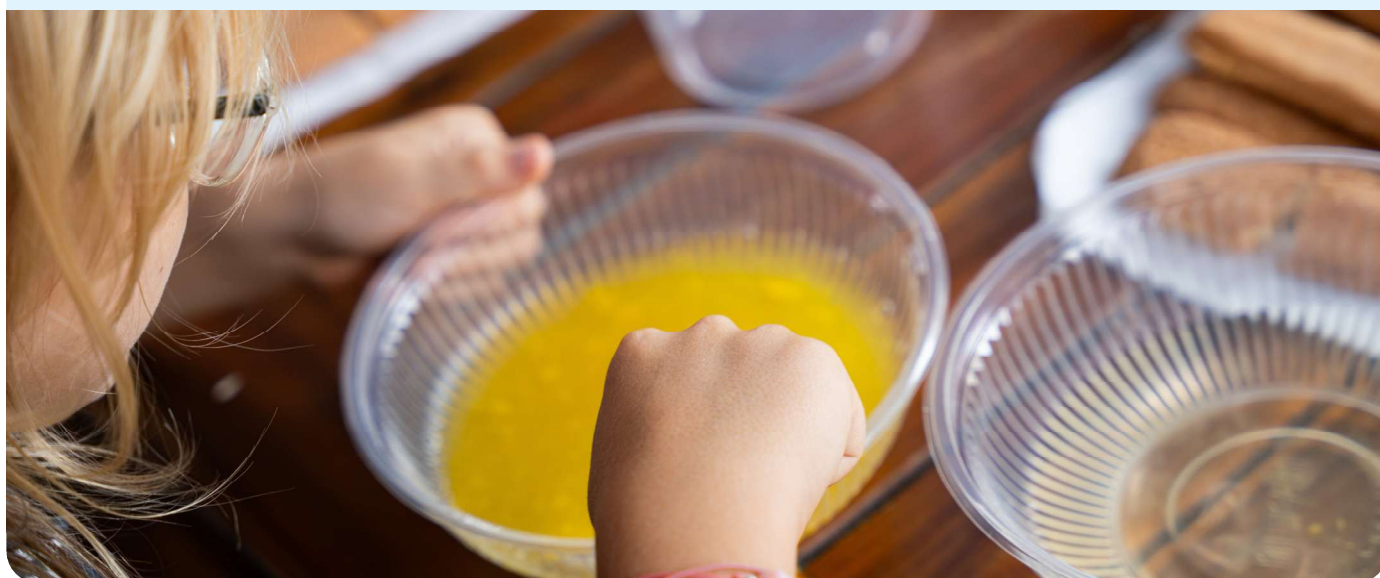
- > Develop and pilot curriculum content that teaches students to critically evaluate advertising and marketing, promoting informed decision-making and media literacy

3. Strengthen Monitoring of School Meal Adequacy and Access

- > Support and encourage **student codesign committees** (monthly consultations with canteen managers)

4. Modernize Physical Education Infrastructure and Practice

- > Prioritize **renovation of showers, changing rooms, and ventilation** facilities.
- > Implement **blockstructured Physical Education sessions** to enhance engagement and reduce avoidance by students.
- > Encourage music-supported, choice-based activities that are not competitive.



Youth, Sport and Local community

1. Youth engagement in programme and policy design

- > Ensure youth participation in decision making on food environments, advertising restrictions, and health policies.
- > Establish opportunities for young people to be involved in decision making processes

2. Support YouthLed Healthy lifestyle Initiatives

- > Support peerled campaigns, walking initiatives, and healthy lifestyle projects through youth centers and NGOs.

3. Capacity building

- > Provide opportunities for staff working with youth, sports and community services to participate in regular training programmes and courses on managing and supporting children and families living with overweight or obesity

4. Provision of activities for children and families

- > Develop community-based peer-support groups for families.
- > Provide recreational opportunities during school holiday periods

Agriculture & Food

1. Subsidize Healthy Food in and around Schools

- > Lower the cost of fruit, whole grains, and minimally processed snacks.
- > Create incentives for retailers near schools who provide healthy options.

2. Strengthen School Meal Supply Chain Quality

- > Support “taste + nutrition” pilots by funding local producers delivering fresh meals co-designed with students.

Protection from digital marketing of unhealthy foods and beverages

- > Work with the Intersectoral Group on Digital Marketing to implement mandatory restrictions on unhealthy food and energy drink advertising targeting adolescents.
- > Require transparency on influencer sponsorships and platform algorithmic promotion.
- > Strengthen the role of consumer organizations to support nutrition of children and young people.

Cross Sectoral

- 1. Maximise existing sectoral coordination platforms/mechanisms to build a spirit of 'shared responsibility and ownership' for implementing the recommendations generated by the project.**
- 2. Establish structured collaboration and data-sharing between sectors especially to ensure continuity of care after children complete IHPC or hospital programmes.**
- 3. Integrate the report's findings, especially around food environments, youth participation, and preventive care into the upcoming National Nutrition and Physical Activity Strategy (2026–2036) and other strategic documents.**
- 4. The project demonstrated that young people want a bigger role in designing food, health, and school services. All sectors to collaborate on how youth could meaningfully contribute to decision-making and leverage existing mechanisms to stay engaged with them to ask what support they need from adults to do this well.**



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