Background Paper 7

Investing in adolescent well-being through education, skills building and employability

- Sally Beadle, Section for Health and Education, UNESCO HQ, France
- Pheaktra Pich, PhD Candidate, University of Melbourne, Australia
- Ji-Yeun Rim, OECD Development Centre, France
- Dr. Colleen Howell, Centre for Education and International Development, University College London, UK
- Naomi Mnthali, UNESCO Eastern & Southern Africa Regional Office, Zimbabwe
- Dr. Patricia Machawira, UNESCO Eastern & Southern Africa Regional Office, Zimbabwe
- Fabio Manno, UNESCO HQ Section of Youth, Literacy and Skills Development, France
- Hiromichi Katayama, UNESCO HQ Section of Youth, Literacy and Skills Development, France
- Desmond Nji Atanga, Advocating for Change for Adolescents Project Manager/DESERVE/CYN, Cameroon
- Danalaxshmi Shanen Ganapathee, International Youth Alliance for Family Planning, Mauritius

Correspondence: Sally Beadle, UNESCO s.beadle@unesco.org

Abstract: The link between education and well-being is well recognized. An adolescent who has access to quality education is more likely to experience well-being and an adolescent who experiences well-being is more likely to excel in education and future employment. A strong body of evidence, drawing on high and low-income contexts, shows how education contributes in a number of different ways to adolescent well-being. Thus, adolescence (10-19 years) should be seen as a critical window of opportunity to invest in education, skills and competencies; with benefits for well-being now, into future adult life, and for the next generation. This paper presents the latest evidence informing policy and programming to ensure that adolescents have access to education (including post-school pathways for those who drop out early); that schools and other educational institutions are delivering well-being promoting interventions - both at a curriculum level and the broader way in which they operate as institutions; and to ensure that education is preparing adolescents with the relevant skills and competencies that facilitate future employability. We demonstrate that alongside attention to other interconnected domains of well-being (e.g. health, protection, connectedness, agency), investing in the education, skills and employability of adolescents is a sound investment in their well-being.

Acknowledgements:

Introduction

In 2020, a new definition and conceptual framework of adolescent well-being was published in the *Journal of Adolescent Health*[1]. It identifies five interconnected domains for adolescent well-being and the requirements for adolescents to achieve well-being within each of these domains (see Table 1). Within this framework, education, *learning, competence, skills and employability* are clearly recognised as central to adolescent well-being.

Table 1: A new definition and conceptual framework of adolescent well-being

Adolescent well-being: Adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights.				
Good health & optimum nutrition	Connectedness, positive values, & contribution to society	Safety & a supportive environment	Learning, competence, education, skills, & employability	Agency & resilience

Education has long been recognised as a powerful determinant of health, well-being and economic outcomes[2-4]. Quality education can provide learners with social, psychological, and higher order thinking skills, which are linked with improved well-being[2, 5]. There is increasing evidence behind the potential of schools and other educational institutions to provide specific well-being promoting interventions[6]. In addition, educational institutions can play a key role in ensuring that adolescents have the right skills to be able to enter the labour market, influencing well-being outcomes across their life course[7].

Under the UN definition of adolescence - aged between 10 and 19 years - the majority fit the definition of 'school age', with primary school enrolment having increased drastically and an increasing number of countries making varying degrees of post-primary education compulsory[8]. Schools are an exceptionally large and cost-effective system for promoting well-being through a range of well-researched interventions[6, 9]. Therefore, this paper focuses primarily on school-based interventions.

However, schools and other educational institutions continue to be out of the reach of many adolescents, especially in low and lower-middle income countries. As of 2018, 258 million children and youth were out of school[10]. This number has increased with the COVID-19 pandemic, particularly in countries with already low learning outcomes and high drop-out rates[11, 12]. The reasons are diverse including financial constraints, lack of access to schools, and quality of education, which is sometimes considered too poor, by both learners and parents/caregivers, to be worth the investment. Disability is considered to be the strongest barrier to access to education, with systems often unprepared to provide tailored or inclusive quality education[13, 14]. Adolescents in rural areas face additional challenges such as lack of physical access[15]. Girls have traditionally been disadvantaged, although previous disparities in school attendance between boys and girls are reducing and, in some countries, boys are at a disadvantage. Nonetheless, in some regions, early and unintended pregnancy (EUP) continues to spell the end of schooling for the millions of girls affected worldwide every year[16]. Discrimination, violence and bullying faced by students with non-normative sexual orientation, gender identity and gender expression (SOGIE) is yet another barrier to school access across diverse geographies[17, 18].

Some children and adolescents who drop out of school join the workforce, sometimes in labour that is illegal and harmful. In lower income countries, slightly more than one in four children (ages 5 to 17) are engaged in labour that is considered detrimental to their health and development[19]. Globally,

one-fifth of young people (aged 15-24) are not in employment, education or training (NEET), although there is significant regional variation. Young women are twice as likely as young men to have NEET status[20].

In this context, efforts to make schools accessible and to prevent drop-out are important. This requires schools that provide safe and inclusive environments as well as quality and relevant education. In addition, efforts that look beyond school settings, such as those targeting adolescents already out of the school system (e.g. those involved in child labour or pregnant/married adolescents), are critical, including those that provide alternative educational and employment pathways.

This paper provides a rationale for why education, skills building and employability are central to the well-being of adolescents, in all their diversity. It then consults the literature to set out a range of promising policy and programmatic interventions.

