Rural Children’s Well-Being in the Context of the COVID-19 Pandemic: Perspectives from Children in the Midwestern United States

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Abstract
Children in rural areas are more likely to experience a variety of risk factors that increase their vulnerability to physical and mental health disparities. Bronfenbrenner’s ecological model (1986) was used as a framework for understanding rural children’s perceptions and well-being within multiple interactive contexts during the COVID-19 pandemic. This phenomenological study was designed to explore rural children’s perceptions of their well-being and the impact of the COVID-19 pandemic on their contexts and well-being. This sub-study of the Children’s Understandings of Well-Being project followed the standard qualitative interview protocol with additional prompts related to the pandemic. Rural children (age 8 to 18, N=72) from the Midwestern United States participated from March 2020 to November 2021 via teleconferencing. Phenomenological analyses of transcripts focused on the essence of children’s understanding of well-being and their perception of the impact of the pandemic on their contexts and well-being. Each transcript was coded by author 1 and verified by author 2, and discrepancies were identified, discussed, and resolved. The third author served as an external auditor to enhance trustworthiness. First-cycle coding focused on children’s specific references to well-being experiences during COVID-19. Second-cycle selective coding focused on specific well-being experiences and contexts that were impacted by COVID-19. These codes were used to develop two broad themes, “Well This Kinda Stinks, But We Just Adapt” and “Safety Means Something Different to Me Now.” The meaning of themes and subthemes are explored, with implications for researchers, practitioners, and policymakers.

Keywords Children · Well-being · COVID-19 · Context · Adapt · Safety
Introduction

Contextual Influences on Children’s Well-Being

Understanding the predictors of children’s well-being has been a priority area for researchers, practitioners, and policymakers, with vast advancements in the study of well-being, particularly children’s subjective well-being, over the past three decades around the world (Amerijckx & Humblet, 2014; Ben-Arieh et al., 2014; Casas, 2019; McAuley & Rose, 2010; Savahl et al., 2021). Advances to our understanding of how children define, experience, perceive, and evaluate their well-being, as well as the contexts or experiences that support their well-being, have been driven by two large international research consortia organized around this issue. The Children’s Worlds study was designed to collect representative quantitative data on children’s lives, daily activities, time use, and self-perception of well-being in as many countries as possible. To date, data have been collected from children in over 40 countries across three separate waves of data collection, from 2010 to 2019 (see, e.g., Children’s Worlds, 2022; Savahl et al., 2021). The CUWB Project (Children’s Understandings of Well-Being) is a multinational qualitative study of children’s conceptualizations and experiences of well-being, examining both comparative and global perspectives. Children across 25 countries have been interviewed using a semi-structured interview protocol aimed at giving voice to children’s well-being experiences (CUWB, 2022; Fattore et al., 2019). Together, these studies have advanced our understanding of important domains of children’s subjective well-being (e.g., life satisfaction, agency, mental health, safety, and being listened to) and the contexts in which their well-being is supported.

Across these recent quantitative and qualitative studies, researchers have found that an ecological, relationship-based model of children’s subjective well-being appropriately predicts, reveals, and gives voice to children’s well-being experiences in United States and other countries (Casas, 2019; Fattore et al., 2019; Lawler et. al, 2018; Newland et al., 2019a, 2019b, 2015). While macro-level variables such as SES and culture are important predictors of well-being, the quality of the microclimate (e.g., family system, school climate) as well quality of interpersonal relationships within those microclimates seem to have the most consistent and potent impact on children’s subjective well-being across countries and cultures (Amerijckx & Humblet, 2014; Ben-Arieh et al., 2014; Newland et al., 2019a, 2019b). Bronfenbrenner’s ecological model (1986) has been a useful framework for understanding children’s perceptions of health and well-being because it takes into account these multiple, interactive, layered contexts (Eriks-son et al., 2018).

A majority of studies using an ecological framework to understand child subjective well-being and development within a variety of countries focus on proximal contexts (microsystems, e.g., family, peers, school, neighborhood) embedded within broader macrosystems (cultural and geopolitical contexts, including ethnicity, socioeconomic status, and rural culture). They also account for the
bidirectional influences between children and their contexts, and changes to those contexts over time, via the chronosystem (Amerijckx & Humblet, 2014; Atilola, 2014; Bates et al., 2020; Ben-Arieh et al., 2014; Firmin et al., 2020; Glendinning et al., 2008; Iruka et al., 2020; Newland et al., 2015). While these studies have added depth and breadth to our understanding of well-being, the impact of context is not static, and changes in contexts will lead to changes in child outcomes (Amerijckx & Humblet, 2014; Firmin & Rayment-McHugh, 2020). One of the biggest changes in recent history to children’s contexts resulted from the COVID-19 pandemic which began in 2020 (Fore, 2020).

Children’s Changing Contexts Due to COVID-19

The COVID-19 pandemic caused major contextual changes for children all over the world (Fore, 2020; Ravens-Sieberer et al., 2021; Shah et al., 2020). As cities, states, and countries were shut down (in early 2020 in the United States and many other parts of the world), children experienced closure of schools and childcares, disruption of daily routines, changes in dietary and sleeping habits, confinement to the home, lack of physical and outdoor activities, social distancing and social isolation, and increased food insecurity (Al-Balushi & Essa, 2020; Shah et al., 2020; Xiang et al., 2020). They also experienced confusion, helplessness, boredom, loneliness, stress, anxiety, worry, and fear of self or close other contracting the disease (e.g., parent, grandparent), combined with decreased access to their social support networks (Saurabh et al., 2020; Shah et al., 2020). All of these experiences had the potential to impact children’s well-being, quality of life, and mental health (Bates et al., 2020; Fore, 2020; Ghosh et al., 2020; Gupta & Jawanda, 2020; Pikulski et al., 2020; Prime et al., 2020; Quetsch et al., 2022; Ravens-Sieberer et al., 2021; Singh et al., 2020). There is a need to research and document adaptive coping strategies used by children and adolescents to support their health and well-being during COVID-19, in order to enhance programs and policies geared towards children who encounter similar and ongoing contextual changes (Bates et al., 2020; Fore, 2020; Saurabh & Ranjan, 2020; Shah et al., 2020; Singh et al., 2020).

