



The COVID-19 Pandemic and Quality of Life: Experiences Contributing to and Harming the Well-Being of Canadian Children and Adolescents

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Abstract

The pandemic's restrictive measures such as lockdowns, social distancing, and the wearing of masks transformed young people's daily lives and brought up major concerns regarding children's and adolescents' well-being. This longitudinal mixed study aims to identify how different experiences contributed to children's and adolescents' well-being through different stages of the pandemic. The sample comprises 149 Canadian youth from Quebec who shared their experiences of the COVID-19 pandemic. Children and adolescents were met virtually for semi-directed interviews about their well-being at three measurement time (T1: May 2020 lockdown, T2: July 2020 progressive reopening, and T3: beginning of the second wave). At T3, they also completed a questionnaire measuring their quality of life. Our findings indicated that 22% reported a low level of well-being (N: 32), 66% a normal level of well-being (N: 90), and 18% a high level of well-being (N: 27). The comparative thematic analysis of the discourse of these three groups allows us to identify experiences that are favorable and unfavorable to the well-being of young people and to distinguish two configurations of interactions between children and their environment over the first year of the pandemic, namely that of young people who report a high level of well-being and that of those who report a worrying level of well-being. Results highlight the importance of activities, relationships, support, and representations of children and adolescents for their well-being in the pandemic context. Interventions and social measures to better support their well-being are discussed.

Keywords Well-being · Children · Adolescent · Pandemic · COVID-19 · Mixed study

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Introduction

Professionals, researchers, and decision-makers are showing a growing interest in the well-being of children (Ben-Arieh, 2010) as children themselves represent and experience it (Amerijckx & Humblet, 2014; Gorza & Bolter, 2012) and are recognizing children's right to define what well-being means to them (UNICEF Canada, 2019). In response to this interest, the past 20 years have seen a growth in studies looking at the subjective well-being of children (Fattore et al., 2019). A multidimensional concept, subjective well-being includes a cognitive dimension, which refers to children's overall assessment of their lives; an emotional dimension, which looks at children's moods and feelings; and a psychological dimension, which includes a sense of fulfillment, a positive vision of the future, and satisfaction with people's responses to their psychological needs (Casas, 2011; Kaye-Tzadok et al., 2019).

Since 2020, the restrictions imposed all over the world in response to the COVID-19 pandemic have brought up major concerns regarding the well-being of young people within the scientific community and among political decision-makers, workers, parents, and young people themselves. Indeed, restrictive measures such as lockdowns, social distancing, the closing of schools and shops, bans on gatherings and sports activities, and the wearing of masks are transforming young people's everyday lives, depriving them of certain kinds of stimuli that are essential to their development (interactions with their peers, physical proximity to their friends, and access to school) (Gervais et al., 2020; Stoecklin et al., 2021) while exposing them to new stresses and unexpected circumstances (concerns with regard to illness, contamination risk, and so on) (Coyne et al., 2020; Fegert et al., 2020).

Various studies have shown a deterioration in children's and adolescents' mental health since the pandemic began. Mostly carried out in the West during the first weeks of pandemic-related lockdowns, these studies identify a greater prevalence of depression and anxiety symptoms (Elharake et al., 2022; Hussong et al., 2021; Luijten et al., 2021), increases in sleep disturbances (Luijten et al., 2021) and behaviors and feelings related to loneliness and boredom (Shoshani & Kor, 2021). These studies also identify certain risk and protection factors to explain the variations in well-being among young people in the context of the pandemic.

In keeping with the multi-level framework of child well-being developed by UNICEF (2020), these factors are internal to children themselves but are also found in the systems in which they interact. The multi-level framework of a child's well-being, developed to allow international comparisons, identifies four levels of factors influencing children's well-being. First, individual indicators represent physical and mental health antecedents, as well as emotional skills such as coping strategies. Second, the world of the child includes activities, for example, outdoor activities and screen time. It also comprises support provided by peers, school staff, and family members as well as children's participation in decision-making at school and at home. Third, the world around the child consists of community support provided to parents, work-family balance, school resources, and

access to facilities to play. Finally, characteristics of the world at large, such as the economic, environmental, and societal context, as well as health, education, and health policies, may shape children's well-being. In the context of the pandemic, those factors may be deployed differently compared to other times.

Children's Individual Characteristics Contributing to Their Well-Being During the Pandemic

Regarding young people's characteristics, fear of the COVID-19 virus (Engel de Abreu et al., 2021), fragility or mental health problems that predate the pandemic (Shoshani & Kor, 2021), and the adoption of disengagement and emotion-focused engaged coping strategies (Hussong et al., 2021) all act as risk factors for children's well-being. In contrast, having a high sense of self-efficacy (Hussong et al., 2021), feeling useful and able to face the situation (Shukla et al., 2022), and choosing problem-focused engaged coping strategies (Hussong et al., 2021) seem to act as buffers to limit the negative effects of the pandemic on children's and adolescents' well-being.