Education, skills & employability: Central to adolescent well-being

When asked, adolescents and young people are quick to point to the value of education in promoting well-being. In a recent global consultation of young people aged 13-29, participants noted the role of schools in providing opportunities to form connections and support networks, providing explicit guidance and information on what to expect during adolescence and preparing them for future relationships, work and adulthood[21].

Their views are backed up by evidence pointing to the link between education and well-being. Adults with higher educational attainment live healthier and longer lives compared to their less educated peers, have a reduced rate of early pregnancy, lower risk of HIV infection, lower birth rate and marry later[2, 4, 22-26]. Causal positive intergenerational effects of maternal education and reduced child mortality are also clear, and a likely causal effect is noted between education and improved nutritional status, reduced obesity and increased likelihood of schooling for the next generation[27-29].

Education is also associated with greater cognitive capacity, greater individual and collective agency, longer productive adult lives and greater productivity in the future workforce[2]. Receiving quality education and possessing relevant skills are essential assets for adolescents' future employability, and therefore contributes to their well-being into the life course. This is particularly clear with a large body of literature documenting the link between job quality indicators and well-being[30-34].

Beyond educational attainment, there is increasing evidence behind explicit educational interventions that promote well-being. This has the potential for leverage above and beyond the health benefits of educational participation alone. In fact, *school connectedness* – a sense held by students that adults and peers in the school care about their learning as well as about them as individuals – has been found to be a significant protective factor for adolescents[35-37]. Schools and other educational institutions can enhance connectedness by providing a safe, inclusive and well-being-promoting environment, that encourages the formation of positive relationships and social cohesion. Schools can also deliver a range of explicit health, nutrition and well-being interventions and link students to external health and social services (*see Paper 4*). Many education systems are recognising the importance of delivering explicit curricula and other interventions, designed to promote the health, agency, resilience, social and emotional skills of adolescents (*see Paper 8*). This is seen as critical in preparing adolescents to cope and thrive in a fast-changing, complex and diverse world[38].

On the flipside, educational settings such as schools can also be an unsafe place for learners. For example, schools may introduce children to harmful relationships, bullying or violence, including gender-based violence[39, 40]. Schools may reinforce inequalities by contributing to forms of exclusion, and increase social tensions by exposing students to prejudice and discrimination. Overemphasis on the need to excel academically can foster disengagement in many students,

particularly those from disadvantaged backgrounds, who may develop an anti-school attitude and be more prone to adopt risk behaviours (e.g. smoking, using drugs, violence)[41, 42].

Participation in education is not enough. Explicit efforts and investments are needed to ensure that schools and other educational institutions are safe and well-being promoting environments, and are preparing adolescents for future employability. The remainder of this paper looks at evidence informing best practice in ensuring adolescents have access to quality schooling and are able to stay in school. It looks at how schools can become well-being promoting environments, from actions at a policy level, through to ensuring positive teacher-student relationships and provision of well-being promoting curricula. Further, it looks at how schools can best prepare adolescents for future employability and the need for educational interventions beyond the school setting in order to reach those who may have dropped out (e.g. child labourers, married or pregnant adolescents), or learners for whom conventional education is unsuited.

Policy and programmatic implications

Research and experience points to good practice in terms of policy and programmatic interventions to enhance adolescent well-being, ranging from ensuring all adolescents can access school, to delivering well-being promoting school curricula, and ensuring schools are preparing adolescents to thrive in future employment. While cost-benefit information is provided where available, not all interventions have been assessed for impact and cost (*see Paper 3*). Priority interventions will differ across settings, however, one important common principle is the need for targeting resources to the most disadvantaged (e.g. girls, learners with disabilities, those in fragile or conflict settings and'/or those whose home language is not used at school)[2, 43]. This means recognising intersecting vulnerabilities, including on the basis of location, gender, sexual orientation, ethnicity, socio-economic status and ability.

1. Ensuring access to education

Given the links between education and well-being outcomes, expanding access to quality education is an investment in adolescent well-being in itself. Studies looking at the economic and social returns to improved quantity and quality of schooling have found significant benefit-cost ratios[44] (*see Paper 3*).

With universal primary education, achieved in most countries, attention is shifting to expansion of secondary education, with potential for pay-offs in healthier behaviours, cognitive capacity, and future productivity for the current generation of adolescents; better health and lower mortality among their children; and overall greater productivity in the future workforce[2].

> *Guaranteeing and supporting access to free, quality secondary education for all adolescents presents the single best investment for health and well-being* (2016 Lancet commission on adolescent health and wellbeing)

One key interventions to increase access is the abolition or reduction of school fees, with SDG Target 4.1 calling for all girls and boys to have access to free primary and secondary education by 2030[45]. Longitudinal research in Ghana made a strong case that school fees, rather than the opportunity-cost of being in secondary school, was the major barrier to educational attainment at secondary level[46, 47] (*see Case study 1*). Various countries have put policies in place to make secondary education free. For example, in 2015, the government of Tanzania adopted a policy to remove tuition fees and prohibit any indirect costs up to lower-secondary education[48], while in 2017, Ghana guaranteed fully free education up to higher secondary education[49]. In the USA, the No Child Left Behind Act aims to limit dropouts, particularly amongst disadvantaged students[50]. However, removing or subsidising fees alone requires substantial resources and are likely ineffective without attention to

other barriers [51]. In addition, in order to reach those most at risk of drop-out, a gender-responsive, equity-focused approach is needed[46].