In addition to direct impacts on children, indirect effects of the pandemic stemmed from changes in the family system and higher levels of parental stress around the world (Al-Balushi & Essa, 2020; Masonbrink & Hurley, 2020; Quetsch et al., 2022; Shah et al., 2020; Shweta et al., 2020). Parents reported greater work-family stress, changes in work hours, arrangements and employment status, stress of fulfilling a teaching role for their child, and fear of the child or other family members contracting the virus (Al-Balushi & Essa, 2020; Shah et al., 2020). Children and their parents were often separated from extended family members, including grandparents, and had to find new ways to connect such as through video chat programs (Brown & Greenfield, 2021; Strouse et al., 2021). These family experiences were impacted by the changing landscape of local and regional infection rates, availability of testing kits and healthcare access, and safety measures and policies established within local communities (Prime et al., 2020; Quetsch et al., 2022).
Children were also impacted by changes to their school and peer contexts, which are often intertwined (Ghosh et al., 2020). As the virus spread and COVID-19 rates went up from region to region, school closure was common worldwide and could be upsetting to children (Dorner et al., 2022; Fore, 2020; Masonbrink & Hurley, 2020; Singh et al., 2020). The ways in which education was interrupted and schools adapted varied from (a) sending learning packets home to support home-based learning to (b) alternating school and learn-from-home days to social distance in the classroom to (c) moving instruction and materials completely online to (d) revamping online techniques to improve learning outcomes (Dorner et al., 2022; Mourlam et al., 2020; Shah et al., 2020). Concerns abounded that students would miss their face-to-face instruction and access to their teacher, that teachers may not be able to make instruction comparable to what students were accustomed to, that student learning would be compromised, that low-income students may not have access to the Internet and computers for online learning, and that students would miss the peer social interaction that schools afforded them (Gupta & Jawanda, 2020; Masonbrink & Hurley, 2020; Shah et al., 2020). For some children, school is their lifeline (Ghosh et al., 2020). The most vulnerable children rely on schools as a safety net, catching child exploitation, abuse and neglect situations that might go unreported if children are not seen in school, and reducing children’s access to social services (Fore, 2020; Gupta & Jawanda, 2020; Masonbrink & Hurley, 2020).

There was a similar concern that due to lockdowns and social distancing worldwide, students might have very limited access to peers outside of school due to canceled extracurricular activities, sporting events, and small and large social gatherings and that social distancing would have impacts on child and adolescent mental health (Fore, 2020; Ghosh et al., 2020; Ravens-Sieberer et al., 2021; Shah et al., 2020; Singh et al., 2020). It may also impact physical health, because disconnection with peers and activities may lead to more sedentary behavior and less physical activity (Xiang et al., 2020). Technology access disparities may increase children’s feelings of isolation and disconnection from peers (Gupta & Jawanda, 2020). For some children, this would essentially be a double whammy, because they would lose social contacts with peer groups inside and outside of school, which may have serious impacts on their behavior and mental health (Al-Balushi & Essa, 2020; Gupta & Jawanda, 2020; Shah et al., 2020).

**Rural Children: a Particularly Vulnerable Population during COVID-19**

Children in rural areas may be disproportionately affected by COVID-19 and related contextual shifts. Compared to children in urban and suburban areas, children in rural areas of the United States are already at higher risk of experiencing mental and physical health disparities such as higher rates of mortality, suicide, firearm injury, and obesity (Bettenhausen et al., 2021; Morales et al., 2020). Rural US children have poorer mental health outcomes overall, and the rates of mental, behavioral, and developmental disorders are higher in children living in rural communities compared to non-rural communities (CDC, 2021; Glendinning et al., 2008; Kelly et al.,...
2011; Morales et al, 2020; Newland et al., 2015). However, the impact of rurality is felt by children all over the world.

The challenges facing rural children worldwide include social isolation, low socioeconomic status, limited parental employment opportunities, high economic stress, poor parental mental health, and challenges accessing transportation and healthcare. They also include lack of access to goods, services, and resources such as Internet service, school funding, and access to school-based technology such as one-to-one mobile initiatives (CDC, 2021; Fiscella & Kitzman, 2009; Glendinning et al., 2008; Kelly et al., 2011; Newland et al., 2015; Speyer et al., 2018). While resources are low, access to support services is severely lacking in some areas. The limited number of primary and specialty healthcare providers is related to geography and transportation barriers (Speyer et al., 2018). Shortage of mental health specialists for children and adolescents is a particularly troubling and ongoing issue. The most vulnerable children in need of care are the least likely to receive the care they need (Bettenhausen et al., 2021; Morales et al., 2020). Thus, additional research on the health and well-being of at-risk children, including rural children, is called for as a means of supporting policy changes that address those disparities and the social and contextual factors that contribute to them, as these will impact children’s well-being (Bettenhausen et al., 2021; Ghosh et al., 2020; Newland et al., 2015; Speyer et al., 2018).

**Purpose of the Study and Research Question**

When a major event such as the COVID-19 pandemic impacts one or more of children’s contexts, it’s important to examine resulting changes in children’s well-being (Bates et al., 2020; Bhatia, 2020; Brown & Greenfield, 2021; Evans et al., 2020; de Figueiredo et al., 2021;). Although still somewhat limited, prior studies and policy recommendations have represented the views of parents (e.g., Al-Balushi & Essa, 2020; Quetsch et al., 2022), educators (e.g., Dorner, et al., 2022), medical and mental health professionals (e.g., Gupta & Jawanda, 2020; Shah et al., 2020), and policymakers and child advocates (e.g., Fore, 2020; Masonbrink & Hurley, 2020). What is markedly missing from the discourse is the voice of children. Over the past decade, researchers have called for studies to move beyond objective, adult-identified indices of child well-being and instead place children at the center of the research to explore their subjective perspectives of well-being (e.g., Fattore et al., 2019, 2012). The present study, a sub-study of the CUWB project (http://www.cuwb.org/), was designed to give voice to children’s experiences of well-being during COVID-19.

Very few studies to date have interviewed children directly about their COVID-19 experiences and well-being, and those that have were conducted outside of the United States (e.g., Saurabh & Ranjan, 2020; Xiang, et al., 2020). This has left a distinct gap in the literature, namely: what do children say about their well-being during COVID-19, and how is their well-being linked to their changing environments during COVID-19? Therefore, the purpose of this phenomenological study was to illuminate children’s experiences of their contextual shifts and well-being for rural children in the Midwestern United States during the COVID-19 pandemic.
This study was guided by the following research question: What is the lived experience of well-being for rural Midwestern US children who lived through the COVID-19 pandemic?