Dimensions of the World of the Child Contributing to Their Well-Being During the Pandemic

Studies highlighted activities and relationships that are essential for young people's well-being in the context of the pandemic. Regarding activities, the suspension of extracurricular sports and cultural activities (Kutsar & Kurvet-Käosaar, 2021; Stoecklin et al., 2021), the perception of lacking freedom (Engel de Abreu et al., 2021), a high volume of homework, and the fact of not being able to attend school in an ongoing way (Ravens-Sieberer et al. 2021) are associated with alterations to well-being. In contrast, access to outdoor spaces, discovering new creative activities (Berasategi et al., 2021), regular routines during lockdown (Shoshani & Kor, 2021), less screen time (McArthur et al., 2021), and an appreciation of a less busy schedule and a slower pace of life (Stoecklin et al., 2021) seem favorable to well-being. Studies have also highlighted the essential role of young people's relationships for their well-being during the pandemic. Indeed, connectedness to caregivers (McArthur et al., 2021), children's attachment security with regard to their parents (Dubois-Comptois et al., 2021), the positive climate in the family (Ravens-Sieberer et al., 2021), adolescents' satisfaction with the way adults listen to them (Engel de Abreu et al., 2021), and perceived social support (Ravens-Sieberer et al., 2021; Shoshani & Kor, 2021) are associated with better well-being, while family conflicts (Ravens-Sieberer et al., 2021) and separation from or loss of contact with friends represented significant difficulty during lockdown (Stoecklin et al., 2021).

Contributions of the World Around the Child to Children's Well-Being During the Pandemic

Studies examining the world around the children also identified some risk and protective factors for their well-being in the context of the pandemic. More specifically, living in a

single-parent family, in a family with three or more children (Luijten et al., 2021), in a family with less educated parents (Ravens-Sieberer et al., 2021), and dealing with precarious conditions (Engel de Abreu et al., 2021) are identified as risk factors. Moreover, parental strain and stress (Essler et al., 2021), negative changes in a parent's work situation (Luijten et al., 2021), and parental mental health problems (Gervais et al., 2021; Kiss et al., 2022) are associated with an exacerbation of the pandemic's negative effects on young people's well-being.

Contributions of the World at Large to Children's Well-Being During the Pandemic

While the pandemic profoundly transformed the economic, social, and environmental contexts in which children lived, the influence of these factors on children's well-being has been less studied. Some studies have nevertheless highlighted how the transformation of child protection services to respect lockdown and social distancing hampered the protection of children, increasing the risk for child maltreatment and family violence (Katz et al., 2021). Moreover, insufficient governmental programs to support families and economic hardship were also identified as important risk factors for children's well-being during the pandemic (Brooks et al., 2020; Thibodeau-Nielsen et al., 2021).

While these results help provide an understanding of the factors that affect young people's well-being, they mostly rely on data gathered in the first weeks of the pandemic using cross-sectional studies (Elharake et al., 2022) as well as on quantitative data gathered from adults who are part of children's and adolescents' lives rather than from young people themselves. As the pandemic has extended over time, many have underscored the need to take a longitudinal approach to studying its effects on children (Elharake et al., 2022; Essler et al., 2021; Holmes et al., 2020) and to include the voices of children and adolescents regarding what they perceive as being important for their well-being (Axford et al., 2014) in the context of the pandemic (Andrés et al., 2022; Berasategi et al., 2021).

The Current Study

This is the context in which this longitudinal study, inspired by the *Children's Understandings of Well-Being* (CUWB) research protocol (Fattore et al., 2007, 2019), aims to identify how different experiences contribute to children's and adolescents' well-being through different stages of the pandemic. Based on the narratives of 149 Canadian children and adolescents regarding their experiences of the COVID-19 pandemic, it compares the statements of children who report a high, average, or poor quality of life in order to answer the research question: which experiences during the pandemic contributed to young people's well-being over time?

Methods

This study relies on a mixed concurrent longitudinal design with a qualitative preponderance (Creswell et al., 2011) including three measurement times (T1: May 2020 lockdown, T2: July 2020 progressive reopening, and T3: November

2020 second wave) to capture children's experience of the pivotal moments of the pandemic: the strict sanitary measures of the first lockdown, the progressive reopening following the first wave of the pandemic, and the return of strict sanitary measures in the second wave as we collectively realized that the pandemic would last much longer than envisioned in the early months. Anchored in a child-centered approach, this study looks at the experiences and perspectives of young people, considering their point of view on pandemic-related issues to be essential to our understanding of these issues (Côté et al., 2020a; Greene & Hill, 2005). It rests on research methods and tools developed in collaboration with a group of eight young people who acted as expert advisors throughout the study. Their involvement ensured that the questions were relevant and tailored to the realities and concerns of children and adolescents and that they were conducive to young people's participation (Mayne et al., 2018) while respecting COVID-19 restrictions.

Participants

The sample is composed of 149 young people, 92 girls, and 57 boys from the province of Quebec, Canada, who took part along with their parents at the study's three measurement points. They were aged seven to 17 (*mean* = 11 years old, *SD* = 2.52). They mainly lived with two parents (85% of them) and with siblings (54% have a brother or sister, and 43% have two or more). They lived in relatively favorable socio-economic conditions; 82% had a parent who had completed university studies, and 62% benefited from a family income above US \$95,000 per year.

