



Youth Lens: Youth Perspectives on the COVID-19 Pandemic and its Impact on Well-being in an Urban Community

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Abstract

The COVID-19 pandemic has greatly altered the lives of children and youth throughout the world, with significant implications for their long-term health and well-being. Children were largely excluded from the development and implementation of the various pandemic mitigation strategies and policies, yet their lives were significantly affected. This study sought to shed light on children's perspectives and experiences during the COVID-19 pandemic, the various ways it impacted their health and well-being, along with the resources which allowed them to continue to flourish in the face of extreme hardship. We present a subset of findings regarding the COVID-19 pandemic from the *Youth Lens* study, with 65 youth (aged 10–18) from urban communities in Cleveland, OH, USA. We utilized a participatory methodology with youth, including the data collection techniques of photo voice, community mapping, group discussion, individual interviews, and journaling. This study highlights important and timely findings related to children's well-being during the COVID-19 pandemic from the youth's perspectives and underscores potential ways to address their challenges and concerns.

Keywords Well-being · Children · Youth · Flourishing · COVID-19 · Intersectionality

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Introduction

The SARS-CoV-2 (COVID-19 disease) pandemic is both a social and health crisis, causing worldwide morbidity and mortality, and challenging the long-term survival, development, and well-being of children and youth, particularly those from disadvantaged backgrounds (Kyeremateng et al., 2022; Samji et al., 2021). It has also had ripple effects across society, as we continue to witness crises that are unfolding along entrenched fault lines. As cases begin to decline, we may think that the impact of the pandemic is coming to an end, but the effects of the pandemic will continue, potentially for decades, and particularly for those children and youth who experienced disrupted access to health, education, and social services (Kalash, 2020; Kyeremateng et al., 2022). The sooner that we identify and address long-term impacts on health and well-being, the more likely we are to avert devastating effects across the life course for children and young people.

This paper presents a subset of findings regarding the impact of the COVID-19 pandemic on the health and well-being of children from the *Youth Lens* study. The *Youth Lens* study utilized a participatory methodology with children and youth in the city of Cleveland, in Cuyahoga County, OH, in an effort to understand children's perspectives of the neighborhood environment and its impact on their health and well-being. The study culminated in a set of recommendations developed by youth geared toward the promotion of their health and well-being. We utilize children's well-being and intersectionality theories to holistically explore the ways in which children experience multiple forms of marginalization within the neighborhood, and how these experiences influence their psychological, social, and physical well-being during the pandemic. The children represented in this study were from various racial, ethnic, and socioeconomic backgrounds, but were predominantly from neighborhoods that have experienced deprivation over many decades.

The COVID-19 Pandemic and Inequities

The COVID-19 pandemic has been a time of great uncertainty, with myriad sources of conflicting information and changing policies and regulations (KFF, 2022). Against this backdrop of uncertainty, standard non-pharmaceutical (e.g., socio-behavioral) interventions were instituted at the start of the pandemic to control the spread of COVID-19. This primarily included “lockdowns” or stay-at-home orders across the USA, and indeed, much of the rest of the world (Le & Nguyen, 2021). These lockdowns included various levels of restrictions—including limitations on movement across local, state, and international borders; restrictions on businesses and private gatherings; and closures of public amenities and services, including school closures and shifts to virtual models of education.

Not all members of society have been universally subject to restrictions nor were benefits from protective measures equally experienced. Essential workers, broadly defined, remained on the frontlines of work and COVID-19 exposure. Low-income and minority workers have been the most likely to experience job loss throughout the pandemic (Abel & Deitz, 2021; Falk et al., 2021) while those who have maintained

their employment are more likely to work in-person and in close proximity to others, putting them at greater risk of COVID infection (Dubay et al., 2020). Students attending rural public schools were more likely to remain in-person for learning when compared to their peers in urban public schools (Schwartz et al., 2021) and many families shifted to private or homeschooling dependent upon their resources, the age of their children, and how their schooling needs matched what was being provided in their local districts (Musaddiq et al., 2021).

Long-standing socio-economic and health disparities in the USA have been emphasized and exacerbated by the COVID-19 pandemic and public health interventions meant to control it. While the pandemic has greatly impacted the lives of all people, racial and ethnic minority groups have been disproportionately affected due to entrenched structural inequalities that shape access to social, educational, economic, and other opportunities in the USA (Vasquez Reyes, 2020). It is these inequalities that increase vulnerability to disease, including those identified as COVID-19 co-morbidities, and that shape access to health care and health insurance. Consequently, it has been documented that Black Americans face worse COVID-19 outcomes due to a higher prevalence of those co-morbidities (Bowleg, 2020) and that minorities more generally, when accounting for poverty and local health care conditions, have higher rates of COVID-19 positivity and disease severity (Lopez et al., 2021; Magesh et al., 2021).

Study Context: Cleveland, OH

It is this context of inequality and multiple layers of disadvantage that shape the lives of youth involved with the *Youth Lens* study. Cleveland is a highly populated urban city located on the southern shore of Lake Erie in the midwestern region of the USA. Due to its location on both a river and great lake, it has a history of being a port city as well as a major manufacturing center. The city is divided into 34 designated neighborhoods, geographically defined in terms of their location on the east or west side of the Cuyahoga River. While the neighborhoods are characterized by a number of assets including diverse cultural heritages, historic infrastructure, high quality hospital systems and colleges, beautiful metro parks, and growing small businesses, they also face challenges related to a history of structural racism which has perpetuated racial segregation amongst the neighborhoods, as well as persisting social and health inequities.

Following a movement of White populations outside of the city limits to surrounding suburbs, the child poverty rate for Cleveland is 50.9%, drastically higher than the rates in the surrounding more affluent suburbs, where child poverty rates fall between 0 and 19% (US Census Bureau, 2018). The COVID-19 pandemic in Cleveland, OH, like other parts of the country, was characterized by wide health disparities and inequitable outcomes. Residential segregation is a strong predictor of COVID-19 deaths amongst Black residents (Franz et al., 2022). In Cleveland, the Hough neighborhood and other historically redlined areas had the highest number of COVID-19 deaths per capita in the city (Cleveland.com, 2022).