Other evidence-based and cost-effective interventions that increase access to school include: free school uniforms, scholarships, cash transfers conditional on remaining in school, decrease in grade repetition, education in mother tongue and building schools close to students [2, 46, 52, 53]. School meals, whilst effective in improving education and health outcomes[54, 55], are more costly and therefore found to be less cost-effective[2].

2. Support learning which includes subject knowledge and a breadth of skills

Education systems have a responsibility to provide adolescents with quality learning opportunities, including fostering the skills they need to succeed in school, life and future employment. Schools should deliver relevant subject knowledge, as well as skills that help adolescents become life-long learners, find productive work, make decisions that affect their lives, and actively engage in their communities. This has implications for the content of education as well as the way that it is taught. UNICEF proposes that schools deliver four types of skills: *foundational skills* (e.g. literacy and numeracy skills), *transferable skills* (e.g. cognitive, social and emotional skills), *job-specific skills* (e.g. technical and vocational skills), and *digital skills*[46] and this diversity is reflected in the commitments to quality education agreed by countries, and education players, in the Incheon Declaration[56]. Digital skills are essential to prepare adolescents for an increasingly digitalised environment and include the ability to use technologies as well as develop the skills needed to safely navigate digital spaces. There is increasing interest in integrating *transferable skills* into curricula[57] (e.g. through transformative education), and evidence informing what works is increasing (*see point 4*). Ensuring schools are delivering learning beyond the traditional academic realm calls for major shifts in many contexts. This links to the need for education systems to measure their success beyond simply the acquisition of academic knowledge (*see point 5*).

3. Provide a safe, protective and inclusive learning environment

Schools and other educational institutions should provide a safe and protective learning environment for adolescents free from violence, stigma or discrimination[40, 58] (*see Paper 6*). This is particularly important for students who do not receive support or experience positive relationships outside of school[59]. Global guidance on providing a safe learning environment calls for action at many different levels, often referring to a 'whole-school' or 'whole-education' approach (*see point 4*). Student perspectives about what makes a safe school reflect these different levels of action[40] (*see Case study 2*). Elements include a strong legal and policy framework, attention to the physical infrastructure, school rules and codes of conduct, teacher training, curriculum-based interventions and monitoring/reporting mechanisms[39, 60]. It also includes support and referral for students affected by school violence or requiring health or social support *(see Case study 3)*. This requires collaboration between the education sector and a wide range of partners, including those responsible for child welfare, and justice.

Attention to the safety and support of students at risk of violence or discrimination is especially important. Learners have been found to face heightened levels of school bullying and violence based on race, gender, ethnicity, disability and sexual orientation or gender identity/expression (SOGIE)[39, 61]. A study found that generic anti-bullying policies do not lessen bullying towards LGBT students, while including specific language naming SOGIE yielded better results[62]. To be truly inclusive, schools have to be intentional about naming different identity markers in their policies to curtail bullying and violence[63].

Genuine inclusion is also essential. To foster an inclusive school environment, school policies should reflect the nature of their diverse student bodies[63]. While at a policy level many education systems reflect the rhetoric of inclusion, in reality, many mainstream education institutions are inaccessible to learners with a disability. An authentically inclusive classroom enables students with disabilities to join mainstream education systems while following the same inclusive curriculum as their peers[64].

Reflecting evidence that school connectedness is a key protective factor, schools can also engage in explicit efforts to enhance connectedness. This involves promoting a positive school climate in which students feel cared for. Efforts to foster positive student-teacher relationships are central to this. One meta-analysis found that positive teacher-student relationships were linked to increased cognitive and emotional engagement in learning while negative relationships were linked to poor student engagement and achievement[65].

4. A whole-school approach to making schools well-being promoting environments

There are a number of different perspectives on how adolescent well-being can be enabled through educational settings, but increasingly a 'whole-school' approach is promoted[9]. This means that school practice is informed by strong educational system policy that guides action across the school, including school policy and code-of-conduct, physical environment/infrastructure, curriculum interventions (explored in Point 4), teacher professional development, engagement with parents and links to services[66]. Scotland has demonstrated commitment to this by placing health and well-being at the centre of their education policy (*see Case study 4*). Depending on the context, this can include using schools as a platform for delivering health and nutrition interventions school feeding and micronutrient supplementation, vaccination, SRH services, mental health support or menstrual hygiene management[67]. Some studies attest to the cost effectiveness of such interventions[68, 69] (*see Paper 3*). To guide comprehensive efforts, WHO and UNESCO have for many years promoted the Health Promoting Schools (HPS) model and in 2021 they will publish new Global Standards for HPS[70] (*see Paper 4*).

A growing body of evidence (including systematic reviews of universal interventions randomized controlled and non-controlled trials) illustrates that whole-school approaches to promote health and well-being can increase academic achievement, student attendance and retention, in addition to creating a positive school climate and having widespread benefits on the well-being of learners, school staff, and the wider community[71-74].

Successful whole-school approaches to well-being require providing adequate resources and support to teachers and school staff, as well as other personnel involved such as health workers, enabling them to implement policies and practices. An enabling policy environment is key for sustainability. Successful programmes also require effective partnerships at the national level not only between the education and health sectors, but also with food and agriculture, local development, finance, social welfare and other relevant sectors, and at the local level between school staff, health workers and the community[9, 67].

While different countries will prioritize different well-being interventions depending on context, the global onset of COVID-19 has forced most countries to rapidly incorporate strategies for its prevention and management. Various guidance has been developed to assist schools to continue learning and ensure safe reopening[75]. Countries are urged to place well-being of learners at the centre of school practice to both prevent transmission of COVID-19 and to promote resilience and well-being in what has been a time of disruption and difficulty for many learners[12, 76, 77] (*see Paper 8*).

In addition, with the increasing burden of non-communicable diseases (NCDs), along with the recognition that many of the risk behaviours associated with NCDs (e.g. tobacco and the harmful use of alcohol, unhealthy diets, insufficient physical activity) start in childhood and adolescence, schools are highlighted as a key setting to invest more in NCD prevention efforts. This can include efforts to promote healthy eating and drinking, physical activity, as well as curricula aimed at promoting healthy choices and behaviours (*see Point 4*).

4. Promoting well-being through explicit health and well-being curricula

Many education systems are integrating different forms of transformative, competency and life-skills-based curricula which along with other outcomes, aim to promote health and well-being. Topics can be delivered in stand-alone subjects or integrated across a range of subjects and include comprehensive sexuality education (CSE), nutrition education, drug and alcohol education, violence prevention education. With adolescents growing up in an increasingly digital world, many are also investing in digital literacy education to enable them to navigate digital spaces, manage risks inherent to life online[78] and build 'digital resilience' (*see Paper 11*) Such curricula is designed to help learners acquire and effectively apply the knowledge, attitudes, and skills necessary to make healthy decisions and cope with future challenge, and have been identified as contributing to the agency and resilience of learners (*see Paper 8*). Social and emotional learning has been recommended by WHO as a key mental health promotion intervention[69] (*see Case study 6*). Current evidence shows small to moderate effects on knowledge, attitudes and behaviours, as well as some well-being outcomes (***see case studies 5 and 6***). In terms of cost effectiveness, few studies exist but some research (mainly from the USA and Europe) find a high rate of return on investment[79, 80] (*see Paper 3*). There is a need to invest in further research investigating long-term outcomes.

Health and well-being curricula are packaged in different ways across countries but may include:	
Physical education	*(Comprehensive) sexuality education*
Nutrition education	*Drug and alcohol education*
Social and emotional learning	*Traffic safety education*
Peace education	*Violence prevention/Respectful relationships education*
Life skills education	*Digital literacy education*

For many forms of transformative education, challenges impeding implementation, as well as the critical success factors are the same. Common challenges include finding space in the curriculum for new content, lack of teacher confidence in applying participatory and learner-centred approaches, and lack of school resources and materials[81]. These challenges mean that while many countries have committed to delivering health and well-being focused curricula at a policy level, they are lagging behind in their implementation[81, 82].

Successful implementation of transformative curricula depends on a supportive policy context, existence of strong evidence-based curricula and a teacher training strategy. Genuinely integrating transformative education into schools requires a significant investment in teacher development – not only in *what* to teach, but *how* to teach it. Pedagogical competencies include: collaborative teaching methods relevant to real-world situations; using positive discipline strategies to promote respectful student interactions; and providing well-designed learning activities[83-85]. This is particularly important given the reality that pedagogical approaches that enable the delivery of transformative learning tend to be the exception rather than the norm in general teaching practice. They can be

intimidating for teachers to manage when they are not familiar with them, do not understand the education rationale behind their design, or are worried about maintaining control of student behaviour [81, 86-88]. In addition, it is important to ensure that teachers understand and apply gender responsive pedagogy, ultimately promoting gender equality in the classroom through their teaching practice[89-91].

There is interest in harnessing the potential of digital spaces, to train teachers and to assist in the delivery of transformative education, but a need for more evidence to inform what works[92]. Along with other interventions harnessing digital technology, concerted efforts are needed to use technology that is accessible and does not widen existing digital divides. It is also important to avoid seeing digital as a blanket or stand-alone solution, given the reality that many adolescents, particularly girls, face access barriers[93] *(see Paper 11)*.

5. Measuring success of education beyond academic outcomes

Despite growing evidence that schools and other educational institutions can promote well-being, implementation is often patchy and effects not sustained[2]. This perhaps reflects a history of measuring school quality purely based on academic outcomes in a narrow range of subjects[42]. This narrow focus fails to acknowledge the essential role that schools play in health, well-being and social development and provides little incentive for schools to invest in these areas.

Increasing recognition of the role of schools beyond the transfer of academic knowledge, must come hand-in-hand with the inclusion of health and well-being indices in international metrics of school performance. This in turn is likely to lead to greater investment in long-term well-being interventions and efforts to measure their long-term impact[2, 42]. OECD studies including the Programme for International Student Assessment (PISA) and the Programme for the International Assessment of Adult Competencies (PIAAC) now cover a range of social and emotional skills and have shown that these skills are related to important life outcomes. The OECD is now taking this work further with a comprehensive international assessment of the social and emotional skills of school-age children, through the Study on Social and Emotional Skills (SSES)[38].

Programmes that promote student well-being and development also benefit their academic learning. This includes school health programmes, which aim to promote health through both explicit teaching in the curriculum and broader work to produce a healthier school environment (i.e. a whole-school approach)[94] as well as social and emotional skills and mental health programmes[95-97].