Methods

Participants

Participants (N=72) for this study were recruited primarily from Midwestern locations in the United States (10% from other regions in the United States). Most children and their parents lived in rural areas, small towns, or suburban areas with populations less than 100,000 (as defined by the National Center for Educational Statistics, 2022). Children in this study ranged in age from 8 to 18 years old. All children were enrolled in school and were in 2nd–12th grade or beginning their freshman year of college at the time of study. Parents reported that children were White, Non-Hispanic, or Black, Non-Hispanic. All children were native English speakers, and all but one were born in the United States. Most children lived with their married, biological parents or stepparents and had one or more siblings or stepsiblings. Participants’ parents ranged in age from 28 to 57 years old. Parents worked 40 h per week on average, and the majority of parents completed some college, 4 years of college, or graduate/professional training. Household annual incomes were $40,000 or higher.

Procedures

Following Institutional Review Board approval, trained graduate students used purposive and snowball sampling to recruit children and their parents from their social networks, local schools, and community centers/organizations. Inclusion criteria were as follows: (a) children must be between 8 and 18 years of age and be willing to participate in a videoconferencing interview regarding their well-being, (b) they should not be related to the data collector, and (c) one parent must be willing to complete a short demographic survey. Each graduate student recruited, interviewed, and transcribed interviews from 2 to 10 children. All child participants were recruited between March of 2020 and November of 2021, after the COVID-19 pandemic had caused lockdowns and restrictions.

Parents completed a demographic survey that included questions about parent and child age, race, country of origin, native language, gender, child grade level, family structure, parent education and income, and family geographic location and population size of the town or city they lived in. Parents returned completed surveys in sealed envelopes or via email.

Children participated in a semi-structured interview and mapping exercise conducted via Zoom or FaceTime. Each interview lasted 60–90 min, and children chose a pseudonym for the interview and were offered a break halfway through. Although video was turned on during interviews to enhance participant-researcher connection
and to read expressions, videos were not recorded. Interviews were audio recorded, and rough transcriptions were produced from Zoom cloud processing or other AI transcription tools (e.g., Otter.ai, Word dictation). Graduate students who conducted the interview verified transcripts for accuracy, making corrections as needed. Member checks were conducted using spot checks as necessary when children were willing. Interviewers completed field notes and memos.

This study was a sub-study of the CUWB project (http://www.cuwb.org/). As such, researchers used the protocol of the Children’s Understandings of Well-being: Global and Local Contexts project (see Fattore et al., 2014; Fattore et al., 2018). Graduate students conducting the interview were trained in following the protocol as well as best practices for semi-structured interviews, including establishing rapport, staying within the study boundaries, listening more than speaking, being cognizant of the power differential, avoiding leading questions or persuasive comments, developing transitions, and respecting the rights of the child (Creswell & Poth, 2018). They were also trained in phenomenological interview techniques, such as asking follow-up prompts to more fully explore the meaning of the phenomenon for the child (Creswell & Poth, 2018). The protocol was modified slightly for language, and additional questions were added to more fully explore children’s perceptions of local contexts and conditions, e.g., digital technology access and use (see Newland et al., 2019a, 2019b). In addition, during the COVID-19 pandemic, additional questions and prompts related to the pandemic were included as they naturally flowed from the conversation. One example of an added question is “How did your family life change as a result of COVID-19?” An example of additional prompts is “So you said that school changed to online only. How did you feel about that? What was that like?”

The protocol began with a period to establish rapport between the graduate student interviewer and the child by asking children a series of self-concept questions to help them relax and get comfortable talking with the interviewer. Questions focused on how children would describe themselves, as well as their interests and hobbies. Children then completed a short mapping exercise during which they drew people, places, and things that were important to them. They were asked to show the interviewer their drawing and encouraged to explain what they drew. Interviewers then asked children what made them feel well or good (people, things, times, occasions, places, and anything else that made them feel well or good) and if they could change anything in their lives, what that would be. Children were then asked a series of questions regarding how they felt in various contexts (e.g., home, school, peer groups) of their lives. General questions were followed with specific questions about each context. Next, children were also asked whether they felt listened to and free to do things they wished (assessing their agency) and what makes them feel safe and why. Lastly, they were asked what it is like to be a child living in their town or area.

**Data Analysis**

Phenomenological analysis of transcripts focused on (a) the essence of children’s understanding of well-being in their lives and (b) children’s perception of the impact of the pandemic on their contexts and well-being. The researchers who
analyzed the data have expertise in children’s well-being, education and learning, and research techniques appropriate for children. Following the procedures used by van Manen (2014) and described by Creswell and Poth (2018), the phenomenological research question was developed and defined to improve clarity and focus. Next, the “experiential quality” of the transcription data was checked to ensure that children’s accounts were detailed and specific enough to provide a clear and vivid picture of their lived experience (Creswell & Poth, 2018, p. 202). Next, data were coded in NVivo 12 (Mac) to identify the structure of the lived experiences through “phenomenological reflection” (p. 202). This began with a holistic approach involving reading each transcript and gaining an impression of the meaning of the experience for participants. Then, a reductionist approach was taken, highlighting significant statements in the text and selectively coding them for aspects of well-being, contextual experiences, and emotions described by children. Lastly, themes were identified to produce descriptions of children’s lived well-being experiences during COVID-19. Each transcript was coded by author 1 and verified by author 2. Discrepancies in code labels and definitions were identified, discussed, and resolved. The third author, a methodologist with experience in qualitative research with children, served as an external auditor to enhance trustworthiness (Creswell & Poth, 2018). The auditor provided feedback to the researchers after coding and theme development was completed, to improve the accuracy and clarity of themes and meanings and to improve the trustworthiness of the findings (see Creswell & Poth, 2018; de Kleijn & Van Leeuwen, 2018; Newland et al., 2019a, 2019b). First-cycle open coding focused on children’s specific references to well-being experiences during COVID-19 (reference to Covid, COVID-19, virus, Corona, Coronavirus, pandemic, and quarantine). Second-cycle selective coding focused on specific well-being experiences (e.g., emotions, adaptations they made, safety) and contexts that were impacted by COVID-19 (family, school, peers, and activities). These codes were used to develop two broad themes regarding children’s COVID-19 experiences. Throughout the data analysis process, Bronfenbrenner’s theory was used to identify the microsystems, and the proximal processes within those microsystems, that children identified as being impacted by COVID-19, including those that were specifically asked about in the interview protocol (e.g., family, peer, school contexts) and those spontaneously described by children (e.g., organized and informal activities). It was also used to identify connections across those contexts that impacted proximal processes and well-being (e.g., school closures and online learning resulting in parents acting as child’s teacher). Lastly, it was applied in the interpretation of findings to reflect on the ways that local and time-constrained conditions (e.g., local and national COVID-19 surges) impacted children’s ecology and well-being. By applying Bronfenbrenner’s theory to look at multiple layers and interactions of children’s contexts and experiences, a more nuanced understanding of children’s well-being can be articulated (Eriksson et al., 2018).
Results

This phenomenological study was focused on rural US children’s experiences of well-being and the impact of the COVID-19 pandemic on their well-being. Phenomenological analysis led to two distinct themes related to children’s well-being experiences: (1) well this kinda stinks but we just adapt, and (2) safety means something different to me now.

Well, This Kinda Stinks, But We Just Adapt

Children responded in a variety of ways to the question, “How did COVID-19 affect your well-being?” Some children described little to no impact on their well-being. Others said that while the changes in their lives due to COVID-19 were unpleasant, for the most part, they just adapted. Adaptations occurred in their families, schools, peer groups, and organized activities. Child 2002 said that COVID-19 “screwed up…weddings…school or anything [people] want to do that involves a big group of people,” but there were also benefits to COVID-19, such as “Families have come together and like, had…a meal together at the table. And like really talked about…how their day was and like what they’re doing.” The child clarified “Obviously, it’s a very crappy situation. But…there’s [sic] people who are making the most of it.” As an example, “People who like got laid off from their jobs, they’re still trying to do whatever they can to…help their families or…people around them.” The majority of the children interviewed shared the acknowledgement that COVID-19 affected them and others, but they overcame the challenges. Even when they described challenges, however, they tended to minimize the strength and impact of those COVID-19 experiences.

It’s Not Really That Bad

When children were asked how COVID-19 affected their well-being, the majority of children initially responded that it really had not. When asked to elaborate, they responded that while some things changed in their lives and they didn’t necessarily like the restrictions due to COVID-19, they felt like their well-being was not significantly affected. For example, Child 202,131 said, “stuff really hasn’t changed much.” Child 202,111 said, “I liked it more without Covid, I think everybody does. But…it’s not that bad once I got used to it.” Child 202,118 said, “I wasn’t really affected by it and…I haven’t really seen any differences in my own life, and I didn’t really have any worries about getting Covid or anything.” The child said, “I didn’t really see any like dangers in it, I kind [of] just live life as if it was normal, and…wear a mask.” Thus, they acknowledged that their situation was affected, but not necessarily their well-being.

Some children put the impacts of COVID-19 in perspective. They recognized that they still had their basic needs met, families who cared for them, and access to school and peers, in one way or another. Child 2020 said, “I’m so blessed to live
in [child’s town]. I have an amazing home, an amazing family, and every morning, my mom can bring me to school, and I can go to class.” And then, “You should be thankful…because you have food…You have shelter and might have someone that loves you…there is always something to be thankful for.”

Some children commented that their rural location seemed to mitigate their infection risk, either due to low population density or the closeness of their rural community. Child 2001 said, of the early pandemic, “Like the cases were down. I definitely felt like it’s gonna be fine. Like our [rural] state isn’t like that much [sic] of an outbreak. It’s been contained.” Child 202,109 said, “Well like since we have a small town it makes it a lot easier. We kind of take care of each other.” When asked if they feel safe in school when it comes to COVID-19, the child replied, “Yeah. Just like the small-town stuff, we all take care of each other.” Children also commented on how smaller school size and class size was beneficial and reduced the number of times schools had to close due to COVID-19 spikes. Child 202,122 said, “I think we did end up.

having to close [school] for a couple weeks here and there, but for the most part, we were very lucky, because we are a smaller school.” They went on to say, “We’re also under-enrolled so we were able to have that extra room to practice, you know, safety precautions, social distancing, all that, so I think…it did change the experience.”

I Mean, It Kind of Stinks

Children did acknowledge that there was some impact on their emotional well-being and sense of safety, especially when they were prompted to further discuss how COVID-19 and the situations surrounding COVID-19 made them feel. Children reported feeling somewhat sad, mad, bored, lonely, disconnected, restricted, and scared, although they did not typically report that those emotions were high in intensity and often used qualifiers such as “sort of” or “kind of.” They also said that living through the pandemic was weird, interesting, kind of crazy, confusing, hard, unpredictable, and left them feeling like time had stopped a little. There was a clear demarcation in the stories of their lives; a line was drawn between “before COVID-19” and “after COVID-19” experiences. Several children even commented that they felt like they had lost time, or years of their life, as things were kind of at a standstill during COVID-19.

One area of concern expressed by children was exposure to COVID-19 (especially at school) or having loved ones be exposed or contract it (e.g., parents at work). Children talked about feeling nervous about attending school when other children were not wearing a mask (if it was optional), were not wearing it properly, or were not practicing other healthy behaviors like covering their sneeze or cough and washing their hands. They also expressed concern about potentially passing COVID-19 on to family members and fear about watching a parent put themselves at risk (e.g., through work) and suffer with COVID-19. Child 202,114 said, “My mom works on a med flight team and so watching her have to take care of others was pretty scary.” Child 202,111 said, “my mom got Covid…and then she has long-term Covid and then she got it again and that really worried us…It changed us…made my
mom stronger and…made us think about our decisions a lot more.” Some children expressed fear of exposing grandparents and aunts and uncles to COVID-19, but also missing seeing them face to face.

Another area of concern expressed by children was the lack of in-person social connection. Children talked about struggling with social isolation due to schools shutting down, families limiting activities outside of the home, and social distancing policies put into place at school as well as at activities (once they re-opened). Child 202,122 said that at the beginning of COVID-19, when their classes were on Zoom, it was difficult because they did not have classroom experiences or social interactions. They explained that while they felt they did learn, not having extracurricular activities “was one of the most difficult parts.” When asked how life changed after COVID-19, Child 202,117 said, “For me, my school life, I feel like I just became a lot more grateful for being able to go to school and see my friends.” In general, while children described feeling the sting of increased isolation during periods of lockdown, they also expressed gratitude and greater awareness of the importance of social interactions once things opened up again.

We Adapted Our Family

Children described several ways in which their families adapted to COVID-19. Although they acknowledged the challenges of spending more time at home than they were used to, interacting solely with immediate family, getting on one another’s nerves, and relying on parents to serve as teachers, they also described positive changes in their families as a result of COVID-19. They expressed appreciation for their parents’ willingness to juggle parenting, teaching (supporting online learning), and working from home, or having to go to work while still being available to children for questions or assistance. Some parents lost their jobs during the pandemic, and children expressed regret for the stress their parents experienced over that and appreciation for their parents’ positive outlook. They appreciated time spent with siblings playing board games or roughhousing together outside. They also expressed that they learned from this experience just how important their family is and that their family grew closer through the experience. Child 202,135 said, “We all kind of, like, separated a little bit and did our own thing…like school or work…Then we also got closer. You know, ‘cause we were together more at the time.” Child 202,122 said that while each family member struggled in different ways, “We did…grow closer together as a family,” and in the end “we kind of…came together and were all there to support each other through that.” The child continued, “That was one of the really amazing things…our relationship, just, like, it just grew, because you know, all we had was each other for a long while.”

We Adapted Our Schooling

Children described several ways in which their schools adapted to fluctuating COVID-19 numbers. The two most commonly described adaptations were moving to online learning during school closures and creating safety policies once schools returned to face-to-face instruction. Most children in the sample experienced a
transition to online learning in March of 2020, and those at later data collection points had transitioned back to traditional classrooms with intermittent online periods during COVID-19 spikes.

Children had mixed responses to online learning. Some children preferred the flexibility, the integration of technology, and the ability to work on schoolwork from home. Others said that they strongly preferred instruction in the school, with their friends and classmates. There was also a difference in children’s perceptions of online learning early in the pandemic compared to later. The early transition to online or other technology-supported learning was more challenging than later transitions when there were COVID-19 spikes in the schools. The first transition in March 2020 was described as challenging due to technical problems, lack of access to technology, and teacher frustrations and lack of skills. Child 202,136 said, “I think that was a little bit frustrating ‘cause the school…had the crappiest Chromebooks ever. And they were so slow…trying to get on Zoom calls and whatever.” Child 2002 described moving to virtual learning later during a COVID-19 spike as not “such a shock as it was last year.” They described it as, “Virtual learning with, like, the laptops this year has been very nice…we’ve been able to, like, follow our schedule at home that we have at school…the adjustment has been much easier.” In addition, “We’re getting on Google Meets every single day where last year we got on Zoom like once a week.” This child felt that the teacher had prepared them better for online learning in case of additional school closures.

When children returned after school closures, they described returning to a different environment with new rules. As Child 202,127 said, “Well we couldn’t really, like, go over to our friend’s desk and sit by them, or we had to keep our masks on.” In addition, “At lunch you can only have so many people to [sic] the table. So, if you had so many friends and they couldn’t all sit with you, that kind of just ruined it.” They also described having different recess rules and schedules, limitations in some classes and school activities due to masking and social distancing, and a greater focus on healthy behaviors and sanitation. Even with all of these changes, however, children expressed a heartfelt joy at being able to return to “real school” to get help from a “real teacher” whom they could connect with. They were also extremely happy to reconnect with school friends.

We Adapted Our Friendships

Children described a variety of ways that they and their friends adapted to the restrictions of lockdowns, social distancing, and more limited contact with friends. They primarily adapted by using technology to connect with one another. Children reported calling one another, texting, connecting on Snapchat, Facetime, WhatsApp, and other messaging apps, as well as playing video games together online, gathering on Zoom, and sharing their favorite videos from apps such as TikTok. When asked how COVID-19 affected the ways in which they connected with friends, Child 202,117 said, “Um, yeah, we’d do phone calls and stuff, or just watching shows [together using a video chat function]…like with my friends, usually [it would] be like FaceTime.”
Some children talked about needing to be more proactive in reaching out to their friends. After a period of isolation, they noticed that they got used to fewer social interactions and had to make an effort to connect with friends. Child 202,121 said that they did not “reach out to my friends even, like, over text or whatever, so I wasn’t really like doing those things that everyone else is doing with their Zoom movie nights and all that.” After expressing that they felt physically and emotionally isolated, they said that they “learned from that, like, I probably should start reaching out so I’m not, like, feeling that emotional isolation.” Rather than waiting around for friends to talk to them, this child became more proactive in connecting to friends. Child 202,104 summed up the importance of maintaining connections with friends in this way: “Friends are important because they are also the people that you can depend on and some stay with you for a very long time.”

**We Adapted Our Activities**

Some children expressed disappointment and frustration at not being able to participate in school-related, extracurricular, and organized activities such as sports and competitions. The loss of activities at times led to boredom and loneliness. However, they described combating isolation and inactivity with outdoor activities, finding new ways to be active and gain a sense of freedom, such as dancing in their garage, jumping rope, going for bike rides, playing at the park, and playing in the backyard. For example, Child 2007, when asked what she did when she could not play softball with her team, replied, “I mean my mom, my brother and I would just play catch…or…I would hit the ball and stuff outside in my yard.” Child 2013 enjoyed going out to the family farm, saying, “Sometimes if my mom lets me, I’ll drive a four-wheeler…So, I could just, like [motor noises] drive around, watch out for brooks [streams] and stuff like that.” Some children also described helping with farming activities like digging in fence posts, helping with planting, harvesting by riding with an adult on the tractor, and feeding the animals. Other children talked about doing group outdoor activities that were still available such as going to the beach, the city swimming pool, or the water park. However, the options for activities varied depending on the COVID-19 numbers (e.g., the water park was closed at the beginning of the pandemic). For some children, solo outdoor activities were a safe and consistent way to cope with their feelings. One adolescent (202,118) talked about the importance of hiking by himself as a way to find some alone time and socially recharge. He said, “My social battery is very small. So, after being in social situations for a bit, something like that will really help.”

**Safety Means Something Different to Me Now**

Most children in this study felt that their sense of safety had shifted. Prior to COVID-19, their sense of safety focused on feeling physically safe from danger (e.g., safe from school shooters or bad guys in the street) and emotionally safe in their environments and relationships (e.g., safe from bullying and being made fun of, safe to share their feelings at home and with friends). However, once the pandemic
started, their sense of safety and well-being was expanded to include taking precautions to remain safe from a virus that they could not see but was affecting people in their environments. Child 202,123 said, “I am incredibly concerned about Covid. And sometimes it feels like it’s not the top priority…It feels like people are neglecting it.” Child 202,111 said, “Yeah like safety now means more than being around people that you trust. It means being around people that are safe or vaccinated or wearing masks. You’ve seen them wash their hands, stuff like that.” Child 2001 said “It [COVID-19] is a very serious matter and shouldn’t be taken so lightly. But…our class, we make a lot of jokes about it to, like, escape from, kinda from, reality a little bit about this being very dangerous.” Their sense of safety sometimes shifted with the COVID-19 numbers as well. Child 2001 continued, “When the outbreak [COVID-19 spike] happened, like, this is like a lot more serious than before.” Child 2002 explained, “I felt very safe until like, the last couple weeks where like, it’s really starting to hit [child’s town] …It’s not that I don’t feel safe. I’m much more conscious about, like, making sure that…I always have my mask.”

**Being Safe Means That We Have to Take Precautions**

Many children mentioned the importance of masking and social distancing while in public, such as in the school environment or at activities (e.g., Jujitsu class, dance class). Child 2020 said, “During Corona we have to wear a mask…and that’s OK ‘cause people are just trying to keep us safe.” Other children talked about related health and safety practices, such as being careful to wash their hands and avoiding things like touching their face or biting their nails. Child 202,105 said, “You got to be more careful on [sic] your well-being and at a time like this, and Covid and stuff, you got [sic] to, like, watch your well-being and know what’s going on.” Child 2001 reflected on the growing COVID-19 cases and said, “I should be more careful about who I’m meeting, who I’m talking to, and where I don’t wear a mask and where I do.”

Although some did not like wearing the masks, with a few saying they really hated it, all but one explained that they recognized the importance of masking and were compliant. When asked if they liked having to wear a mask, Child 202,132 said, “Um, it’s, not really, ‘cause sometimes it gives me headaches.” Other children talked about the struggles of keeping the mask up above their nose, being heard, and being able to hear others such as the teacher with the mask on, as well as contending with glasses fogging up due to the mask. Child 202,105 said, “Yeah, like if you sat at the back of the class which I did on [sic] the first quarter…it was so hard for everybody to hear me…I basically practically had to yell.” The child also said, “every time you would try to breathe [sic] fog up your glasses.” Even through these challenges, though, children described complying with masking mandates. For example, Child 202,132 said, “Now it’s [school] full time and we have to have our masks on.”

Some children talked about quarantine as a necessary but unpleasant step in preventing the spread of COVID-19. Child 2001 said, “It’s basically the right thing to do because if they can end up getting it from the person who had it, if they’re sent home, then there would be, like, less of a risk of other people getting it.” Likewise, Child 2002 said about quarantine policies at school, “it’s very smart and like a very
safe option, and the smart thing to do.” Children also talked about the challenges of quarantine and isolation procedures, particularly in reference to school. They missed the “normality” of being back at school and struggled with going back to online or home school for 10–14 days. Child 202,126 expressed frustration that, after being home for 3 weeks due to COVID-19 in the family, they went back to school and were then sent home because the COVID-19 test they presented upon return was too old. The child had to take another test and then go home to wait for the results. Children also commented that making up missed schoolwork was stressful for them if they were out sick.

While children talked about the importance of taking COVID-19 precautions, some felt that others were not as careful as they were. As Child 202,123 said, “Kids can just be a little negligent, like, forgetting to wear their masks inside…pulling them below their noses. That’s a big problem in all my classes.” This child went on to say that sometimes the rules about masking were not enforced, stating, “Sometimes rules aren’t enforced…one time I saw, like, somebody eating instant noodles on the bus. Okay, really? Eating instant noodles. No mask on and violating the food rules, too.” Child 202,112 said about masking at school when it’s not mandated, “Not very many do [mask]…and it just impacts everyone else. I think that’s how we got to phase two at school [upgraded precautions due to the number of cases].” They went on to say, “A few people are being cautious, but most of them aren’t. It makes me feel…they should wear a mask. You don’t want to be rude and, like, say you should be wearing a mask.” Some children expressed concern about their peers exposing others to illness through their poor hygiene behaviors. Child 202,105 said, “Some kids…don’t really, like, cover their mouths when they cough or sneeze. And like with the sicknesses and stuff…it’s hard to keep everything under control.” They continued, “When you don’t, like, get your flu shot, for instance, and you come to school with the flu, and you sneeze all over everything…there’s going to be a whole lot more people going to get sick.”

Even though COVID-19 precautions were inconvenient, some children noted that there are benefits to the added precautions, including increased sanitation in schools and businesses. Child 202,131 said, “It’s definitely caused things to be, like, a lot cleaner. Which is nice and, they take more care and like sanitation and stuff [referring to more cleaning at school].” They did appear to appreciate the measures that adults took to keep them safe.

**Being Safe Means Protecting Yourself and Others**

Many children expressed an understanding that their new sense of safety is dependent on protecting themselves as well as others. Child 202,111 said, “So I want to make sure that all my family is healthy and we all…wear masks to help because of Covid.” That child also said that they and their sibling chose to wear masks at school when they were not mandated anymore. “Both him and I chose to wear masks because we were aware of what it did to mom and didn’t want that to happen to us or dad or anybody else.” Some children’s perspective had changed because they had parents, grandparents, and siblings who contracted COVID-19, some with long-term
complications. Child 202,113 said, “It makes me sad…It hurts and kills a lot of people. I just want it to be over with.”

Children were particularly careful if they had loved ones, such as grandparents, that were at high risk. Child 202,106 said that they were careful around their grandmother (masking, social distancing) because of a compromised immune system, explaining, “she had to go to the doctor that was going to shrink her immune system [chemotherapy] and she already had a weak one and she needed surgery for it [cancer].” Likewise, Child 202,114 said, “We didn’t get to visit, like, my grandparents as much because they are older, and we wanted to make sure that they stayed healthy.” Children recognized that “It’s not all about you.” They demonstrated empathy, compassion, and responsibility for self and others. They showed a willingness to adjust and adapt across many contexts in their lives in order to help protect themselves and, more importantly, the ones they love.

**Discussion**

The purpose of this phenomenological study was to illuminate rural children’s experiences of their contexts and well-being in the Midwestern United States during the COVID-19 pandemic. Prior theorists, researchers, and policymakers, representing the views of parents, educators, health professionals, policy analysts, and child advocates, have expressed concerns that the pandemic would severely impact children’s proximal contexts, with resulting changes in well-being (Al-Balushi & Essa, 2020; Bhatia, 2020; Dorner, et al., 2022; Fore, 2020; Gupta & Jawanda, 2020; Masonbrink & Hurley, 2020; Quetsch et al., 2022; Shah et al., 2020). What is markedly missing from the discourse is the voice of children. Findings from this study contribute to our limited understanding of how children view, process, and express their well-being experiences during the pandemic (Caffo et al., 2020; Evans et al., 2020; Saurabh & Ranjan, 2020; Xiang, et al., 2020).