Healthy neighborhood environments support the physical and psychological development of children—in the short-term and over their life course. In contrast, neighborhood environments which are lacking in resources to support health contribute toward child health disparities. Relatedly, youth residing in areas of concentrated poverty were disparately impacted of COVID-19 pandemic public health interventions and the concomitant changes in access to public amenities. At the state level, the Ohio Governor and public health officials instituted school closures, stay-at-home orders, and other wide-ranging COVID-19 containment measures beginning in March 2020 (KFF, 2022). On March 16th, all K-12 schools were closed for a 3-week break. While the reopening of private and charter schools varied, the public schools within the Cleveland Metropolitan School District remained closed until September 2020, when they were able to secure tablets, laptops, and broadband and Wi-Fi hot-spot access for youth. At the same time, in the schools' surrounding communities, public amenities geared towards youth and their families were closed down, including parks, playgrounds, recreation centers, and libraries. Swings were removed from the parks, signs restricting use were posted, and caution tape was used to keep children off of the playgrounds. Additional resources for children and families were also closed, such as daycares, parenting groups, and other in-person services. The school district remained in a remote learning format until March 2021. As of March 2022, schools are meeting in-person and the mask mandate in schools has ended.

Theoretical Framework: Children's Well-being and Intersectionality

We draw upon intersectionality and children's well-being theories to holistically explore the ways in which children position themselves and are positioned by their multiple social identities, and how these experiences influence their psychological, social, and physical well-being outcomes during the pandemic. Intersectionality refers to the way in which social and cultural identities (e.g., race, class, gender, age) intersect, producing particular forms of power, privilege, and oppression (Crenshaw, 1989). It also recognizes how different groups are systematically marginalized in different spaces and how individuals may use their positions as resources for resistance, resilience, and activism (Konstantoni & Emejulu, 2017). Within the study's context of urban neighborhoods, the intersection of geographic location, age, race, culture, and socioeconomic status shape children's experiences of their neighborhood environment, which is composed of physical, built, social, and historical features (Benninger et al., 2021). For children in historically disenfranchised and segregated US neighborhoods, the COVID-19 pandemic has further exacerbated child health disparities (Kalash, 2020). In this study, we take seriously a central tenet of intersectionality, the particularity of the individual's experience as influenced by their specific set of overlapping identities, in our advocacy to elevate the voices of youth who live at the intersection of multiple inequalities.

This study is also situated within the framework of children's well-being theory. More specifically, we center the perspectives of youth, suggesting that their experiences and sense of well-being are valuable, not only toward the end of later adult functioning, but as a fundamental good. This suggests the importance, not only of "a child's stage-appropriate capacities that equip [them] for successful adulthood, given

[their] environment [... but also] an engagement with the world in child-appropriate ways” (Raghavan & Alexandrova, 2015). Well-being researchers have expressed discontent at the use of objective indicators as the sole measure of determining the health and well-being of children (Casas et al., 2013), due to their inability to provide a holistic and in depth understanding of health and well-being, what people think and feel, and how they appraise various aspects of their life. This has resulted in an increasing interest in measuring subjective well-being as a means of understanding an individual’s subjective understanding of their health and environment.

Global interest in studying children’s subjective well-being has advanced over the past few decades largely driven by the ratification of the United Nations Convention on the Rights of the Child (1989) and the theoretical and methodological assertions of the “new sociology of childhood” (Camfield et al., 2009). This theoretical perspective views childhood as socially and culturally constructed, with children often marginalized by social and cultural assumptions of their abilities. It further emphasizes children as active social agents who shape the processes and structures within their surrounding environment (Morrow, 2008). From a children’s rights perspective, the United Nations Convention of the Rights of the Child (1989) article 12 states that children have the right to freely express their opinion, to be heard, and for their opinions to be taken seriously on all matters which affect them. This study included intentional processes which recognize the outsized impact of pandemic mitigation efforts on the daily lives of children and seeks to honor their rights to have their opinions heard by amplifying their voices into the public and academic spheres. Article 13 supports child participation in the form of freedom of expression. This includes the right to seek, receive, or impart information and ideas through the child’s preferred form of communication. The development and implementation of the study design provided a variety of formats for youth participants to express their opinions in ways they felt most capable and comfortable.

Employing the concept of intersectionality in children’s well-being research promotes the exploration of children’s unique views of the world, noting that their needs and access to resources vary according to social positions introduced by their multiple identities. Research with children from historically marginalized groups should seek to understand how these intersecting systems and social realities converge to affect children’s lived experiences, especially within the context of the global pandemic.

Methods

Design

Our study employed a qualitative methodology within a participatory methodological framework, meaning that child and youth participants were included as research partners in the study. A youth advisory board was established to provide opportunities to guide the study design. The members of the youth advisory board served as co-researchers and provided assistance with the data collection, analysis, and dissemination stages of the project. All participants were consulted

throughout the project to ensure accurate representation of youth perspectives. For example, the participants assisted in writing a community and youth friendly report, and reviewed it for approval before we disseminated our findings to community stakeholders (e.g., teachers, parents, government officials, youth care workers).

Participants and Sampling

The youth involved in this study were from various racial/ethnic (i.e., Black, White, Southeast Asian, Latinx, and Multi-Racial) and socioeconomic backgrounds, but were predominantly from neighborhoods in Cleveland, OH, experiencing the highest child health and socioeconomic disparities in the region. It is important to note that within this context the pandemic exacerbated structural inequities which have persisted prior to the pandemic. The study followed a hybrid data collection approach, using both in person and virtual techniques with $N=65$ participants between the ages of 9–18 (youth aged 9–13, $n=44$; youth aged 14–18, $n=21$). The participants were recruited through the assistance of community partnerships with local recreation and community centers, community-based organizations, and schools in diverse neighborhoods throughout the city. The data collection sessions took place with small groups ranging from four to twenty children at various community sites including two local community centers, one recreation center, two schools, and one virtual group using the Zoom meeting platform. As a means of adapting to the pandemic, individual phone interviews were additionally conducted with the 14- to 18-year-old participants who were unable to attend the in person sessions due to COVID-19 restrictions or personal health and safety concerns. This strategy was employed to ensure youth who wanted to participate had the opportunity to do so. The interviews followed a semi-structured design and were based on the following core questions: *What is it like to live in your neighborhood? What are the things that you value about your neighborhood? What does being healthy mean to you?; What are the things in your neighborhood that make you feel healthy?; What are the things that make it difficult to feel healthy?; What does being happy mean to you?; What are the things or places in your neighborhood that make you happy?; What are the things or places that make it difficult to feel happy?; What do you do for fun?; What do you do in your free time? Has the COVID-19 pandemic affected your health, happiness, well-being (if yes, in what way)?*

The study was approved by the institutional review board at the university where the researchers were based. Informed consent was obtained for all participants and their guardians.

Data Collection

Each community and school group participated in a series of eight sessions focused on exploring health, self-identity, and well-being (see Table 1). Data was collected via participant observation, photovoice, individual and small group discussion,

Table 1 Child Participation Research Sessions. This table provides an outline of the lessons utilized with the children at the school and afterschool program sites

Session Topic	Activity
Introduction & Self-identity	<p>Introduce the project, get to know participants. Discuss photovoice ethics</p> <p><i>Self-Identity board:</i> Participants practice using the cameras by taking headshots of the other participants. Participants take a photo that represents themselves with a brief description of the photo and what it represents. Participants create a page in their research journals about their self- identity</p> <p><i>Photovoice:</i> Participants tasked with taking additional photos at home or in the community that represent their self-identity</p>
Health	<p><i>Photovoice debrief:</i> Provide opportunities for participants to share their self-identity boards and self-identity photos. Participants tasked with writing captions to the photos in their research journals</p> <p><i>Photovoice scavenger hunt:</i> Participants provided with a list of adjectives related to health and well-being. Working in pairs they try to take photos that represent the words around their school or community</p> <p><i>Health group discussion:</i> Semi-structured group interview discussing what health means to the participants and what influences their health</p> <p><i>Photovoice:</i> Participants tasked with taking photos that represent health (healthy/unhealthy aspects of neighborhood) to bring to the next session</p>
Well-being & Happiness	<p><i>Photovoice debrief:</i> Provide opportunities for participants to share their health photos and to write captions for the photos in their research journals</p> <p><i>Small group discussion:</i> Semi-structured interview discussing what well-being and happiness mean and what influences these concepts</p> <p><i>Photovoice:</i> Participants tasked with taking photos that represent happiness or wellbeing, including things that make them feel happy/unhappy and well/ not well around the center/school, and home/community</p>
Resilience	<p><i>Photovoice debrief:</i> Provide opportunities for participants to share their well-being photos and to write captions for the photos in their research journals</p> <p><i>Resilience Journaling:</i> Begin by discussing what resilience and coping are from the participants' perspectives. Participants tasked with journaling about a time when they coped with hardship/were resilient and what factors helped them get through the hardship</p>
Health, Self, and Well-being	<p><i>Health, Self, and Well-being mapping:</i> Participants tasked with creating maps on large poster board that represent their communities. Including spaces that support/inhibit health, well-being, and self-identity</p>
Solutions for promoting child health/wellbeing	<p><i>Children's Delphi:</i> Participants participate in children's delphi activity to reach consensus on critical issues affecting childrens' self-identity, health, and well-being and solutions/actions to support these issues</p>
Action Planning	<p>Participants develop an action plan for addressing a community child health issue. Participants create, review, and approve the final report of study findings</p>

journaling, and community mapping. Children's experiences during COVID-19 were discussed throughout the sessions.

Data Analysis

Participatory Thematic Analysis

Data analysis took place in two phases. The first phase included the participatory thematic sorting of photos, map images, and focus group discussion content in collaboration with each group of participants (see (Benninger et. al., 2021)). This approach to data analysis was selected in alignment with our study's theoretical framing around children's wellbeing and intersectionality. We recognized the positioning of our multiple identities as adults and researchers from a higher education institution and the influence this could have on the research process, especially in relation to power. We attempted to mitigate this through maximizing the participation of the participants in all phases of our research, including data analysis. This allowed them to develop themes from their perspectives, rather than the lens of the researchers. This grounded the data within the context of their multiple identities and social positions and the way this influenced their experiences throughout the COVID-19 pandemic. During each session, we summarized key ideas and insights on large pieces of paper or a white board and displayed these on the wall for all participants to see and to provide comments. We then held a brief discussion of the insights gleaned from the discussion at the end of each session, and detailed field notes of the entire process were taken by members of the research team. During the next phase of the participatory thematic sorting process, the notes from previous sessions were again displayed, along with the community maps and photo images. Participants then reflected and wrote down key words or themes from the images and discussion content onto note cards and collaboratively sorted these into larger thematic categories. The names of the thematic categories were written on large pieces of paper and hung on a large open wall. The next phase included sorting the photo images within these categories by placing them under the appropriate thematic heading on the wall. We then utilized the qualitative data analysis NVivo version 12 (QSR International) to organize and sort field notes and focus group transcripts into a codebook and in order to identify direct quotes and relevant descriptions and images supporting the themes identified by the youth and to write these into a community friendly report. This report was shared with the participants, giving them the opportunity to make changes or additions and to ensure their approval. This process took place independently with each community and school group so that each group would have a unique set of findings to be distributed to school personnel, parents, and community stakeholders.

Thematic Synthesis

In the second phase of data analysis, we used a thematic synthesis approach to bring together findings from the multiple substudies/groups across the city. The process of qualitative synthesis creates space for the emergence of new insights and understandings (Barnett-Page & Thomas, 2009). Our study team organized all the data from the groups throughout the city into one NVivo 20 (QSR International) project. We then analyzed the data to bring about new understanding of key ideas, concepts,

and conflictual and complementary relationships. Deductive coding was informed by the initial codebook, which represented the themes and concepts identified by the participants in the initial participatory thematic sorting process. Inductive coding conducted by two members of the research team applied a grounded approach wherein new themes were added based on in vivo coding of all transcripts. These processes resulted in a final codebook that was applied to the qualitative data combined from the project's substudies. The findings of this paper report on the set of findings specifically related to children's experiences during the COVID-19 pandemic.

Findings

Participants reported various interpersonal, intrapersonal, and environmental challenges that affected their overall well-being during the COVID-19 pandemic. Four broader interconnected thematic categories were established: social policies, mental and physical health, safety, and coping and flourishing. The following subthemes were established within the broader thematic categories: school and learning, social isolation, and self-identity. These themes and subthemes were interrelated within the participant discussions. In the following sections, we will summarize the spoken perspectives of youth participants, relying on direct quotations from the youth themselves and researcher field notes and elaborate on the connections between the themes and subthemes. Youth's voices remain free of gender and racial labels, based on discussions about identity with participants who pushed back on being labeled based on gender and race. We report on findings related to COVID-19 social policies and mitigation interventions as experienced by young people in Cleveland, including remote schooling, the use of masks in schools, physical distancing, and COVID-19 vaccination. We conclude the findings with the implication for child centered policies and a list of recommendations developed by the participants; both for adults who shape policies and for youth impacted by the pandemic response.

Social Policies and Children's Well-being

Participants in this study reported challenges related to social policies including remote school, school closures, masking, and other forms of social distancing during the pandemic. These challenges shifted over time, beginning with an initial period of great uncertainty as schools closed down and students and teachers shifted to online learning. Amongst these social policies, challenges with school and learning commonly surfaced within the participant discussions. While experiences of remote school differed, there were clear distinctions between students with more resources at home and those with less. For example, students living in households with less socioeconomic resources faced difficulty with stable internet access, quality of their computer/tablet, and finding a quiet space to study.

Further, remote school was described as a format that fit adults, rather than the student's priorities. They described the difficulties they had with learning an online format, especially with difficult subject areas where they felt that they were

on their own. It was different from a classroom setting where teachers were more easily accessible and approachable.

“It was like hard. Because, like, sometimes the Wifi. Like, what if we had like people, if there’s people you know, using the Wifi like your brothers or sisters, it was kind of hard because like the internet is slow. Or like there’ll be an outage, that’s as hard as well because you couldn’t really ask the teacher for help. Because you couldn’t really go up to them and ask for help so, it was harder.” (Age 11, January 2022)

Other participants elaborated on this perceived lack of support with online classes. They found it challenging to pay attention to hours of online lessons and reported that teachers were distracted or unable to support all students in the virtual classroom. While some teachers did provide ways of getting in touch, some participants reported that other teachers did not provide other ways of contacting them. This mapped onto an existing concern from the participants that teachers and school administration were not necessarily supportive of students’ needs:

“Anything like that. If your teacher did something and it frustrated you and you think they discriminated against you but you don’t know how to say it because you feel like the school is going to pick the teacher’s side. Which I’ve witnessed before.” (Age 18, Spring 2020)

Participants from a variety of schools had a mixed perception of their teachers during the pandemic. Many perceived that teachers were not “on their side,” and viewed teachers as unsympathetic to the needs of youth, especially during the pandemic and times of upheaval. Others, however, mentioned the support they received from teachers throughout the pandemic and the various ways they contributed towards a safe learning environment. Supportive teachers were described as those who took the time to check in with students related to how they were doing. The positive influence of the teachers was more commonly mentioned once schools had resumed in person learning. Another common theme which emerged in connection to the adult-centered rules focused on the shift from remote to in person learning. Participants from one school discussed cases of being back in the classroom and being unable to pay attention. Participants mentioned being yelled at by teachers who they felt were not understanding of the extra support and care that they needed.

Masking requirements in schools were mentioned in discussions of self-identity. Self-identity was defined by the participants to be “what makes you you” and described as having internal (how you know yourself and feel on the inside) and external (how others view you) components. Youth spoke about getting used to wearing masks, making the transition from not liking them, to liking to be able to hide behind them. Participants mentioned feeling an increase in social anxiety, whereas before the pandemic they felt more outgoing and social.

Youth reported worrying that without masks their peers would judge their appearance. In one small group discussion, participants shared that they were feeling insecure about not wearing masks around their peers. They referred to

“maskfishing,” where someone can look attractive with a mask on but when they take it off, they are no longer attractive because of how their nose or mouth looks. This has added pressure to students, making them more worried about what people will think about if they see their full faces. They mentioned the masks posing barriers for communication, it was difficult to hear the teacher or for the teacher to hear them. They also mentioned not being able to see people’s expressions or emotions.

“Like I wish people to see me like without the masks but like actually I don’t want them to.” (January 2022, Age 13)

Facilitator: *Anything that’s still hard about the masks?*

“Maybe just like understanding when the teacher is saying something. If you’re like sitting kind of far away, they might not be able to hear you.” (January 2022, Age 12)

Mental and Physical Health

The participants defined health as how you feel physically and mentally. Mental health was defined as “how you feel on the inside” and as being “happy, healthy, independent, confident, and feeling safe.” Mental illness was also discussed; participants mentioned experiencing various mental health symptoms including anxiety, fear, depression, loneliness, isolation, and grief, and suicidal ideation.

Within the broader theme of mental health, social isolation was a key subtheme which arose during group discussions. The participants discussed the harmful impact of the pandemic on their mental health, especially as it related to the pandemic’s social policies. In particular, they emphasized the detrimental effects of social isolation on their mental health.

“The pandemic is really damaging on my mental health. I had a lot of time to myself. When it first started, I had to be isolated from everybody else. And then once you could actually go outside and actually see people, I still kind of isolated myself. And a lot of time to myself wasn’t good for me.” (January 2022, Age 13)

Remote school contributed to a sense of social isolation. The participants described feeling as if they were stuck in time. For example, one participant explained that when the pandemic started, she was in the 5th grade, now she is in the 7th grade but still feels like a 5th grader. The youth discussed feeling as if they had lost so much during the pandemic, especially because of the length of time spent in a remote schooling environment. They detailed loss of activities and contact with people who brought them joy and fun, and missing out on important milestones, such as sporting events, prom, and graduation. Youth reported feeling isolated from their friends, teachers, and family members (outside of the home), and explained that the time spent in quarantine made it more difficult to socialize once they were back in school.

“Being alone in your room, you couldn’t actually talk to people in person. Feeling like you don’t have the support that you need. And for me, like you’re saying, I feel that for somebody like me during the pandemic, whenever school was online, I felt like some friendships definitely changed and I lost friendships.” (January 2022, Age 12)

With schools and community centers closed, youth were restricted to their homes. Those youth with positive relationships with family members found the pandemic to be an opportunity to get to know their families better, whereas those with more challenging relationships found that being at home all the time was deleterious.

“The negative <referring to the pandemic> was that my cousin was also going through a lot of stuff she was going through a lot of like, her parents were always fighting and stuff. So, she ended up running away.” (January 2022, Age 12)

“I feel like the home [virtual] schooling and not associating with my friends for so long can like have that effect on like stress and stuff cause I don’t keep in contact with my friends so I’m like all by myself here and I have four brothers and we have no interests that we have similar so I’m always in my room by myself.” (November 2020, Age 11)

Once many of the restrictions had been lifted, other participants spoke about appreciating the moments they had with friends and family, especially because there was a lingering anxiety of it being taken away. This is exemplified in the following quote:

“Like, just time in general, like, how do you think about how, like, everything could change and time is very valuable, because it’s like, everything from now is extreme and is definitely different for us. And like, I definitely do miss those old experiences. So like, now it’s kind of like, you know, you’re living in the moment, you just have to be like, present, you know.” (January 2022, Age 12)

They also discussed a desire for things to resume the way they used to be. For example, to be able to go to the mall without having to worry about rules around masks and social distancing and a desire for the school routines which existed prior to the pandemic:

“We used to have like eight classes a day. It’s like three, three like big blocks of courses. And like we were able to go upstairs and downstairs but now you’re just like on the floor where you are. And I definitely, like, miss the bell.” (January 2022, Age 13)

Physical Health

Participant discussions of physical health centered around physical activities, such as basketball, football, riding bikes, and running cross country. They also included things that youth personally do to take care of their bodies, such as diet, personal care, and hygiene. The participants also made connections to the behaviors of family and friends (e.g., parents smoking), and the rules set by adults (e.g., mask wearing,

social distancing). Physical health was described for the most part as suffering during the pandemic, especially because physical activities were greatly limited by the cancelation of athletic practices and events and the closure of recreation centers and other venues.

“I’m pretty sure like cross country, like the practices had started and I would have probably gone to those. So like, I couldn’t like go to those. I couldn’t run around my yard ‘cause it’s kind of small.” (October 2021, Age 11)

There were however participants who said they stayed physically healthy or even improved in their health behaviors during the pandemic, because of their connection to an outdoor physical activity or outdoor sport and due to an increase in health awareness which occurred during the pandemic:

“It’s just weird cuz most people have gotten worse during the pandemic, but I got better. I used to be a little chunky kid. And then during the pandemic I started working out a lot more and I got way stronger than before, I lost all that fat, and replaced it with muscles and stuff. Now I’m one of the fastest.” (November 2021, Age 13)

“I personally didn’t really think about my health much <before the pandemic>. Mostly, I am trying to somewhat get into shape. But like, it did change with COVID. Because then I, like, went out in the mornings more to like, take out the dog. Before COVID I would just like go to the doctor and stuff, but now I am more aware of the surroundings and what’s going on, I’m more concerned about it.” (January 2022, Age 12)

Participants also mentioned eating as a way to stay healthy during the pandemic; making smoothies and cooking healthy meals and snacks. While all of the participants agreed that eating healthy is important for their health, several participants shared that they had not been eating as healthy since the pandemic began. One participant explained this to be due to their parents working more and not having time to cook. Another participant explained that they were no longer able to go to their grandmother’s house to eat, whereas before the pandemic, she would cook healthy meals for them.

Safety

Safety was another recurrent theme which emerged especially within the discussions of mental and physical health. Family was identified by the majority of the participants as a key source of support which contributed towards a safe environment, although participants also noted how family could be a source of stress. Many of the participants reported feeling safe at home, in certain school spaces and at after-school programs. Participants also mentioned threats to physical safety. Bullying, including cyber and social media bullying, was described as one of the biggest threats to safety. Being continuously inundated with the news and media, especially in relation to the media focused on the COVID-19 pandemic

and racial and police violence, created additional anxieties and undermined their sense of safety.

Participant 1: *“This coronavirus has me so stressed out”* (Age 13).

Participant 2: *“Um it’s scary how many people have died from, how its, like people close to us, people we haven’t known, people from like different countries have died from the pandemic.”* (Age 12, October 2020)

Safety was defined differently by youth from neighborhoods with a high rate of gun violence and other safety issues. For some youth in this study, particularly from one neighborhood on Cleveland’s east side, safety means avoiding gun violence. Concerns over violence often were a higher priority for youth compared to worries over COVID-19. The neighborhood environment, especially due to the high crime rate around the city, made it difficult for the participants to safely engage in activities outdoors during the pandemic. The concern for safety is exemplified in the following participant account:

“I feel like it’s just not a good environment. It’s just not a good environment. I don’t think that’s um where you’d want to raise your kids. But I mean, it’s not, I won’t say it’s that bad. It’s not a horrible place to raise your kids but it’s not a good place to raise your kids at the same time. It’s just, I don’t know, it’s between ‘cause things that happen down here and like kids dying. Like somebody I know lost their life down here...Like, I don’t know, it’s crazy.”

Interviewer: *Can I ask what happened?*

Participant: *What happened? Uh, his name was <name>. He got shot in the head.”* (Age 15, May 2020)

Safety was additionally mentioned in relation to wearing masks and the COVID-19 vaccine. For some of the youth, these interventions helped increase their feelings of being physically safe from the coronavirus or for keeping others safe. However, many youth explained feeling confused about the safety and effectiveness of both interventions, along with physical discomfort. This confusion is exemplified in the following participant quotes:

“If I’m wearing like, a good mask, or one that has like a filter thing on it, I feel safer. But like, these ones <referring to surgical mask>? I don’t know. And then it kind of feels like, wait it out and people don’t get the vaccine, then they’re like COVID not real. And then half the people say COVID is not real?” (January 2022, Age 12)

“I’m done wearing a mask, it’s like kind of difficult to breathe, but not really at the same time. It’s weird to have a mask on my face for the day, pretty much uncomfortable for me to have a mask on. But I have to wear it to make sure everybody’s safe.” (January 2022, Age 11)

Some of the health discussions included dialog regarding the COVID-19 vaccine and their views on vaccination. This occurred in the later stages of the data collection process, when the vaccine was being rolled out to children and

teenagers in the city. Many of the participants voluntarily shared that they were vaccinated. In one small group discussion, all five participants agreed that getting vaccinated was a mutual choice with them and their parents and that it made them feel safer going out more. Their parents also allowed them to go out more because they were vaccinated. In another small group, two students said that their mothers chose for them to get the vaccine, one participant's sibling advocated for her to get it even though her mother did not want her to get it and the other got it herself at school. In one of the small groups, all four participants were very open when talking about the vaccination which seemed to be because they all agreed on it and felt as though their choice was "right" because an adult in their life had told them that it was the best option.

"Well, I got the vaccine on Friday, but I'm waiting two more weeks to get the other second dose. My mom didn't want me to get the vaccine but my sister was like arguing with my parents telling her to get it because her school requires it and she doesn't want to take like the COVID tests like every single day." (January 2022, Age 12)

Coping, Flourishing, and Resilience

Throughout the discussions the participants described their various strategies for resilience, which was defined by one of the groups as "getting through tough situations, how we bounce back." This included the various ways that they stay physically and mentally healthy in the face of barriers during the pandemic. Participants also discussed coping strategies: understanding your emotions, accepting them for what they are, and changing the bad feelings into good feelings when you can. They discussed strategies for staying socially connected to friends through talking or video chatting on their phones or tablets and connecting through social media. Additional strategies that they identified as helping them get through included participating in physical activities and trying to not pay attention to it (especially the news/media). This is exemplified in the following focus group discussion:

Facilitator: *Can anybody give some examples of how you got through 2020, the pandemic, I know we're still in it.....what kind of things did you do to get through that hard time?*

Participant A: *I try not to pay attention to it too much like on the news and stuff like that.*

Participant B: *My football season continued, so I had nothing to do at my house, so I would always look forward to going to football practice, that's where all my friends were and I had the most fun.*

Participant C: *I have no idea how I got through the pandemic.*

Facilitator: *You have no idea how, but you did. And here you are...*

Participant D: *I talked to my friends on the phone, um, trying to keep connected to people instead of being stuck in my house.*

Participant E: *I would paint. It helped me.*

Participant F: *So I didn't really remember, I was only 10. I didn't really think about it too much. I didn't care about it, I didn't know what was happening. I just watched TV and slept.* (October 2021, 10–13-year-old group)

In connection to the discussions on resilience, participants described optimal mental and emotional health, a theme which we refer to as flourishing: being happy, healthy, independent, confident, and feeling safe. This was supported by family and friends, teachers, being at school or an after school program, participating in sports, reading books, and through learning new skills that are challenging (such as riding a hoverboard or doing a front flip). Supportive and fun family environments were mentioned as supporting their mental health and overall well-being. Examples of ways families helped their children cope and flourish during the pandemic included playing with their children and engaging them in fun activities around the house or outside. For example, riding bikes and playing volleyball with their dads was mentioned by two separate participants as meaningful experiences that brought them happiness during the pandemic.