Study Design and Procedure

The participating families were recruited during the first lockdown (April 2020), while schools, services, and businesses were closed, and going out was forbidden except for essential service workers (INSPQ, 2022). Recruitment was done through social media networks (Facebook) and through the newsletters of family-focused community organizations. To take part in the study, families had to have at least one child aged between seven and 17, have access to an internet connection, and be able to understand and communicate in French.

Parents interested in the study first filled out an online questionnaire about their general situation (sociodemographic) and their state of health and functioning, and they consented for us to speak with their child. The children and adolescents were quickly contacted by a team member, and appointments were set for semi-directed Zoom interviews. At key moments of the pandemic, an email was sent to the parents to ask them and their children to participate once again. The data for the second measurement point were gathered in the month of July 2020 while most safety restrictions in Québec were loosened. Small gatherings were permitted at the time, and businesses and day camps were opened. The data at the third measurement point were gathered during the pandemic's second wave, marked by the return of a number of restrictive measures. Extracurricular activities and sports were prohibited;

students aged 14 and up were attending school one out of every 2 days; many classes and schools had to close for a week or two due to outbreaks, and restaurants and businesses were closed.

To favor participant retention, which is always a challenge in longitudinal studies (Gifford et al., 2007), various strategies were put into place, including individualized thanks to each parent after the interviews with their children, the assignment of a specific assistant to each child participant in order to foster the development of a trusting relationship and coherence within the data gathered, and sending parents the journal articles published using the results. One \$10-value reward per measurement point was given to each child at the end of their study participation (after the third measurement point) in the form of a gift card. Through a random draw, we also distributed four \$50 gift cards per measurement point to the parents.

Research Tools

Qualitative Data

The semi-directed interviews were done at each measurement time using the Zoom app. Lasting about 45 min each, they focused on scaffolding situations that promoted the children's active involvement and the production of an explanatory discourse (Horgan, 2017), maximizing their contribution to knowledge building (Kirk, 2007). Young people's knowledge and experience regarding the pandemic were discussed at each measurement point, along with their school experience, their family and social relationships, their coping strategies, and their vision of the future. Children were first asked a general prompt, "Has your daily life changed related to COVID-19 and the newly implemented measures? How did it change?" Interviewers asked questions related to family members ("How is it going with your mom, father, sisters or brothers?"), their friends ("How is it going with your friends?"), the school ("Can you explain how things are going with school?"), activities ("What kinds of activities have you been doing for the past weeks?"), and coping strategies ("When you face difficulties during the pandemic such as the ones you described earlier [interviewers named the difficulties], what do you do to feel better?"). They also asked questions related to the expected end of the pandemic ("How do you imagine your life when the pandemic is over?"). At each subsequent time measurement point, interviewers asked the same questions and added questions about how it had changed from the previous interviews, reminding the children which COVID-19 measures have changed compared to the other time measurement point (for example, since the lockdown ended, since you went back to school, or since you have been doing school online). Interviewers asked follow-up questions to encourage children to expand their answers, such as "Can you tell me more about that?" or "What do you consider more difficult or positive in that situation?" Interviewers also used techniques to encourage children to talk, such as saying "uh-uh" and "interesting."

Quantitative Data

We assessed young people's well-being with the KIDSCREEN 10 at the end of the third interview. A research assistant shared their screen through the Zoom platform to facilitate children's understanding. Children indicated to the research assistant the answer that best represented their life. KIDSCREEN, a widely used questionnaire, measures an individual's perception and subjective evaluation of their health and well-being within their unique cultural environment (Ravens-Sieberer et al., 2014). Items refer to the last week and are answered on a five-point Likert-type scale assessing frequency or intensity (i.e., have you felt lonely?) ($\alpha=0.61$). To allow comparison with international norms and to categorize the children, T-scores were calculated in accordance with the recommended KIDSCREEN 10 general health-related quality of life (HRQoL) scoring procedure (The KIDSCREEN Group Europe, 2006).

Ethical Consideration

The study was approved by the Université du Québec en Outaouais's ethical board. The parents who consented to take part in the study and to have their child take part, filled out a consent form on LimeSurvey at each measurement point. During the interviews with the young people, a tailored assent form developed by Côté et al (2018) was used to obtain their assent. Pictograms explaining the main consent-related issues (confidentiality and its limits, the right to withdraw, the benefits and risks of taking part, and free participation) were projected and discussed with each young person. The children age 7–13 years old gave their verbal consent to take part, while adolescents aged 14 and up filled out a consent form on LimeSurvey. In keeping with the child-centered approach, the research assistants also received training on the ethical issues of research with children in order to become aware of the power and authority issues inherent in the researcher-child relationship and to limit these by taking a transparent and benevolent approach (Côté et al. 2020b; Gallagher, 2009).

Data Analysis

Considering the scope of the material gathered and the restricted resources of the study, we prioritized data analysis that combined field notes and interview transcripts (Tessier, 2012). Immediately after each interview and using an outline developed for this study, the interviewer wrote a summary of the child's related experiences, maximizing the reliability of the information gathered. These summaries ($N=192$ at T1, 165 at T2, and 154 at T3) served as field notes and were subjected to a content analysis (Bardin, 2013) in order to categorize them based on the diversity of the participants' personal situations (age, sex, region, time of return to school), the experiences described by the participants, and the richness of their statements. The interviews presenting contrasting experiences were transcribed word for word ($N=64$ at T1, 70 at T2, 68 at T3).