6. Ensuring the (future) employability of adolescents

Literature on adolescent well-being have indicated that preparing for an adult career is a major developmental task of adolescence, not least because an occupation provides a mechanism for social integration and adaptation during the transition to adulthood[98, 99]. Thus, investing in employability during adolescence is an investment in future well-being.

Employability results from several factors, including a foundation of core skills, access to education, availability of training opportunities, motivation and aspirations, and recognition of acquired skills. Investing in employability is critical for enabling adolescents and young people to attain decent work, and thrive in a constantly shifting labour market[100].

To maximise employability, adolescents need broad-based education and training, basic and portable high-level skills, including teamwork, problem solving, information and communications technology and communication and language skills[100]. This reiterates the need for schools to provide a breadth of knowledge and skills development (see point 2). Social and emotional skills have also been referred to as a key component of *21st century* and *employability skills*[101] because they are

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considered increasingly crucial for individuals' development, employment, and healthy functioning in society, both now and in the future[102]. The importance of digital skills for future employability is also well noted, and growing automatisation means that future jobs will be less routine and will be placing additional premiums on innovation, creativity and imagination – skills that are difficult to automate[38].

In addition to investing in skills, attention needs to be paid to the *aspirations* of adolescents and young people, alongside realistic employment opportunities. This is based on the understanding that aspirations are a key driver of an individual's life path and well-being. The aspirations of young people are essential to their educational choices and labour market outcomes[103]. When realistic aspirations combine with an individual's sense of agency and a belief that change can occur through their own effort, and they are given the pathways and tools to support achievement, success can be the outcome. In this context, the International Labour Organization (ILO) calls for policies that align youth educational and career aspirations with the pathways to achieving them. In practice, this calls for interventions that a) help adolescents shape or raise career aspirations and b) provide guidance on how to reach these aspirations. Career counselling or mentoring programmes are examples. As is the provision of a range of educational pathways to cater for the diverse goals and aspirations of adolescents (see Point 7). In lower income countries, labour market entries tend to start earlier, and young people are especially vulnerable to taking up poor-quality jobs, exposing them to health and safety hazards and low pay[104]. This, along with evidence that aspirations are unevenly distributed across society, with people born into poverty less likely to aspire to make significant changes in their lives, calls for interventions targeted at disadvantaged adolescents.

7. Providing multiple post-school education and employment pathways

Given the number of adolescents out-of-school or at risk of dropping out, in addition to focusing on access to school and school-based interventions, there is a need for more non-formal or flexible learning strategies for adolescents without access to mainstream education (including, child labourers and married/pregnant adolescents who have left school)[46, 105]. Different interventions are needed to target different groups. Firstly, efforts are needed to facilitate re-entry of out-of-school adolescents into formal education or to prevent dropout of marginalized adolescents. This may include Accelerated Learning Programmes (ALPs) targeting out-of-school or over-age adolescents who either did not complete their education at a given educational level or are lagging behind their peers. Such programmes deliver the formal curriculum within a compressed period and provide certified competencies that are equivalent to formal education. They may also include alternative modalities of secondary education for adolescents with caregiving or work responsibilities that are incompatible with mainstream schooling. This requires more flexible timeframes, adapted pedagogical methods and materials as well as ICT-supported learning[46]. The GATE and KSK programmes in Nepal (*see Case study 7*) and the Youth Network Programme in Uruguay (*see Case study 8*) provide promising examples.

Secondly, programmes aiming to provide older adolescents (15-19) with the necessary knowledge and skills for life and decent work, such as Technical and Vocational Education and Training (TVET) or apprenticeships are needed. TVET can take place at secondary, post-secondary and tertiary levels and includes work-based learning and ongoing training and professional development which may lead to qualifications. TVET includes a wide range of skills development opportunities attuned to national and local contexts. Design and promotion of TVET programmes needs to be carefully considered as they have often been seen as less desirable options[106]. Successful skills training programmes are responsive to local market conditions, provide more than just technical skills in a specific area (e.g. they may also provide life skills, financial literacy and IT skills), and often include on the job training

such as apprenticeships (*see Case study 10*). This is reiterated in calls for TVET programmes to be designed so as not to lock adolescents into narrow occupations that are likely to change in the future (e.g. through increased automatisation)[107].

Interventions can also be put in place to facilitate the transition from education to work. This is particularly important in supporting more disadvantaged adolescents and youth in better integrating into the labour force[108, 109]. Career guidance can help adolescents consider their employment options (*see Point 6*) but specific programmes linking adolescents and youth to jobs are also needed (*see Case studies 8 and 9*).

Conclusion

With the largest generation of adolescents in human history, the imperative to invest in the well-being of adolescents, and the pay-off of focused investments is undeniable. While investing in adolescent well-being requires a multi-sectoral approach, educational systems have a significant role to play. As demonstrated throughout this paper, expanding access to education is one way of investing in adolescent well-being, but we should also be paying attention to the content and quality of learning and ways that schools and other educational institutions operate.

The rapid increase in accessibility to secondary school provides an even greater opportunity to reach adolescents through school-based well-being interventions. Schools can expand, rethink and transform education and learning systems to provide adolescents with quality learning opportunities that include the skills they need to succeed in school, work, and employment, an investment that will help promote their well-being well into adult life. In addition, schools can take a whole-school approach to promoting well-being, with efforts needed at multiple levels. This includes education policy that positions well-being as a key area of focus of schools, attention to building a positive school climate, training teachers to deliver specific well-being promoting interventions and ensuring they have the skills and values to foster the positive teacher-student relationships. This will help to create a positive school climate and a strong sense of connectedness among learners.

However, while the importance of promoting well-being through education is increasingly well recognised, many education systems are falling to capitalise on their potential. More worryingly, counter to being well-being promoting environments, many education settings continue to be unsafe spaces for students[40].

Capitalising on their potential will require shifts in thinking about educational institutions beyond their function in promoting academic outcomes. What is needed, is making the promotion of students' well-being a core mission of education. This requires a strong policy framework, reflected in the incorporation of well-being promoting interventions in education sector planning and commitment to measurment of well-being outcomes. At a school level, this requires attention to well-being within school policy, shifts in curriculum, and systematic investment in preparing teachers to deliver interventions that explicitly promotes well-being outcomes.

While attention to well-being interventions within school is critical, mainstream education institutions continue to be out of the reach of many adolescents. Therefore, targeted efforts to expand access to school, particularly targeting those most at risk, are important, as is providing a range of alternative educational and employment pathways for those who drop out of school.

While education systems bear a great responsibility for investing in adolescent well-being, a multi-sectoral approach is needed. No single sector can address adolescent well-being alone. In fact, the most powerful actions are inter-sectoral, multilevel, and multi-component[2]. This includes

interventions that are largely education-focused but must work closely with other sectors such as protection, health and employment to be effective.

Finally, while there is a growing evidence-base to inform interventions, further investment in research is needed. Moreover, adolescents need to be consulted in formulating solutions. It is adolescents and youth who are the experts on the experience of the current generations. Therefore, if we do not have them at the table in sharing their issues and formulating solutions, this is a missed opportunity, and investments will be made based on outdated notions of the experience of adolescence.

While not asked enough, when young people *are* consulted, they identify education as a central to ensuring their well-being. When their calls for action are heard by decision makers, the importance of education for well-being will be recognised and this will be backed up by increased access to relevant quality education and schools and other educational institutions that promote well-being outcomes. This investment will yield a triple dividend by impacting the lives of adolescents today, their adulthood, and the next generation.

Annex: Case studies presenting promising practice & evidence

Case study 1: Expanding access to free secondary education in Ghana

Although there is an increasing focus on expanding access to secondary education in the sub-Saharan Africa region – which has the lowest secondary net enrolment ratio in the world[110] - there remain questions around the benefits of providing free secondary education relative to the high cost. However, evidence suggest that it is a worthwhile investment.

A longitudinal study in Ghana examined the impacts of lowering the financial barriers to secondary education on a range of long-term outcomes. Like many other countries in the region, in Ghana education is free through to lower secondary school (Grade nine) and enrolment rates are high up to that point. After this, enrolment drops sharply, a pattern seen across the continent. Around 40% of learners who entered lower secondary school pass the exam necessary to gain admission to upper secondary (senior high school). For those admitted, the costs of upper secondary school are substantial.

The study identified a cohort of learners who had gained entry into upper-secondary school but had not enrolled due to financial constraints. A sub-section of the cohort received a scholarship that fully covered their tuition and fees for four years; over three quarters of scholarship recipients enrolled in secondary school that year. The researchers conducted follow up surveys and interviews to assess participants' educational attainment, cognitive skills, employment status and earnings, health, marriage status and fertility, time and risk preferences, civic participation, and other outcomes.

Results indicate that school fees, rather than the opportunity cost of being in school, were the major barrier to educational attainment for participants in the study. Removing that barrier produced large gains in educational attainment, skills, knowledge, and preventative health behaviours. Women also delayed childbirth and marriage relative to their peers who were not offered scholarships.

[46, 47]

Case study 2: What is needed to ensure schools are safe? Perspectives from students around the world

A UNICEF study surveyed over 1 million students about their experiences with violence in and around schools and what they feel needs to be done to stop it[40]. More than 2 in 3 respondents said they worry about violence in and around schools. A smaller group of 100 young people took the results of the survey and came up with some key actions for students, parents, teachers and governments to take to help make schools safer. The actions are based on the overarching principles of *diversity and tolerance* and *protection for all*. These actions reflect other global guidance which recommends a 'whole-school' or 'whole-education' approach to addressing school bullying and violence.

Key areas of action were to:

- *Establish clear rules:* clear rules, regulations, and action plans to enable reform and recourse for a safe learning environment for all.
- *Make laws restricting weapons:* implementation of laws restricting the presence and use of any objects as weapons in schools, including but not limited to guns and knives.

- *Ensure safety to and from school:* safe avenues for students to get safely to and from school, without coming across harm as well as protection from the law and punishment for the lawbreakers.

- *Provide secure school facilities:* Establishment of safe learning environments, including buildings and grounds, playing fields, and equipment. This includes safe and inclusive sanitation facilities and security measures where appropriate.

- *Train teachers and counsellors:* Training to ensure teachers and other school staff can identify, respond to, support and refer learners who are affected by issues of school-based violence to appropriate services, as well as ensuring teachers are inclusive and use positive discipline strategies.

- *Teach consent and respond to sexual violence:* Teach all students to respect one another's physical and sexual boundaries and to be able to identify and report cases of sexual harassment and assault and ensuring reporting mechanisms are in place to enable reporting and follow-up.

Case study 3: A school-based referral system to combat early marriage in Bangladesh

Combatting Early Marriage in Bangladesh is a pilot initiative aiming to reduce the vulnerability of adolescents, particularly girls, to child, early and forced marriage (CEFM) in Bhola and Jhalakati Districts of Bangladesh. A reporting and response protocol has been developed and will be piloted in 30 secondary schools and madrasahs (Islamic schools) of Tazumuddin sub-district of Bhola District and in 65 secondary and madrasah schools of Kathalia sub-district of Jhalakathi District. The purpose of this protocol is to improve the reporting mechanisms within schools, ensuring that they take immediate action against incidents of child protection. It also helps to strengthen links between schools and various referral agencies to speed up their response mechanism and to connect victims (or potential victims) of violence to the range of services they may need. In addition, the programme uses educational strategies in the same target schools to increase the skills of students to report issues of CEFM and seek support in a safe, inclusive, and timely manner. These strategies together aim to contribute toward improving child protection of in-school secondary student's and contribute to a reduction in the prevalence of CEFM, especially among girls.

The initiative is being carried out by Plan International Bangladesh with support from Plan International Canada and financially supported by Global Affairs Canada. An effectiveness assessment and evaluation will take place in 2021/22.

[111]

Case study 4: Health & Well-being at the centre of education - Scotland

In 2004, the Scottish Government introduced 'A Curriculum for Excellence' (CfE) with health and well-being at its centre. In its policy, the government emphasised the essential role of students' in ensuring learner acquisition of skills required for their healthy and happy lives. In this respect, students are expected to be able to benefit from educational opportunities, irrespective of their background or financial circumstances. The government made available a range of resources in order to ensure that students feel happy, safe, included and respected in their learning environment. Within the policy, health and well-being is divided into six areas: mental, emotional, social and

physical well-being; planning for choices and changes; physical education and physical activity/sport; food and health; substance misuse; and finally, relationships, sexual health and parenthood.

The policy oversees a range of interventions in schools, from mental health support to school meals and specific well-being curricula. For example, it is expected that every secondary school offers counselling services, and in terms of classroom interventions, students are provided with Personal and Social Education (PSE), the curriculum aiming to equip students with knowledge and understanding, skills, capabilities and attributes required for mental, emotional, social and physical well-being both at the present time and in the future. In addition, the government provides students (Grades 1-3) with free school meals, offers school clothing grants, and assists them with Education Maintenance Allowances (EMAs) where needed.

[112, 113]

Case study 5: The case for Comprehensive Sexuality Education

CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and adolescents with age-appropriate, culturally relevant and scientifically accurate knowledge, skills, attitudes and values that empower them to realize their health, well-being and dignity; develop respectful relationships; and consider how their choices affect their own well-being and that of others[83]. Comprehensive sexuality education by nature, promotes a range of social and emotional skills which are central to conducting safe, respectful and healthy relationships (see Case study 6). In terms of health outcomes, several multi-country studies have found that curriculum-based sexuality education programmes can contribute to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk taking, increased use of condoms and other forms of contraception[114, 115]. While the evidence base needs to be strengthened, it is likely that delivering CSE, as well as providing access to modern contraception, has major benefits in reducing school dropout in settings where early pregnancy is common[116].

Various studies have linked CSE to an expanded understanding of gender/gender norms, increased recognition of gender equity, rights, and social justice, and the reduction of violence, including gender-based violence[117]. Research has found that to be effective, CSE should incorporate an explicit focus on gender, with the inclusion of transformative content and teaching methods that support students to question social and cultural norms around gender and to develop gender equitable attitudes[83, 118, 119].

CSE is recognized as a key component of a broader essential package of sexual and reproductive health SRHR interventions to achieve Universal Health Care[120, 121]. CSE ensures adolescents and young people have information and skills to seek help for a range of issues related to their sexual health and relationships. As such, efforts to scale-up CSE need to be partnered with efforts to ensure ready access to a full range of sexual and reproductive health services. This highlights the need for multi-sectoral cooperation and partnership, particularly between the education and health sectors.

Case study 6: The case for Social & Emotional Learning

Social and emotional learning (SEL) programmes aim to promote social and emotional competencies, such as understanding and managing emotions, feeling and showing empathy for

others, setting positive goals, establishing and maintaining positive relationships, and making responsible decisions[122]. SEL programmes typically include a curriculum-based component, targeting social and emotional skills through instructional practices, modelling, and opportunities for practice across different contexts. This may for part of a broader school-based interventions to enhance social and emotional skills.

There is a substantial evidence that school-based SEL interventions have been effective in promoting targeted social and emotional competencies, which results in both enhanced social and academic adjustment and reduced levels of conduct problems and emotional distress[95, 123-125]. For example, a meta-analysis of 213 school-based SEL programs found that participants demonstrated both significantly improved social and emotional skills, attitudes, behaviour, and academic performance (11-percentile-point gain) compared to controls[95]. A subsequent study looking at longer term impacts in a subsection of the interventions (which invested in longer-term follow-up 6 months – 18 years) found that intervention participants fared significantly better than controls in social-emotional skills, attitudes, and indicators of well-being, testifying for the durability of impacts, and the positive relationship between stronger social and emotional assets at post and higher levels of wellbeing at follow-up[123]. This was the case across diverse contexts. While evidence linking SEL programmes to reduced mental health problems is not available, WHO strongly recommends universal SEL programmes as a mental health promotion intervention, reaching a reach a large proportion of adolescents and address a wide range of risk factors while providing basic skills to promote mental health and prevent risky behaviours[69].

In terms of the content and delivery of programmes, features of effective SEL classroom programmes (i.e. associated with significant improvement in students' prosocial behaviour) include being sequenced (a sequential set of connected activities that build on each other to foster skill development), active (active participation of learners to help them practice and master new skills), focused (specific lessons devoted to developing specific personal and social skills), and explicit (skills targeted in the program are made clear to learners through a clear objective so that they know what they are working towards)[95].

Case study 7: Girls Access to Education (GATE) Programme in Nepal

In Nepal, over 11% of the primary and secondary school aged population are out of school (UNESCO – UIS, 2020), the rate varying across the country, with barriers related to poverty, social exclusion, disability, gender and geographical location. This call for targeted approaches to ensuring that the most marginalised out-of-school children and adolescents can access education. One such intervention is the UNICEF-supported Girls Access to Education (GATE) programme focuses on helping out-of-school girls return or enrol in the formal education system. The programme provides full-time non-formal education and free education for a period of nine months, teaching disadvantaged girls the basic literacy, numeracy, and life skills they need to successfully transition into the formal school system. During the 2018-2019 programme year, around 90% of participants successfully enrolled into formal school upon completion of the programme.

A second programme, Kheldai Sikne Kendra (KSK), which means '*Center for Learning by Playing*' provides a more flexible learning model well-suited to reaching out-of-school boys and girls in urban areas. KSK provides a flexible-time learning space to meet the needs of the most disadvantaged urban out-of-school learners aged 10 to 19 who may have responsibilities and

challenges that do not allow them to regularly attend school. Through linkages with formal schools, the programme has helped 65% of its 10-13-year-old participants re-enrol in formal schooling. In addition to academic learning, the programme focuses on the development of social skills and hygiene and sanitation practices.

Such non-formal education programmes provides an opportunity for groups that would otherwise not have had access to education and have been shown to be effective at reconnecting learners who have dropped out of school, back into the formal system.

[126-128]

Case study 8: A youth network programme to return disengaged adolescents to education/employment - Uruguay

Since 2015, the National Youth Institute (Instituto Nacional de la Juventud) has implemented the Youth Network Programme (*Jóvenes en Red*), which aims to support young people who are socially vulnerable or excluded, in Uruguay. The programme promotes the professional and social integration of vulnerable adolescents and young people aged 14-24 who are disconnected from the educational system and the labour market. The 18-month programme targets those who have not completed basic education and are not studying, as well as young people who are unemployed, informal workers, unpaid family workers or living with an income below the poverty line. Interdisciplinary technical teams are deployed in targeted regions to develop individualised social and educational projects, which aim at providing the participants with the necessary skills to enter the labour market or return to school. They organise cultural, sport and artistic group activities, conduct life skills and literacy courses, and provide pedagogical support, job placement services and career guidance to the participants. Participants are also sensitized on workers' rights, discriminations in the labour market, corporate culture, job search etc. Specialised teams take in charge young people with problems relating to substance abuse, mental health or violence. The technical teams work in close cooperation with the families, the communities and the local institutions (local businesses, educational centres, youth organisations, etc.). The methodology applied is based on the work of proximity, from a territorial, local and decentralized approach. Since its inception, more than 5,500 young people have participated in the programme. According to the initial results, more than 70% of the young participants returned to school or found a job.

[7]

Case study 9: A Youth Employment Accelerator in South Africa and Rwanda

In South Africa and Rwanda, the Harambee Youth Employment Accelerator, is a model of public-private partnership that attempts to elevate young jobseekers' skills so they are better able to enter the workforce. The programme focuses on the most disadvantaged youth and in 2015, reported having managed to place 15,000 youth into entry-level jobs in South Africa. The core ideas behind the programme are that securing an entry-level job sets the young employees up for a "much more prosperous life than any other intervention is capable of delivering" and that "young work-seekers, having attended weak and dysfunctional schools, are not ready for the workplace because they lack essential skills."

https://inclusive.growthlab.cid.harvard.edu/files/movingdevelopment/files/anthony_altbeker_harambee_youth_employment_accelerator_51.pdf

Case study 10: Reducing skills mismatch through vocational education and training - Viet Nam

In many countries, the issue of skills mismatch is intrinsically linked to the quality of education as well as to information gaps about the labour market. In Viet Nam, the existing school curricula have a bias towards formal education and university degrees over non-formal education and vocational training, which creates a mismatch between skills and labour market needs. The potential of vocational education and training (VET) to narrow the skills gap is still largely underestimated.

In recent years, the Vietnamese government has increased investment and communication efforts to improve the VET system. A new law on VET was approved in 2014 in response to the challenges of reducing the gap between workers' skills and employers' needs. It allowed the reform of the vocational training system and pushed for stronger co-operation between vocational training institutions and industries. The government made particular efforts to promote VET among youth and workers in rural areas through preferential policies like 'Project 1956' that provide financial subsidies and fee exemption for VET. These efforts are slowly paying off, with VET becoming increasingly accepted socially and seen as a viable option among many rural adolescents and youth. Nonetheless, low quality and lack of relevance of some VET programmes, difficult access to training for youth in remote areas, early school dropouts, persisting negative social norms around VET, and preference of employers for untrained cheap labour are important challenges to be addressed urgently.

[129]

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