"I like to play volleyball and a lot of times my dad helps me and it's really fun because I get to spend time with him or taking a walk." (Age 12, November 2022)

Other participants mentioned that spending time with family and traveling helped them flourish during the pandemic.

"The positive was that I got to go to like different places that were cheaper also... it was kind of like, fun, because I got to go to like Virginia for the first time, I got to go to Myrtle Beach for the first time, it was kind of fun going there, for like, I got to go to Puerto Rico for \$1,000 cheaper than the tickets usually are, which was kind of fun, because I got to hang out with my baby cousin, and I got to hang out my older cousin. And we just got to spend a lot of time together, which I haven't done in like four years. So, it was kind of nice." (Age 12, January 2022)

"During the whole COVID situation we'd stay home, always every like, most of the time on the weekend, we would go on like a road trip around Ohio, we'd like never been before. One time we went down to Amish country. We go down often because we have a family down there." (Age 11, January 2022)

Participants also identified people within the community who continuously supported them, even in times of crisis, such as rec center managers and youth center staff:

Facilitator: *Who in your community do you feel supported by?*

Participant: *Well, <names of youth center staff members>, because they're always around here by the <name of center>. So they're always here for anything. They are always there during this crisis <the pandemic>. How they're still managing to give out free food for the people? So their service is central to the community.* (May 2020, Age 16)

Other youth mentioned the pandemic helped them to focus on themselves, including their school work and academic goals, and that made them feel better. This is captured in the following participant quotes:

“I think over the pandemic I’ve grown mentally because normally I probably would’ve have had a tougher time with this with school being online. This year when I’m online I think it’s a bit easier for me to stay focused and I think that the short breaks that we have when we go back into school is refreshing.” (Age 12, November 2020)

“It’s not like I’m giving up on it. I myself have tried to figure out new things that I can do. Like a planner, I have a planner that I’m going to write stuff in. I want to get a bullet journal to keep track of everything and have my plans in. That type of thing. Even with college I’m going to stay as focused and on top of everything as I can be so that I can catch up. And again realizing that COVID obviously is not in my control so I can’t be too sad about what happened and I just have to work around it.” (Age 18, June 2020)

The Need for Child-Centered Policies

Across settings, participants felt that COVID-19 social policies at a local level were not consultative or inclusive of children’s experiences and views. Throughout the pandemic, many children reported feeling like everything was out of their control. On the one hand, COVID-19 policies were changing rapidly and many were unclear about when school could resume in person. These experiences differed by age, as some younger children described that they were too young (10 years old or so) to fully understand what was going on. Older adolescents and young teenagers felt more disenfranchised with COVID-19 policies. When asked about how participants feel about people making decisions on COVID-19, one participant felt that this adult-centered decision-making mirrored their home situation.

“At home, my mom will ask me something and then I’ll answer of course. Then, sometimes she doesn’t even listen. She just asks and then does what she wants anyway. So it’s whatever...like, we went to go pick out paint for the bathroom. She asked if I like the color, and I said no, but she picked it anyway.... I’m like, why did you even ask me?” (Age 11, January 2022)

The other participants nodded in agreement as if they could relate. Youth also described the negative impact of shutting down children’s spaces and activities during the pandemic. For youth in one predominantly Black neighborhood of Cleveland, recreation centers are not only spaces for leisure, but they serve a critical function in providing safe space for young people so that they are able to avoid gang recruitment or gun violence on the streets. Yet, youth centers were immediately shut down during the pandemic. Young people from the east side spoke about the impact this had on their lives during pandemic lockdowns. Youth did not have alternatives, several spoke about how, with the closure of recreation centers, they did not have anywhere else to go in the neighborhood. Because the neighborhood was perceived to be unsafe due to a high level of gun

violence, youth on Cleveland's east side could not necessarily spend time outside in their neighborhood during lockdown, while others did have that option.

Because of a perceived lack of safety in the neighborhood, youth reported that this contributed to increasing stress. Because of the violence in one west side neighborhood, one young person felt that they could not go outside, which contributed to their sense of stress.

“For the stressors, I feel like violence makes it so that you are not able to – socialize with people. But it’s something like playing outside with people. I feel like it’s kids who all the time, or can’t, based on their loose energy, get outside because of the violence.” (Age 17, May 2020)

Youth mentioned the lack of leisure space as a meaningful deficit that having such spaces would serve a critical function in young people's wellbeing.

“If we have some sort of, like a library, karaoke, video game center where we can run away and sit on bean bags and read books then we would be fine. It’s just that we need space from school and home. And I know most of us just juggle between the two and maybe work but you can’t party at work obviously you have to go to work to work. So I just feel like most of us lack that leisure place, which is why teenagers always feel so neglected.” (Age 18, June 2020)

Building on this, the shutting down of children's spaces increased social isolation and opportunities for engaging in activities which were important to children:

“Most of my friends when we would get out of school or on the weekends, that’s where I chilled for real. But now since its COVID you can’t really hang out anywhere anymore.” (Age 13, October 2020)

I mean there’s a park nearby, there’s not much to do at the parks. There’s just like a baseball field but because of COVID they took everything out. (Age 11, October 2020)

“There’s not much to do around here. I mean there’s a church down the street that way. There’s an old fire department. There’s a park, I feel like they could probably do a little more there because there’s not much to do. There’s just a baseball field. The park they shut down because of COVID... There’s really not much to do around here anyway to like build and stuff because there’s so many houses where I live.” (Age 11, October 2020)

When asked what adults could do to make things better, the participants expressed wanting the pandemic to end, but also just wanted some simple things back, like being able to go places without so many rules (i.e., masks, needing to be vaccinated) or being able to have a bell and change classes, rituals within the school day which were taken away by adults. Additionally, adult-centered recommendations like “getting outside” fundamentally would not make sense for young people who live in neighborhoods with a high level of gun violence or other safety issues.

Children's Recommendations for Promoting Health, Wellbeing, and Flourishing

The participants generated strategies and recommendations to help young people stay healthy, well, and to flourish during the pandemic. These recommendations centered around mental and physical health promotion, social connectedness, and stress reduction. This included recommendations for children and youth and for adult practitioners and policymakers.

Participant recommendations for children and youth included:

1. Practice self-care, such as taking the time to rest and engage in things that help you feel better (e.g., listening to music, drawing, playing outside)
2. Connect with friends through social media or the phone and in person when it is safe
3. Stay active (e.g., play outside, join a sports team)
4. Spend time with family members
5. Focus on school work
6. Keep a positive mindset
7. Acknowledge your peers who seem upset or lonely by saying hi, asking questions, and smiling
8. Stop talking down to people or spreading rumors

Participant recommendations for adults to support children and youth health and wellbeing included:

1. Support programs for wellness in the schools (sports, music, art). Do not take these away as discipline or replace them with other core subjects. These are essential for relieving stress and for experiences of happiness. More classes should teach material about life.
2. Take the time to pause. Let children know you are there to listen.
3. Just smile.
4. Get to know students individually, provide more opportunities to support their unique ways of learning and concentrating.
5. Create spaces where youth can be open about emotions with trusted adults.
6. Create more opportunities for children to experience joy and fun as outlets for stress.
7. Provide opportunities for experiencing new things outside of the neighborhood and for traveling.
8. Reduce the time kids are required to be on screens and increase opportunities for movement.
9. Create healthier neighborhoods to address the crime, homelessness, abandoned houses, and poor infrastructure which prevent young people from engaging outside and from staying physically safe. Invest in better neighborhood infrastructure, such as nicer parks and recreation centers with more options for activities, and make the neighborhoods more colorful.
10. Create school clubs around the environment and organize clean-ups.
11. Maintain pre-pandemic school routines as much as possible.

Discussion

This paper discussed a subset of findings related to the COVID-19 pandemic from the *Youth Lens* study, which utilized a participatory methodology with children and youth in Cleveland, OH, with the aim of exploring perspectives of the neighborhood environment, its impact on their health and well-being, and to develop children-centered strategies for health promotion. Our findings illustrate the effect of social policies on children's wellbeing, including the way that unpredictable shifts between in-person and online schooling negatively shaped children's educational experiences. It further highlighted the impact of social isolation and loss of children's spaces (i.e., recreation centers, libraries, playgrounds) which left young people, particularly in disadvantaged neighborhoods, without alternative spaces to exercise, build social connections, or relieve stress. The inherent uncertainty of the global COVID-19 pandemic and related social distancing policies shaped children's mental and physical health, and many participants reported stress, anxiety, and physical inactivity. Children and youth in this study, while unable to control their immediate circumstances and feeling largely controlled by the dictates of adults in charge, developed strategies for coping and offered recommendations for other youth and for those adults in charge of decision-making.

COVID-19 and its Impact on Children's Health and Wellbeing

As discussed in the prior section, policies meant to manage the COVID-19 pandemic altered the types of environments accessible to youth (Le & Nguyen, 2021; Masonbrink & Hurley, 2020). This was commonly mentioned as a concern for the participants, and yet, the impact on their quality of life was not uniform. There was notable variance introduced by the existing familial, social, and economic resources of the youth. Families with food at home, and with access to private recreational spaces, suffered less harm than those who relied on school to provide these resources (Masonbrink & Hurley, 2020; Wong et al., 2020). Those who were in neighborhoods perceived as safe for riding bikes or playing in the park also fared differently. Socio-cultural factors also played an important role in the quality of life of participants, for example, many participants mentioned the role which immediate and extended family members played in supporting their wellbeing during the pandemic, through providing opportunities for social engagement and by assisting with essential family needs such as providing cooked meals and childcare. Children who participated in outdoor sports were likely to mention these as a resource for their health and for making positive social connections during the pandemic, whereas indoor sports were more likely to be canceled. While all youth in this study were exposed to the same policies, the landscape and features of the youths' daily lives were central in determining the impact of these policies.

Intersectionality Theory and Children's Wellbeing

Drawing upon the concept of intersectionality (Konstantoni & Emejulu, 2017) was useful for understanding the context of the youth participants; recognizing how the various social statuses of the participants had a combined impact of how their quality of life was affected by the pandemic. However, there were aspects of the pandemic and social distancing policies which resulted in an experience of hardship during the pandemic that transcended race, gender, and the more often referenced and visible identities (Wong et al., 2020). The participants reported being tired of adults and peers constantly creating labels around race and gender and felt the expectations which aligned with those labels were unfair. For these reasons, we did not identify the race or gender of the participants within our findings. While in the larger study, race and gender were commonly mentioned in discussions about identity and how one's gender and/or racial identity affected how one was treated in school and in the community, references to race and gender did not come up as having a direct impact on their experiences of the pandemic. Age was brought up as a shared experience, especially in terms of being a child and having a limited voice or ability to make autonomous decisions throughout the pandemic.

Throughout discussions of the pandemic, youth put forward and coalesced around a variety of identities which to them were relevant in the ways they navigated and experienced pandemic policies. Participants commonly identified themselves in connection with sports and other extramural activities; referring to themselves as a football player, cross-country runner, volleyball player, and artist. This strong self-connection with a particular activity provided a means of flourishing during the pandemic through focusing on that activity. The participants also adopted identities in connection with their perceived personality traits, which also seemed to impact their strategies for coping during the pandemic. For example, those who identified as introverted mentioned spending a lot of time alone in their rooms, listening to music, and engaging in activities such as drawing to help them get through the hard times. They also mentioned that it was especially challenging to reintegrate into school once it opened and that they struggled more than ever to socialize with their peers. Other participants who identified as outgoing or extroverted mentioned strategies such as engaging in sports, talking on the phone, and playing outside with others as helping them cope during the pandemic. They appeared to have an easier time transitioning back to school, and valued the opening of schools as supportive of their mental health and wellbeing.

Children's identities and wellbeing were additionally described to be affected by the mask wearing and the increased use of social media. They felt that their identities in relation to their appearance were altered. On social media youth commonly constructed ideal selves by selecting the information and images which were made publicly available to others. Likewise, the masks provided a means of hiding behind one's true appearance and created anxiety around how others would accept them or view their appearance without the mask.

While the youth did not mention their race and gender as affecting resources during the pandemic, we note the context of the inequitable access to resources such as in-person learning, technology, and economic security, which were

identified by the participants as barriers to their well-being (Wong et al., 2020). It is notable that the participants themselves did not mention that their race or socioeconomic status was linked to these inequities. Given that the majority of their peers and neighbors were experiencing the same barriers, it may not have felt relevant to discuss these as inequitable, though several youth mentioned that their community did not feel like the safest or best place to live, implicitly connecting with this idea of inequality.

For young people from historically disenfranchised communities, we noted the lack of resources in the communities for youth-friendly activities. Recreation centers and other youth-friendly spaces were mentioned by youth as being critical to their wellbeing and flourishing. Thus, youth reported harm associated with the closure of those spaces during the pandemic. This is one example of how COVID-19 policies disproportionately affected youth from historically disenfranchised areas in Cleveland, as they also reported being more dependent on those spaces, not having alternatives in the community, as safe outlets where they can engage in physical activity and socialize with their peers. In the context of COVID-19 lockdowns, many participants were stuck at home and could not take advantage of any outdoor spaces because of safety concerns.

Children's Strategies and Recommendations for Promoting Health and Wellbeing

Youth participants generated strategies and recommendations to help young people stay healthy and well during the pandemic. These recommendations focused on mental and physical health promotion, social connectedness, and stress reduction. Young people reported that they would like additional strategies and knowledge to improve their mental health, such as how to practice self-care even with limited time or resources. However, young people also need to have access to community supports and resources that promote their well-being. Individual actions to improve mental health may be limited due to barriers in the wider social and economic context.

Recommendations included ways to support their peers who seemed socially isolated or were having difficulty transitioning out of periods of social isolation, such as acknowledging peers who seem upset or lonely. Youth also spoke about the stigma of speaking about mental health issues, and the need to create safer spaces for them to open up. Finally, young people recognize the way that mental health, physical health, and flourishing are interconnected. Many reported not having the tools to maintain their mental or physical health, which ultimately impacted their ability to flourish. These are all points of intervention that mental health caregivers and public health policymakers can support, through allocating more resources for mental health and wellness programs in educational settings. Policymakers can create youth-supportive spaces by more fully funding recreation centers and other youth-friendly activities in the neighborhood where young people can feel safe and protected outside their homes. In this sense, youth-centered activities are not just a luxury; they are actually life-saving for young people, particularly those from disadvantaged communities.

Methodological Considerations

Participatory methods with children and youth center their perspectives, and this study was motivated by the idea that youth should be involved in guiding the development of knowledge, policies, programs, and strategies aimed at promoting positive wellbeing outcomes for young people in their neighborhoods. The lived experiences of youth shaped how we understood and conceptualized their health and well-being during the pandemic. The participants shed light on various aspects of their experiences which otherwise may have been overlooked by adults. They also came up with a number of suggestions for children and adults to take into consideration in order to promote children's well-being in various community contexts along with implications for policy.

As with any participatory methodology, it is essential to draw attention to the power relations between the researchers and the participants. Due to the age differences between the adult researchers and the child participants, we were aware of our positions of power and employed a number of strategies to create an environment in which children could interact as equal partners in the research process. This included prolonged engagement with the participants in order to build a trusting environment for exploring issues affecting their lives. We also created opportunities for various avenues for engagement, such as writing, drawing, photography, discussion, and repeated opportunities for feedback and suggestions. When meeting in a classroom setting, we were mindful of the way we structured the physical environment of the discussions, sitting in circles with the participants, rather than lecturing at the front of the classroom. We continuously took field notes and reflected on our personal social positioning and its influence on the data collection process. It was also essential to recognize that participation can mean different things in different spaces, and to find the balance between maximizing the participation of the participants, while also being mindful of the degree to which participants are able or willing to participate. The participants in this study were balancing a number of needs and priorities, from school work, sports, social activities, and mental health, all in the context of a global pandemic and significant and unexpected alterations to their daily lives. We therefore continuously communicated to the participants opportunities for engagement, while also ensuring them that they could choose the ways in which they desired to engage, and to opt out when needed. For some participants, this meant giving 1 hour of their time to be interviewed. Others were able to contribute substantially, occupying 2-year terms on our advisory board, assisting with data collection and analysis, and action planning. By providing various avenues of participation, and by allowing the participants to have a choice for how and when they participated, we maximized the inclusion of more children's perspectives without exploiting their personal time and priorities.

It is also essential to acknowledge the ways in which group dynamics affected the data. Since the majority of the data were collected in a group setting, peers were observed to have an influence on the responses of the participants. For example, in one of the small group discussions, all except one member of the small group reported being vaccinated. When the others chose to talk about their vaccination status, he mentioned that he had not been vaccinated, then nervously added that he

was going to get it. This response seemed to be triggered by his peers' reactions. This was also apparent in the discussions around mental health, where some participants did not feel comfortable sharing about their personal experience. One of the ways this was reconciled was through the use of multiple methods of data collection, where the participants were able to engage and express their viewpoints through multiple methods, such as photography and journaling. Some of the participants who were not comfortable speaking up in the group discussions, expressed their views through writing which was shared directly with the researchers. We also found individual interviews to be particularly helpful for the teenage participants, who preferred to discuss personal matters in a more private setting, rather than in front of peers.

Study Limitations and Future Research

The changing nature of the pandemic and the pandemic mitigation policies created a number of challenges for data collection. While the participatory nature of the research design allowed us to be flexible and adaptive, it also had an impact on the quality of the data collected. In early 2020, we switched from in person to remote format; however, many participants were unable to join the virtual sessions due to a lack of access to Wi-Fi or cellular data. At this point, we opened up the opportunity for individual phone-based interviews so that the perspectives of youth with limited technology could still be included. Overall, the morale of the participants was low during the first year of the pandemic (March 2020–2021). Attendance was also challenging throughout the study, especially due to strict contact tracing, where participants were forced to quarantine due to a COVID-19 exposure. Once our sessions resumed in person, the community centers and schools were closed down on several occasions for weeks at a time. Switching to a remote format was not ideal for the participants, who expressed fatigue from being on screens all day at school and not wanting to add one more virtual meeting to their schedule.

The participants in this study were all residing in urban communities with inequitable resources within the neighborhood environment compared to their child counterparts in the neighboring suburbs. Given the context of structural racism and segregation which is reinforced at a regional level, a regional perspective would help us better understand how these inequities influence children's subjective well-being. Likewise, including children from across the region could help us further conceptualize common experiences related to being children which transcend racial and socioeconomic boundaries.

An area for future research relates to the timing of this study. Children participated in this study at various time frames during the pandemic from early 2020 through 2022; their experiences were therefore likely to change due to the changing nature of the pandemic and the pandemic-related policies. A retrospective or longitudinal study looking at understanding the effects over the entire life course could help us understand how children's well-being changed during the various stages of the pandemic along with understanding the pandemic's lasting impact.

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Data Availability The datasets generated during and/or analyzed during the current study are not publicly available due to participant confidentiality. Deidentified data are available from the corresponding author on reasonable request.

Declarations

Ethics Approval This study was approved by the lead authors' institutional review board (Study 20190965).

Competing Interests The authors declare no competing interests.

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