A coding tree was then developed in an inductive way based on the summaries. This was discussed by the team, then refined when the first transcripts were coded. The material as a whole was then subjected to a thematic analysis (Paillé & Mucchielli, 2016) using the N'vivo program and an expert coding strategy. As such, three teams (each including two research assistants and a researcher) were formed, each one in charge of coding two mother nodes and their sub-nodes, with each interview thus being read by three research assistants (one from each team). Coding comparisons were made regularly throughout the process (about 10% of the interviews) to ensure the coherence and reliability of the coding. The team then discussed the coding along with the meaning of certain excerpts, their belonging to certain codes, and the links between the different codes.

The quantitative data were processed using the SPSS Statistics version 28 (IBM Corp., 2021). The scores obtained on KIDSCREEN were then compared to population averages (The KIDSCREEN Group Europe, 2006), and the young people were categorized based on what they reported for the third measurement point (November 2020, during the pandemic's second wave) about their quality of life related to health, whether it was low, normal, or high; this was considered as their level of well-being. Crosstab in N'vivo made it possible to compare the experiences of these three groups of young people at the different times of the pandemic and to distinguish between the experiences that were favorable and unfavorable to their well-being.

Result

The presentation of the results is organized based on UNICEF's multilevel framework of child well-being (UNICEF Innocenti, 2020). As such, we first present the well-being of participating children and adolescents, conceptualized as the result of their experience throughout the first months of the pandemic. Then, we describe the participants' experiences related to the world of the child, the world around the child, and the world at large. For each of these spheres, we first set out common experiences, then describe the differences discerned within the children's discourses when they reported a high level of well-being (group A) and a low level of well-being (group C). Young people from group B, who report a "normal" level of well-being, shared some experiences from each of these other groups. Since no specific experiences of this group could be identified, their narratives are included in the description of common experiences of children that introduce each theme, but their experiences are not contrasted with the ones of the two other groups of children.

Children's Well-Being

The average level of well-being reported by youth participants was 51.83/100 (35.6–83.1, $SD=8.34$), which is slightly higher (0,18 standard deviations) than the European norm data for children and adolescents ($T=50$, $SD=10,0$) (The KIDSCREEN Group Europe, 2006). Participants were categorized into three groups based on whether they reported a high level of well-being (group A, $N=27$, 18%),

one that was similar to the population average which is considered normal (group B, $N=90$, 60%), or one that was low (group C, $N=32$, 22%) during the third measurement period.

World of the Child: Activities, Relationships, and Support

Investing in Solitary Activities or Shared Activities

The activities in which the young people invested time took up a lot of space in their experience of the first lockdown (T1). This period—synonymous with a sense of respite and freedom for some and of emptiness and boredom for others—gave them an opportunity to do activities other than the ones they normally would. For most of the young people, games and activities seemed to be a major source of well-being during the pandemic (T1, T2, and T3). Groups A and C invested in different types of activities.

The young people of group A mainly engaged in activities with members of their immediate families, particularly with their siblings. Among others, they practiced outdoor sports and played board games as a family to stay busy and get their mind off things throughout the pandemic (T1, T2, and T3).

“To feel better, I think it’s really about spending time with people, my family, playing board games. Because it seems like focusing on a specific activity with other people, and being in the moment with other people, everyone forgets a bit about what’s going on, you get the feeling like you’re living a normal life, and it feels good.” (Hayden_T1_17 years old)

To deal with the limits imposed by the lockdown (T1 and T3), young people in group A also organized online activities with their friends and extended family members, for example, cooking on FaceTime with their grandmother or playing online games with friends, which helped them feel better.

In contrast, the young people from group C reported that they mostly did solitary activities throughout the pandemic (T1, T2, and T3). Walking was the activity this group named most frequently, which allowed them to get outside, escape the family home, reduce the intensity of negative emotions, and find a better sense of well-being.

“With the lockdown I realized that if I didn’t do anything, sometimes I felt worse, and going outside, like for example taking a walk outside every day, well, I felt better, y’know it was like I always needed to get some fresh air.” (Blanche_T1_12 years old)

When they were going through more negative experiences during the pandemic, many young people in this group attempted to distract themselves by listening to music or watching videos or TV. Others spoke about finding comfort with their pets, expressing themselves through artistic creations, or playing alone, such as with Lego.

Maintaining Relationships with Loved Ones

The public health measures imposed to prevent COVID-19 have forced young people to redefine their interactions with their social networks. They were confined to their homes in the first months of the pandemic (T1), thus increasing the time spent with their immediate families while their contacts with friends and members of their extended families were rare or suspended, as explained by Laura–Marie (T1, 17 years old): “Honestly, they’re the only people I can have fun with right now and talk with. The only social interactions I have are with my family here.”. The majority of young people recounted that this period was a source of closeness with members of their immediate family, which they explained in particular by their parents’ greater availability due to the suspension of their work or to the requirement that they work from home. The scope and intensity of these family moments also generated tensions and conflicts with siblings and parents, mainly due to the lack of personal space during the lockdown. Similar interactions were reported during the second lockdown (T3).

Young people used various instant messaging apps to maintain their ties with friends and extended family members during the first and second lockdowns (T1 and T3). However, these contacts appear to have been insufficient, as many children said they missed their loved ones during the pandemic’s first and second waves, as well as the fear to lose some of their extended family members who might contract and possibly die from COVID-19. Beyond these common experiences, young people from groups A and C reported certain differences in regard to their relationships with the people around them.

As such, children in group A insisted that during the first lockdown (T1), it was important to support their grandparents despite the distance, as Alexane explained: “We still need to support and give love to the people who need it. Like to our grandparents, we need to call them and make sure they’re not, like, all alone in this” (Alexane_T1_12 years old). This concern led them to contact these loved ones regularly by telephone or to find alternative methods for seeing them in a safe way. However, the importance of giving support back to their grandparents was less present in the youths’ discourse during the second lockdown (T3).

During the period of gradual reopening (T2), these young people expressed their relief and joy at once again seeing their loved ones “for real” in the summertime. Many of them chose to stop respecting social distancing in order to hug their friends and extended family members, while still applying other safety measures (hand-washing, coughing into their elbows, and so on). As children were starting to go out again and spending less time with their families, many of them said that tensions with their immediate families were significantly reduced. However, they kept up the outdoor activities they shared with their family members which began during the lockdown and which they still enjoyed. Others instead reported that their parents became less available as they went back to work, which was disappointing to them even if they said they understood their parents’ commitments.

The children of group C, however, sacrificed their desire for closeness with their grandparents in order to protect them, both during the lockdown period (T1) and during the gradual reopening (T2) as well as the second lockdown (T3). Many see

themselves as a danger to their relatives. Their narratives insisted on their fear of transmitting the virus to their grandparents as well as on their worries about the possible consequences of the virus on their loved one's health and lives.

“I try to hug them as little as possible, especially my grandmother. And my grandmother comes to give us hugs, but my mother said not to give any to her. It hurt that I couldn't hug her, but I was careful because I really didn't want to give it (COVID) to her.” (Amber_T3_10 years old)

During the gradual reopening period (T2), the young people in this group expressed greater ambivalence about their parents' return to work, as they were less available, which amplified the young people's sense of solitude.

Benefiting from Reliable and Diversified Support

Regardless of their level of well-being, the young people described being supported by their parents during stressful times throughout the pandemic (T1, T2, and T3). Parents listened to them attentively; young people felt they could talk about the emotions they were feeling about the pandemic, and their parents shared hugs with them; these things consoled and reassured the children in more emotionally difficult moments. When necessary, the parents also offered advice to the children to help them solve problems. Friends were also another major source of support, helping young people to get their minds off things and be entertained. Beyond these general observations, some differences were observed with regard to the scope and forms of support that young people received.

Young people from group A talked more about the emotional support provided by their parents in the form of kind words and markers of affection, such as hugs, which contributed to their sense of being loved and soothed during the lockdown period (T1) and the reopening (T2), as explained by Michèle (T1_11 years old): “My mother shared a lot of love. We were there for her, and she was there for us. We gave her hugs and kisses every day when she got home from the clinic.” Young people in this group were also distinguished with regard to having space for family conversations to talk about the COVID-19 pandemic. They described talking about their worries about COVID-19 with their parents, who listened to them, added nuance or filled out missing information, and helped them readjust their perception of the virus if needed, thus reducing their anxieties. Many children reported as well that their parents reminded them about safety measures to apply throughout the pandemic (T1, T2, and T3), which made them feel protected. Lastly, some young people in this group also mentioned the emotional support they received from their friends during the pandemic, in particular in the form of listening and making space for their emotions.

While children from group C also said they reached out to their parents when they needed support, they spoke much less about the support they received during the first lockdown (T1), the gradual reopening (T2), and the second lockdown (T3). As well, very few of them reported talking about COVID-19 with their parents during the pandemic. Particularly during the second wave (T3), young people in this

group explained that their parents were busy with their work, which led them to seek out solutions by themselves in order to feel better.

“When I felt bad, I thought, ‘OK, I’ll stop working and take a moment to listen to some music.’ These last few months, I didn’t have many friends, so I couldn’t call anyone. My parents were working, so it was kinda just me for myself.” (Charlie_T3_15 years old)

The emotional support provided by friends was also largely absent from these children’s responses.

World Around the Child: Anticipating and Appreciating the Return to School

Despite a great diversity in the stories children told about their school experience, the majority of participants were impatient to return to in-person schooling. Many of them emphasized the importance of the social aspect of their school experience: they missed their friends and felt a lack of social interactions during the lockdown periods (T1 and T3). The return to class, for many of them, meant reconnecting with their friends and starting to return to normal, as explained by two respondents: “It let me socialize, because for me, my parents wouldn’t have forced me to go to school, but I’m the one who wanted to.” (Sonya_T2_8 years old), “I was happy to go back to school, I was tired of staying home and not seeing anyone.” (Victor_T2_11 years old).

However, the young people envisioned and experienced the transition back to in-person school in different ways. The young people from group A had a very positive expectations of their return to the classroom during the first lockdown (T1). Their responses included no fear of returning to school, which was described as a positive experience. They appreciated that the number of students in each class was reduced, which let them participate more, receive more support from their teachers, and accelerate their pace of learning. Excitement and relief were key elements of these young people’s experiences when returning to school (T2), as one explained: “I was happy and relieved to go back. When I have to miss school for two weeks, I miss it, so not going for six months was very long” (Talia_T2_10 years old).

The children from group C reported more difficult experiences in returning to school. Many of them spoke about having understood there would be changes required by safety measures at their school, as well as the impacts of remote schooling on their learning during the first lockdown (T1). Stress and anxiety characterized the memories many children had of this period, such as those of Léon (T3_14 years old): “I wasn’t feeling it. It was a huge anxious period, and still is now. It was crazy, it was really a handicap in my life.”

Some young people mentioned their fear of contracting COVID-19 and thus presenting a risk to their more vulnerable peers. After several months during which contact was forbidden, the children and adolescents of this group seemed to perceive social interactions as being dangerous during the gradual reopening (T2). While some of them had a harder time adapting to the social aspect of returning to the

classroom, the rules put into place in the schools gave these young people a sense of safety and trust at the time of the second wave (T3).

“Introducing masks and hygiene procedures went well. (...) If we hadn’t respected the measures, there may have been a lot more cases of COVID-19. They did it above all for our benefit.” (Inès_T3_16 years old)

Some participants in this group also decried the impacts of the lockdown periods as well as distancing measures at school on their pleasure at school and on the quality of their friendships. They complained of classroom bubbles and their school’s approach to organizing recreations, which determined and limited the friends they were allowed to play and interact with during the second wave (T3). The majority of them still reported having quickly learned to live with the virus in the school setting and having gradually gotten used to the new measures in place.

“I felt a little disoriented, but I didn’t really know what to do because there were tons of other rules, but I ended up getting used to the zones, and I ended up complaining a bit too, it kinda sucked.” (Milo_T3_9 years old)

World at Large: Perceiving the Consequences of the Pandemic

Throughout the three measurement times, the participants’ stories bore witness to the major effects on their lives of the public health policies and safety regulations implemented in response to COVID-19, particularly when they spoke about their experiences of the first lockdown (T1). As such, participants spoke at length about the lack of contact, both physical and social, the accumulation of deaths, the positive impact of the lockdown on the environment, and job losses. Beyond these global effects noticed by the young people, children in group A were distinct in terms of their nuanced view of the consequences of social and health measures, while those in group C shared a more negative understanding of them.

The young people from group A also noted the positive consequences of the pandemic for the population and for individuals. They highlighted how the lockdown gave them an opportunity to discover new interests and spend time on activities they enjoyed but had previously neglected: “It changes people’s morale, we weren’t doing the same activities, we were using the car less and we got out for walks more” (Tyler_T1_13 years old). Other young people in this group noted that the pandemic helped people realize the importance of their families.

“You realize that your family is important, for example right now we can only really see our close family. So in normal times, it’s important to spend time with your (extended) family because in times like this (lockdown) you can’t always see them.” (Eden_T1_13 years old)

In contrast, the participants of group C identified more negative impacts of the pandemic for the whole population. They were concerned about the consequences of the lockdown on the population’s mental health, explaining that “It can create kinds of mental problems. Not problems, maybe, but it has an effect on the mental state” (Léon_T1_14 years old) and saying, “It can make people unhappier, people are

losing their loved ones and some people might die” (Lara_T1_9 years old). Others underscored how the pandemic led to changes in routine that threw off their balance: “So, well, it changes pretty much everything. Your routine, you can no longer go to the grocery store with your parents. We don’t leave home anymore. Yeah. It’s a little destabilizing. Well, not just a little, it’s really destabilizing” (Céleste_T1_15 years old). They also shared their worries about elderly and dying people: “Some elderly people, sometimes it might worry them or stress them out... They might really feel bored because they can’t see their families” (Sasha_T1_10 years old). “It prevents families from seeing their dying loved ones one last time” (Charles-Antoine_T1_12 years old). During the gradual reopening and the second lockdown, children and adolescents talked less about the consequences of COVID-19 on society.

Discussion

A good childhood is often defined as one in which children have a positive experience with themselves and their environment, as well as the prospect of a good future (Ben-Arieh & Frønes, 2011; UNICEF Innocenti, 2020). Since the beginning of the pandemic, many scholars and health professionals have raised concerns about the threat that the state of health emergency represents for these two dimensions (Gervais et al., 2022; Prime et al., 2020) while children’s experience of it has still not been widely studied. In this sense, the results of this study are valuable because they provide a better understanding of the positive and negative effects on children’s well-being over the course of the pandemic. Although the research design did not make it possible to identify causal relationships between the children’s experiences and their level of well-being, our analyses shed light on two configurations of interactions between children and their environment that contributed to their well-being over the first year of the pandemic.

On the one hand, the world of the children who presented a high level of well-being in the second wave of the pandemic is characterized by their investment in shared activities with their family members and their friends, thanks to communication technologies, which were present and available from the first major lockdown. We also note that these young people maintained close relationships with their loved ones despite the health measures in place during the different measurement periods: their responses were structured around the importance of supporting their grandparents and maintaining their ties with them despite restricted contact, and they noted their pleasure in seeing them again when health measures were relaxed. Their narratives reflect the readily available support that was facilitated by better work conditions for parents during the pandemic: they spoke of receiving strong support from their parents and having space to talk about COVID-19 and its issues within their families. With regard to the world around the children, the young people in this group looked forward to returning to school in a very positive way and appreciated it despite the restrictions enforced in the school setting and the higher risk of COVID-19 exposure. Lastly, these children’s experience of the world at large is distinguished by their nuanced understanding of the pandemic’s consequences; these young people underlined the things they

learned and the closeness they developed because of the health measures just as much as the losses and boredom they experienced.

On the other hand, the world of the children that showed lower well-being was characterized by involvement in mostly solitary activities, although we cannot determine whether this was due to preference or to their loved ones' lack of availability for shared activities. They also expressed a fear of infecting others or being infected by others that contributed to weaken their bonds, especially with their grandparents and their social interactions. The support received from their loved ones was much more limited in these children's experience during the first months of the pandemic, especially from their parents. The young people report that they needed to ask for support and perceived their parent's availability as limited due to their work commitments so they mainly tried to manage by themselves. Apprehension and lack of pleasure regarding the return to school as well as disappointment and lack of control regarding the prevailing measures are at the heart of their experience of the world around them. Lastly, these children's experience of the world at large was permeated by their concerns about the negative impacts of the pandemic, namely for the survival of the elderly and the mental health of the population. Briefly, the personal and family boundaries of these young people seemed to be more permeable, with the pandemic having a greater effect on the way they saw the world around them.

While comparing the perspectives of children with high and low levels of well-being, the results of this study allowed us to identify individual and social factors that are intertwined and contribute both to well-being and to experiences of the pandemic. Indeed, the results underscore the resilience of the families we interviewed, meaning their capacity "to adapt successfully to significant challenges that threaten the function, viability, or development of the system" (Masten, 2018, p. 16). The fact that 78% of the children and adolescents we interviewed reported a high level of well-being, comparable to or higher than population averages, after several months of health measures that transformed their everyday lives and deprived them of many interactions and activities shines a light on the agency of children and the resilience of families (Masten & Motti-Stefanidi, 2020). The experiences they recounted in our study also emphasize the richness that families can produce in terms of shared experiences, the creation of meaning, and mutual help, which are processes favorable to family resilience (Maurovic et al., 2020) and act as protective factors for the well-being and development of all family members (Prime et al., 2020). The children's viewpoints described in this study also highlight the importance of the social support children received but also that which they perceived. Indeed, in the context of the pandemic, parents' involvement in shared activities with their children was a form of social support, limiting boredom, and promoting enjoyment. Moreover, parents' ability to be available was noticeably present in children's discourse, which suggests that it created a reassuring environment for them (Gervais et al., submitted) despite the uncertainty and unpredictability of the world around them and despite the pandemic's many impacts on their own mental health (Gassman-Pines et al., 2020; Russell et al., 2020). Some children also pointed out the interinfluence of their parents' availability and their working conditions. Combining work, family and homeschooling added additional challenges for parents, which might have impacted

their own well-being and consequently their availability to reassure children who felt insecure during the pandemic (Cusinato et al., 2020).

These findings also provide a better understanding of coping strategies that may contribute to children's experiences and well-being during the pandemic. Contrary to the study by Vera et al. (2012), which concluded that conventional coping strategies, such as seeking social support, may not buffer adolescents from the effects of stress on subjective well-being, children and adolescents reporting higher well-being in our study largely reported seeking social support to feel better during the pandemic. It seems that despite the uncontrollable nature of pandemic-related stress, solution-oriented coping strategies—such as asking for help, seeking information about the pandemic by talking with parents, and supporting grandparents from afar—acted as buffers and protected young people's well-being, as suggested by other studies (Hussong et al., 2021). Moreover, while the study by Dominguez-Alvarez et al., (2020) concludes that avoidance and distraction strategies are associated with different indicators of maladjustment (2020), our results indicate that the majority of the young people we interviewed adopted avoidance and distraction strategies, which they describe as being activities that helped entertain them. Shared family activities, such as games and sports, seemed to provide a beneficial distraction to the young people who reported a high level of well-being, as proposed by Orgilés et al. (2021), while solitary distraction activities, such as watching TV and playing with Lego, were observed for children with lower well-being. Lastly, cognitive restructuring more frequently used by children who were minimally impacted by the pandemic also appears to be favorable to their well-being, as consistent with the study by Orgilés et al. (2021) and discerned in the capacity of the young people in group A to look forward to returning to school and perceiving positive impacts of the pandemic.

Lastly, these data suggest that many dimensions of the subjective well-being of children and adolescents continue to be articulated in a similar way in the context of the pandemic and of restrictive health measures. In keeping with the study by Gonzalez-Carrasco et al. (2019), which identified that feeling afraid of being alone at home or of death was associated with lower levels of well-being among adolescents, the solitude experienced at various moments in the pandemic and the idea that social contacts were now a threat to themselves and their relatives were harmful to young people's well-being. As well, the social dimension is key to the different experiences of the two groups of children. In this study, care, gratitude, reciprocity, and support within the parent-child relationship were more strongly present in the experiences of young people who reported greater well-being, which is consistent with prior studies of child well-being (Fattore & Mason, 2017; Newland et al., 2015; Tadić Vujčić et al., 2019). Our study outlines different stress experiences regarding the absence of contact during school closure and the increase of contact due to the return to in-person classes. In keeping with the studies by Schwartz et al. (2021) and Viner et al. (2022), showing that pandemic-related stress during the school closure and reopening was negatively related to children's well-being, our results suggest that school experiences are indeed central to children's well-being (Newland, 2015). Our study contributes to knowledge by setting out the ways in which children's representations of global phenomena that change the world around them, such as the

pandemic, are also associated with their well-being. Managing to perceive the consequences of this event in a nuanced way by also noting the positive effects of health measures seems to be a protective factor for young people's well-being.

Implications for Practice

This study's findings suggest several practical implications for social, education, and health professionals working with children, adolescents, and families. First, the importance of family interactions, shared moments, and support received from parents underscores parents' role in young people's well-being in the context of the pandemic. With this in mind, we encourage professionals to raise parents' awareness about the listening, acceptance, and emotional validation they can provide to their children, as well as about the importance of creating spaces and times for talking about COVID-19 to foster young people's understanding of the issues related to the pandemic and create nuanced family meanings about them. These data also underscore the need for school workers to broaden their definition of vulnerability in order to discern children whose well-being has been more severely compromised by the pandemic and to better support them. The experiences related by the young people in this study illustrate that beyond well-documented vulnerability factors (such as poverty, housing instability, family violence, and so on), the experiences young people have had during the pandemic may contribute to their vulnerability, including children living in privileged contexts (Lafantaisie et al., 2021). Given the central aspect of social relations in the experiences that contribute to children's well-being, particular attention should be paid to children and adolescents whose lives have already been marked by relationship breakdowns and who receive little support from their immediate families.

We also call upon decision-makers to put actions into place to render the world of children and the world around children favorable to their well-being. In particular, parents' availability for their children, essential to their well-being in the unstable period of this pandemic, should be encouraged. Without supportive measures, we fear that parents' adaptive resources, heavily solicited over the last 2 years, may run out, and their parenting practices may deteriorate. Lastly, creating more spaces and opportunities for children's participation is essential. Children's participation in the decisions that affect them, which was already insufficient, has dropped even further in reaction to the lockdown measures that limited their access to the spaces and people that supported their participation. Many of them experienced this lack of participation as a lack of consideration and interest on the part of leaders and society toward young people, who were heavily impacted by health measures even though the virus presented a very low risk to their health (Gervais et al., 2022). To dismantle this impression, young people should be included in all decisions about the services and activities that are aimed at them and that will be put into place to foster post-pandemic reopening and to orient what "normal life" will look like.

Strengths and Limitations

Despite the large sample size and the diversity of age and location of the study's participants, the privileged conditions of the young people we interviewed constitute a limit in this study. Indeed, our respondents had low exposure to COVID-19, lived mostly in fairly well-off two-parent families, and generally had parents with a high level of schooling who were able to work from home and thus be present for them during the months when they were not at school. The level of well-being reported by the young participants was higher than that of young people living in Europe during the same time period according to the study by Ravens-Sieberer et al. (2021), and the experiences they shared all bear witness to their privileged context. Their experiences are doubtless different from those of children who faced great precarity during the pandemic, for whom family activities were probably less frequent, and who saw fewer positive impacts of the pandemic. The combined analysis of the field notes and transcribed interviews is also a limitation of the study, as the adult interviewer's perspective may have seeped into the field notes, blurring the children's perspective on some of the experiences. As well, the relationship developed between the young people and their interviewer over the course of their meetings may also have introduced a social desirability bias, with young people wishing to give a good impression of themselves and largely recounting their positive experiences during the pandemic. This relationship, however, also constitutes one of the study's strengths, having contributed to a high retention rate over the course of the various measuring periods, helping the children feel safe and listened to, and helping them express themselves. The mixed longitudinal design is also one of the study's strengths, as it allowed for the comparative analysis of the specific experiences of different groups of children during the different periods of the pandemic. However, it does not allow us to establish a causal link between youths' level of well-being and their experiences during the early months of the pandemic. Indeed, because their well-being was only measured at the third measurement time, we cannot rule out that differences in well-being levels were already present before or at the very beginning of the pandemic and influenced young people's experiences, perceptions, and ways of engaging or not engaging with their surroundings.

Conclusion

This study's results provide a nuanced look at the experiences children lived through during the pandemic and their contribution to their well-being from their own perspective. The results highlight the complex interactions between children and their environment, revealing how children's agency, relationships, resources, and context contribute to both their experiences of the pandemic and their well-being. The results also underline the importance of listening to what children have to say rather than solely measuring the negative impacts of the pandemic on their mental health, as well as implementing social measures to support children's positive experiences and well-being in the context of a pandemic.

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Data Availability The datasets generated and analyzed during the current study are not publicly available due to the fact that they constitute an excerpt of research in progress but are available from the corresponding author on reasonable request.

Declarations

Conflict of Interest The authors declare no competing interests.

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