**Findings and Interpretations**

**Children Adapted to COVID-19**

In this study, one theme that emerged was that children felt that COVID-19 did have mild to moderate negative impacts on them, but they adapted. Some children said that it had little to no impact on them and their lives, while others described feeling a range of emotions, including sadness, anger, boredom, loneliness, and fear, although they reported those emotions to have relatively low intensity. They also said that living through the pandemic was confusing and unpredictable. Even so, most children said that they adjusted and got used to the contextual changes. Some even said that they learned from it, about the importance of family and other social relationships, and the value of making an effort to reach out to their support system. One lesson learned from this study is that adults cannot assume that children’s subjective well-being was compromised by the pandemic. While adults were raising
the alarm about the social-emotional impact of the pandemic on children as a public health crisis (Al-Balushi & Essa, 2020; Bhatia, 2020; Fore, 2020; Ghosh et al., 2020; Masonbrink & Hurley, 2020; Prime, et al., 2020), and likening it to threats to children’s well-being during other macro-level trauma experiences (e.g., deep poverty, previous pandemics, wars, and natural disasters, see Bartlett & Steber, 2021; Bhatia, 2020; de Figueiredo et al., 2021; Shah et al., 2020), children in this study were shrugging their shoulders and commenting that their well-being was not really that affected.

Using other metrics to evaluate children’s well-being during COVID-19, findings in the literature have been mixed. Some studies suggest that mental health declined for children and adolescents, particularly at the beginning of the pandemic (e.g., Lee, 2020; Yard et al., 2021). Other large-scale population and cohort studies found no significant uptick in mental health disturbances and suicide rates and in fact found a decline in self-harm, overdose, and death rates (see, e.g., Ahmad & Cisewski, 2021; Ray et al., 2022). Children in our study describing their subjective well-being did not report a decline during the pandemic, even children who were interviewed in the first few months of shutdowns. One possible interpretation is that children’s well-being did not decline, even in an objective sense. Past research has shown that many children are in fact resilient through trauma if provided with sufficient support and taught to use adaptive coping strategies (Bartlett & Steber, 2021; Evans et al., 2020; Newland, 2014; Prime, et al., 2020; Ungar, 2013). It is also possible that children’s well-being did not decline because they were unable to situate their well-being within the global and historical context due to limited recognition of the scope of the global social, economic, and health impacts of the pandemic and due to high levels of family support producing a sort of “safety bubble” for them in the home (Idoiaga et al., 2020). Another reason could be that children were not yet aware of the immediate and long-term effects of COVID-19 because of limited metacognition, emotional awareness and expression skills, or the complexities of pathways from trauma to long-term outcomes (Kendall-Tackett et al., 1993; Lubit et al., 2003).

It’s also possible that children’s subjective and objective well-being may have diverged during the pandemic. Although subjective and objective well-being does tend to be correlated, how children subjectively experience their well-being within context may not line up perfectly with objective indicators of well-being for children as a whole (Ben-Arieh et al., 2014; Western & Tomaszewski, 2016). In addition, for children worldwide, their well-being is more strongly predicted by their subjective assessment of their environments, rather than objective indicators like poverty markers, suggesting a need to ask for and listen to children’s unique perspectives in order to best meet their unique well-being needs (Fattore et al., 2019; Newland et al., 2019a, 2019b).

**Context and Well-Being during COVID-19**

Children in this study did talk about challenges they faced in home, school, and peer contexts as a result of COVID-19, but also described creative and useful adaptations that they made to minimize the impact on their well-being. In the family
context, they described changes to their family routine, reduced contact with others outside the immediate family, reliance on parents to support online and home-based learning, and parental stress related to employment and financial challenges. They adapted by coming together as a family, offering one another increased support, and increasing shared activities such as playing inside games and outdoor activities with parents and siblings. This is consistent with prior research conducted before and during the COVID-19 pandemic showing that high family functioning, supportive family relationships, and shared family activities such as outdoor play can buffer the effects of trauma and distress (Evans et al., 2020; Friedman et al., 2022; Newland, 2014; refs; Ungar, 2013). It is also consistent with some prior studies showing that families became closer through the COVID-19 pandemic (e.g., Evans et al., 2020).

In the school context, children described adaptations that were made to keep children safe and healthy. The primary adaptation was moving to online learning or home-based learning during school closures, and an additional adaptation was the creation of safety policies once schools returned to face-to-face instruction. Some of the challenges of online learning included poor resources, such as lack of well-functioning devices to connect to online materials. However, as the pandemic progressed, resources tended to improve (e.g., got children better devices from their school districts). Children also said that teachers better prepared them for online learning later in the pandemic, which is likely due to increased time and preparation for teachers and administrators to plan and improve strategies for online learning (Dorner et al., 2022; Mourlam et al., 2020). As teachers and schools improved their approaches to online learning, they also addressed a concern that was expressed by others in the research and policy literature, as well as children in this study, that children felt disconnected from their teacher and school peers during the earliest school closures in 2020 (Dorner et al., 2022; Fore, 2020; Ghosh et al., 2020; Masonbrink & Hurley, 2020; Shah et al., 2020; Singh et al., 2020).

In their peer networks, children expressed sadness about decreased social time with their friends due to quarantine and social distancing. One of the contextual changes that children described as most disheartening was the cancellation of peer activities such as organized sports and clubs. Prior research has shown that shared time and activities with peers are important because they support children’s well-being in a variety of ways, and there was concern expressed by researchers, practitioners, and policymakers about children’s reduced social contact during COVID-19 (Al-Balushi & Essa, 2020; Broeckvelt et al., 2019; Ghosh et al., 2020; Gupta & Jawanda, 2020; Ravens-Sieberer et al., 2021; Shah et al., 2020; Singh et al., 2020). In this study, children adapted to this disconnection in two ways. One, they turned to media and electronics to connect with peers and classmates. Previous studies have found that media use can positively contribute to children’s well-being when it connects them to others and supports relationship-building (Brown & Greenfield, 2021; Newland et al., 2018). The other adaptation that they made was heading outside, when possible, to connect with nature, enjoy physical activities, manage their emotions, and deal with boredom. While some adults expressed concerns about children’s inactivity during the pandemic and related developmental outcomes (e.g., Bates et al., 2020), children in this study did seem to be aware of the benefits of outdoor activities and seek them out in a variety of ways. In prior studies, outdoor
activities have been substantiated in the literature as a means of building children’s well-being (Carpenter & Harper, 2015; de Figueiredo et al., 2021; Elsley, 2018; Friedman et al., 2022).

One of the benefits of using an ecological framework is that it can identify the proximal contexts that bidirectionally impact children, as well as the broader macrosystem influences on children and their contexts, such as rural culture (Bronfenbrenner, 1986; Eriksson et al., 2018; Glendinning et al., 2008; Newland et al., 2015). In this study, children’s microsystems were embedded within a rural macrosystem. Prior studies have identified disadvantages for children in rural areas (e.g., mental health, resource, and access disparities) but also advantages such as strong community bonds (Glendinning et al., 2008; Kelly et al., 2011; Morales et al., 2020; Newland et al., 2015). In this study, children tended to describe the advantages of rural living during the COVID-19 pandemic. They talked about low infection rates in their rural area, as well as the culture of their close-knit rural community focusing on caring for one another. They also talked about how smaller school and class sizes resulted in a tighter and more supportive community that valued COVID-19 precautions as a way of taking care of each other. The rural environment may have afforded children greater access to outdoor activities that were not impacted by quarantine and school closures, such as helping on the family farm and hiking in the woods. In that sense, some aspects of rurality may have served as a protective factor for children’s well-being (Glendinning et al., 2008). Children did, however, talk about limited technology resources in school, especially at the beginning of the pandemic. Limited goods, services, and resources are common for children in rural areas, so the challenge is to garner the necessary resources for rural children, especially during a time of rapid change and increased need (Glendinning et al., 2008; Kelly et al., 2011).

Children’s Concept of Safety Changed

In this study, children expressed that safety meant something new during the pandemic. They defined safety in terms that surpassed adult notions of physical and emotional safety in their homes, neighborhoods, and schools (e.g., Fox et al., 2008, Garlinghouse et al., 2015) and instead focused on safety precautions to protect their health and the health of others. They described the value and importance of masking, handwashing, social distancing, and quarantine, even though it was unpleasant and challenging. The reason why they were motivated to comply with safety protocols (e.g., mask mandates, voluntary masking, social distancing, limited social contact) was because they were committed to taking care of their family and their broader community, especially when a loved one was at high risk or community spread was high. While the specific conditions of the COVID-19 pandemic presented a unique context for examining children’s sense of safety (and findings from this sample may not transfer to other groups of children), the notion that safety serves as a foundation for child well-being is not new (Fox et al., 2008; Garlinghouse et al., 2015; Winokur et al., 2014). This study is also in line with previous studies which found that children’s definition of safety may differ from adult definitions, that children’s sense of safely drives their behavior and choices, and that children’s feelings of safety can
be impacted not only by their environment but also by adult expressions of safety concerns (e.g., Agbenyega, 2011; Aliyas, 2022). This is a good example of chronosystem changes in children’s contexts and well-being and reinforces the need to ask children how they define and experience their safety and well-being, within context and over time, as their definition may evolve with societal changes (Fattore et al., 2012; Fox et al., 2008; Newland et al., 2019a, 2019b; Ungar, 2013).

Strengths and Limitations

This study has several strengths. First, it captures children’s perspectives, rather than adults’ perspectives, on children’s well-being. In order to provide services and resources for children, it’s important to garner their individual and shared perspectives in a way that takes into account local and global conditions (Ben-Arieh et al., 2014; Newland et al., 2019a, 2019b). Second, it builds on recent work that has highlighted contextual influences on children’s subjective well-being and reveals potential adaptations in children’s proximal contexts and well-being during an unprecedented global event, the COVID-19 pandemic (Amerijckx & Humblet, 2014; Atilola, 2014; Bates et al., 2020; Ben-Arieh et al., 2014; Firmin et al., 2020; Glendinning et al., 2008; Iruka et al., 2020; Newland et al., 2015)). Third, from a methodological standpoint, the authors increased the trustworthiness of the study by utilizing a well-established interview protocol, sampling that led to saturation, member checks, coding verification, and auditing (Creswell & Poth, 2018; Shenton, 2004).

This study also has several limitations. The first limitation is that interviews were conducted using video conferencing programs because of the risk of COVID-19 transmission. Although a common technique that was utilized during the pandemic, the use of videoconferencing could have potentially impacted children’s responses by reducing the quality of interactions and rapport between the participant and the researcher (Bailenson, 2021; Lee, 2020). Both participants and researchers were also subject to “Zoom fatigue” as a result of long days on Zoom and other technologies which can cause eye fatigue, limited mobility, and high cognitive load (Bailenson, 2021). As the pandemic becomes more endemic and the risk of contracting COVID-19 is reduced, this limitation can likely be mitigated in follow-up studies. Future studies can also employ techniques designed to mitigate “Zoom” fatigue (Bailenson, 2021; Lee, 2020).

A second limitation of this study is that, while capturing children’s voices regarding their subjective view of their well-being was a strength, this study did not capture a more objective or a longer-term perspective on children’s well-being. We are also unable to determine the alignment between children’s subjective and objective well-being or how either of these constructs changes over time. One way to potentially investigate this would be to conduct a longitudinal mixed-methods study to document both subjective and objective well-being (as well as potential maladaptation due to trauma) over time.

A third limitation of this study has to do with transferability of findings from this specific sample. This was a non-clinical sample of rural children with low-risk
exposure in the Midwestern area of the United States. None of the children in this study reported losing a loved one to COVID-19, and none reported significant mental or physical health issues as a result of the pandemic. Sampling children who had a more direct and profound impact from COVID-19 might elicit very different interview responses. In addition, since the study was focused on well-being, children were not specifically asked about trauma, vulnerability, or negative effects of COVID-19. All questions were asked in a neutral manner (e.g., How do you feel that COVID-19 affected your family life? Your school life? Your well-being?). Certainly, changing the focus of the sampling or the questioning could lead to quite different results, so readers should be cautious when transferring findings.

**Implications**

This study has implications for parents, teachers, health providers, social service agencies, and others who support children and the adults in their lives. Many children described their family interactions, such as increased family time and a sense of pulling together to face challenges, as a positive influence on their pandemic well-being. One implication is the importance of supporting parents who are supporting children, as family well-being is the foundation for child well-being (Bronfenbrenner, 1986; Evans et al., 2020; Newland 2014, 2015). Another implication from this study is the importance of supporting teachers and school staff as they adapt to meet the needs of children, whether they are in the school building or connecting remotely. Since children in this study said that one of the most important aspects of the move to online learning was connection to teacher and peers, teachers and school staff need the resources, support, and training to provide that level of interaction (Brown & Greenfield, 2021; Dorner et al., 2022; Mourlam et al., 2020; Pikulski et al., 2020). A third implication is the importance of modeling and teaching children appropriate coping strategies. In this study, most children described adaptive coping techniques, but also expressed difficulty coping with some aspects of the COVID-19 pandemic. