

Positive childhood experiences and wellbeing among children and young people in Northern Ireland

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Wellbeing is a broad term that includes emotional, thinking, and social aspects of a person's life. It is closely linked to mental health, resilience, and life satisfaction. Experiences in early childhood shape how people understand and respond to the world as they grow up. Research shows that difficult experiences in childhood are strongly linked to mental health problems later in life, and the more adversity a child experiences, the greater the risk of these developing. However, positive experiences, called Benevolent Childhood Experiences (BCEs), can reduce these negative effects. BCEs include feeling safe, having supportive adults, and enjoying school. These experiences are linked to better mental health, including lower levels of depression, anxiety, and stress. Supporting children and young people early in life can increase these positive experiences.

Supporting the mental health of children and young people is a key priority in policy frameworks such as the Mental Health Strategy 2021–2031 (Department of Health, 2021), the Children and Young People's Strategy 2020–2030 (Northern Ireland Executive, 2020),

and the Children and Young People's Emotional Health and Wellbeing in Education Framework (Department of Education; Department of Health, 2021). These policies aim to improve mental health support for children and young people across health, education, and community services. They focus on early identification, promoting wellbeing for all, and helping those with greater needs. However, there are still challenges, including services working separately, weak collaboration between sectors, and limited funding. Recent data also show that young people's life satisfaction and confidence have declined in recent years (Northern Ireland Executive, 2026).

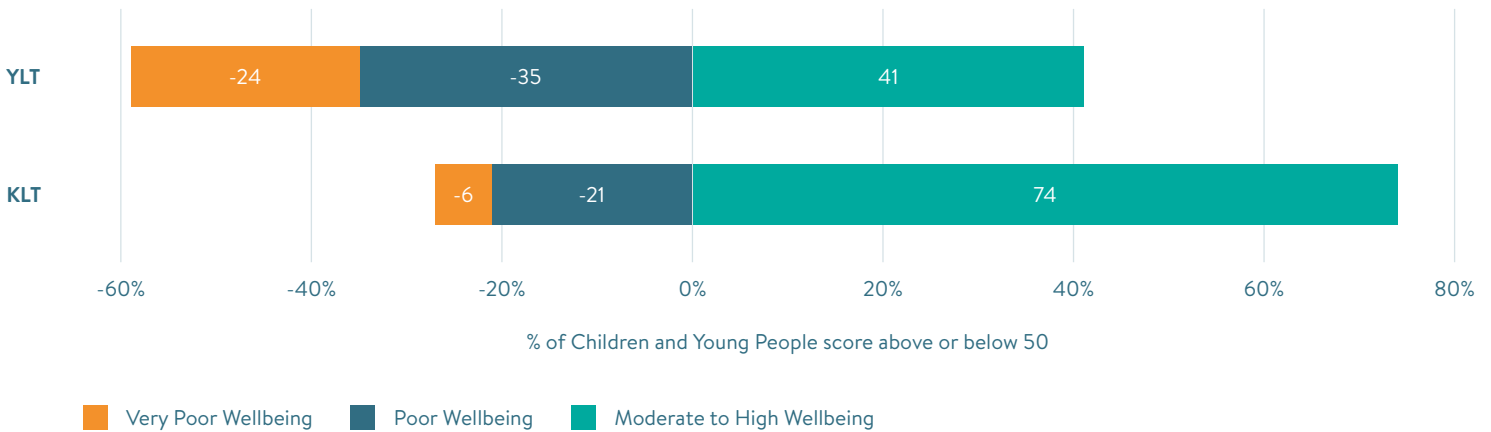
This Research Update is based on data from two sources. Firstly, 4,191 Primary 7 children from the 2025 Kids' Life and Times survey (KLT). Secondly, 16-year-olds from the 2025 Young Life and Times survey (YLT), of whom 1,087 out of a total of 2,129 completed the questions on wellbeing. The surveys measure wellbeing and protective factors (BCEs) providing insight into areas where intervention and prevention measures may be most effective. Due to rounding some totals may not add up to 100%.

General Mental Health and Wellbeing

KLT and YLT asked children and young people to rate their mental health from poor to excellent. Most reported good, very good, or excellent mental health (KLT 85%; YLT 61%). However, 15% of 10/11-year-olds and 39% of 16-year-olds reported fair or poor mental health.

Survey participants answered five questions about how they felt over the past two weeks. These form the WHO-5 Wellbeing Index (scores from 1 to 100). Scores of 50 or below suggests poor wellbeing, and 28 or below suggests very poor wellbeing, which can indicate depression. Figure 1 shows that most 10/11-year-olds (74%) reported moderate to high wellbeing, but 21% reported poor wellbeing and 6% very poor wellbeing. Among 16-year-olds, results were less positive: 41% reported moderate to high wellbeing, 35% poor wellbeing, and 24% very poor wellbeing. This shows that wellbeing can decrease with age.

Figure 1: Wellbeing (WHO-5 Index) Scores among YLT and KLT respondents



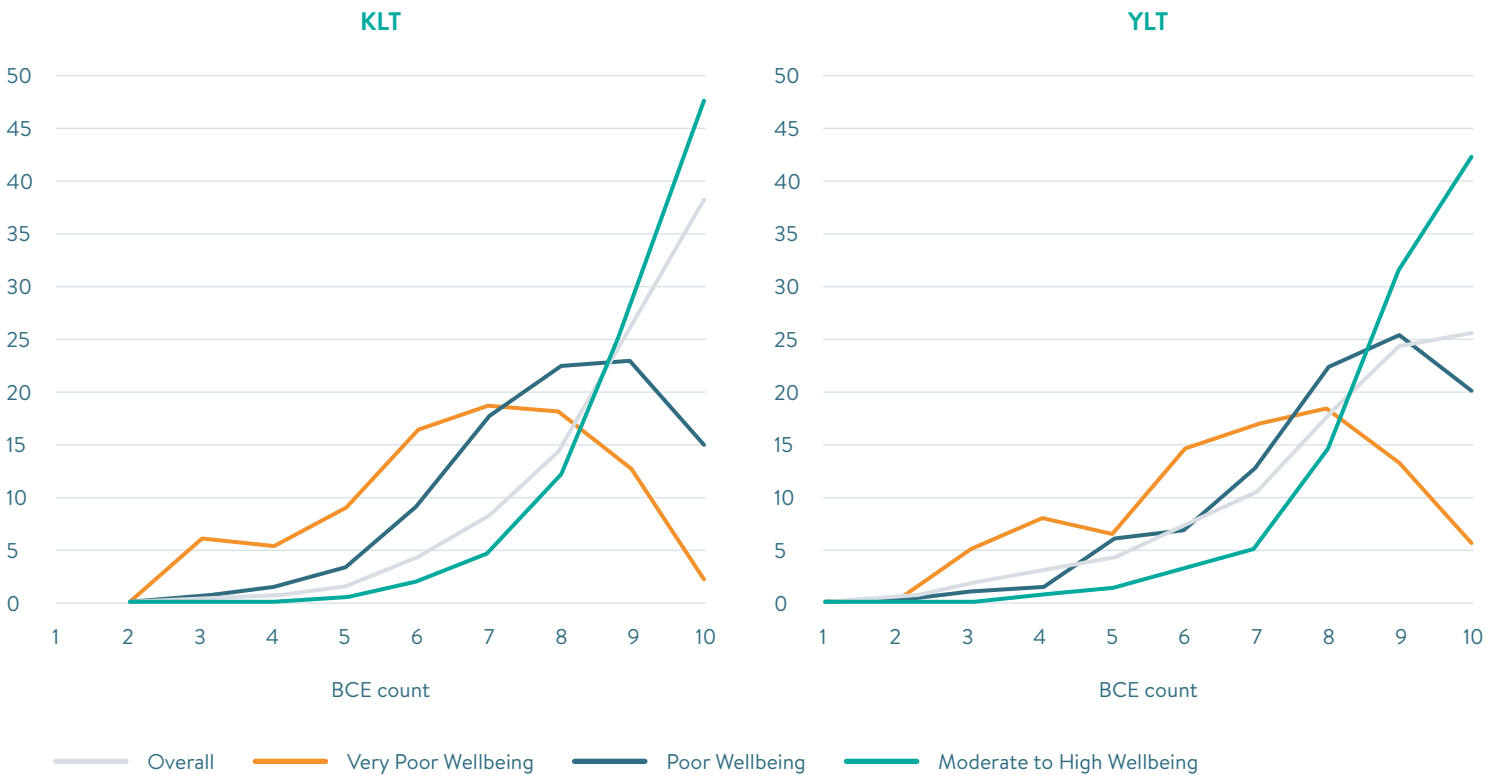
Benevolent Childhood Experiences (BCEs)

The BCE scale measures 10 positive childhood experiences. Each child and young person reports how many they have experienced (lowest score is 0, and highest is 10). Among KLT respondents,

all children reported at least two BCEs, and most (87%) reported seven or more. Only 2% reported four or fewer. On average, children reported nine BCEs. Those with higher wellbeing reported more BCEs. Children with very poor wellbeing reported fewer BCEs and were more likely to have four or fewer.

Among YLT respondents, most (79%) reported seven or more BCEs. On average, they reported eight BCEs, 5% reported four or fewer. Again, those with higher wellbeing reported more BCEs. These results show a clear link: more positive experiences are associated with moderate to high wellbeing.

Figure 2: The number of BCEs experienced by KLT and YLT respondents (%)



*0.4% of YLT respondents had not experienced any BCEs

The results in Figure 2 show that children and young people tend to feel better when they have more positive experiences. This is especially true for those who currently have only a few positive experiences. However, just counting these experiences is not enough. To make improvements, we need to understand which parts of their lives need the most support.

Table 1 shows how common each positive experience is, and how these changes relate to wellbeing. This helps us see which experiences are more or less common, and how they link to how children feel.

Among KLT respondents, almost all children feel safe with at least one parent. However, fewer say they like school (67%). Some experiences are much less common, especially for those with lower wellbeing. For example, 84% say they have beliefs that comfort them. This is higher (89%) for those with moderate to high wellbeing but drops to 74% for those

with poor wellbeing and 59% for those with very poor wellbeing. The percentage of children who like school rises to 76% for those with moderate to high wellbeing but falls to 47% for those with poor wellbeing and 30% for those with very poor wellbeing. A similar pattern is seen for having good neighbours, feeling comfortable with themselves, and having a regular home routine; these are all less common for those with lower wellbeing.

Among YLT respondents, most still feel safe with a parent (96%), but even fewer like school (58%). Again, some experiences are less common overall. For example, 70% say they have comforting beliefs. This rises to 79% for those with moderate to high wellbeing but falls to 67% and then 60% as wellbeing decreases.

The percentage of young people who like school increases to 75% for those with moderate to high wellbeing but drops to 33% for those with very poor wellbeing. Most young people say they have a

caring teacher, but this also becomes less common as wellbeing decreases. Other experiences, such as having good neighbours, a trusted adult to talk to, chances to have fun, feeling comfortable with themselves, and having a routine at home are also less common for those with lower wellbeing.

Across both KLT and YLT surveys, the same pattern appears. Fewer children and young people report things like enjoying school, feeling good about themselves, having supportive people around them, and having a stable routine at home (lower % of children and young people having those experiences, noted in table 1). Sixteen-year-olds are also less likely to say they have a caring teacher or a trusted adult outside their family (lower % than found for KLT respondents). These experiences come from different parts of life, including school, home, community, and personal feelings.

Table 1: Percentage of children and young people who experienced each BCE across YLT and KLT 2025 surveys and wellbeing categories

BCE Item	Survey	Overall	Very Poor Wellbeing	Poor Wellbeing	Moderate to High Wellbeing
Feel safe with parent	KLT	100	94	98	99
	YLT	96	93	97	99
One good friend	KLT	97	90	95	99
	YLT	94	90	94	98
Comforting beliefs	KLT	84	59	74	89
	YLT	70	60	67	79
Like school	KLT	67	30	47	76
	YLT	58	33	57	75
One teacher who cares	KLT	92	78	88	95
	YLT	85	73	87	91
Good neighbours	KLT	84	63	76	89
	YLT	77	66	76	85
Supportive adult (not parent)	KLT	91	75	86	94
	YLT	87	76	86	96
Enjoyment opportunities	KLT	97	84	93	99
	YLT	93	82	95	98
Comfortable with themselves	KLT	83	40	66	92
	YLT	70	39	67	91
Predictable home routine	KLT	75	52	65	80
	YLT	72	55	71	82

Promoting positive experiences

These findings show how important it is to promote positive childhood experiences (BCEs) early in life. Supporting parents to provide safe, stable, and nurturing environments is key, and schools also play a vital role in helping children develop resilience and social and emotional skills.

The levels of poor wellbeing and self-reported mental health in both surveys are concerning. However, the results show that children and young people with stronger protective experiences in their lives are more likely to report moderate to high wellbeing.

Although the data comes from two surveys carried out at the same time (rather than following the same children over time), the differences between age groups are clear. Older young people (aged 16) report lower levels of wellbeing and fewer positive experiences than younger children (aged 10-11 years). This suggests that changes during adolescence may negatively affect wellbeing.

These differences highlight the importance of the environments young people experience as they grow up. Changes at home, in school, and in their communities can all influence mental health. It is essential that these environments provide both physical and emotional safety. This reinforces the need for trauma-informed practice, where professionals understand the impact of adversity and respond in ways that build safety, trust, and confidence. Trauma-informed approaches should be embedded in everyday practice and across policy.

Early support is most effective when services work together across health, education, and community sectors. Schools are particularly important, as they are a central part of young people's lives. The relationships that young people have with staff and their own peers have a powerful influence

on wellbeing, and whether school is a safe setting within which they can learn. Schools are well placed to provide cost effective, universal, targeted, and more intensive support. Trauma-informed practice in schools fosters belonging and connection and help more children and young people enjoy school and feel cared for. The school curriculum should also provide opportunities for young people to learn about themselves and learn how to manage their emotions and relationships to build resilience and positive wellbeing.

Some children and young people may also need extra mental health and wellbeing support, especially if they struggle to feel good about themselves or lack comforting beliefs. These children are more likely to have poor wellbeing and may need help from different places, such as school, community services, and health support.

From a psychological perspective, these findings suggest that strengthening positive relationships and supportive environments can improve mental health. Embedding connection, emotional understanding and resilience as core aspects of the ethos and culture of all schools, and as priorities across the education system, is likely to be especially beneficial. The decline in wellbeing from childhood to adolescence highlights the need for support that is appropriate to different stages of development.

These findings link closely to current policy discussions in Northern Ireland. The Mental Health Strategy (2021–2031) and its Deliverability Review emphasise early intervention, integrated services, and support for young people. The Emotional Health and Wellbeing Framework for schools also supports this work through a range of programmes. However, there is scope to strengthen these policies further by ensuring a consistent focus on protective factors and psychologically safe, trauma informed environments characterised by strong relational connections across all settings.

Looking beyond Northern Ireland, international examples highlight effective approaches to youth mental health. Services such as Headspace in Australia and Jigsaw in Ireland provide accessible, youth-friendly support through integrated, multidisciplinary teams. These models show the benefits of coordinated care and strong relationships, leading to improved engagement and outcomes for children and young people. Adapting similar approaches locally could strengthen support systems.

Conclusions

Mental health is shaped by experiences over time. While strong policies are in place, progress depends on adequate funding, stable leadership, improved data, and the wider use of trauma-informed approaches. Currently, funding levels, the optional nature of school-based programmes, and the fragmented nature of the education system, limit their overall reach and impact.

Despite these challenges, there are important strengths to build on. Continued commitment from schools, health services, and community organisations provides a strong foundation. Prevention and early intervention remain key areas of opportunity.

Looking ahead, priorities include investing in early intervention, securing long-term funding, developing a skilled workforce, and ensuring that all young people can access compassionate and effective support. It is also essential to listen to young people's lived experiences and priorities. Aligning research, policy, and practice will be critical to improving mental health and wellbeing outcomes for children and young people.

Key Points:

- Wellbeing declines with age: younger children (10/11 years) report higher wellbeing than 16-year-olds.
- Positive childhood experiences (BCEs) are protective: more BCEs (e.g. supportive relationships, feeling safe, enjoying school) are strongly linked to better mental health.
- Fewer positive experiences equals poorer wellbeing: children and young people with low wellbeing are less likely to feel good about themselves, enjoy school, or have stable routines and support.
- School is a key protective setting: relationships with teachers, school enjoyment, and a sense of belonging significantly influence wellbeing.
- Adolescence is a critical risk period: 16-year-olds report fewer supports, highlighting the need for age-appropriate interventions.
- Trauma-informed, relationship-based approaches are essential: safe, supportive environments across home, school, and community improve outcomes.
- Stronger system coordination is needed: despite policy frameworks, challenges remain around funding, integration, and consistent early intervention.

References

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The Young Life and Times (YLT) survey is carried out annually and records the opinions of 16-year-olds in Northern Ireland on a range of issues. YLT is a joint project of Queen's University Belfast and Ulster University, and provides an independent source of information on what young people think. In total 2,129 16-year olds took part in the 2025 YLT survey. For more information, visit the survey website at www.ark.ac.uk/ylt

The Kids' Life and Times survey is also a joint initiative between the two Northern Ireland universities, and provides an independent source of information on what children think about the issues affecting their lives. In 2025, 4,191 10/11-year-olds completed the survey in school. For more information, visit the survey website at www.ark.ac.uk/klt



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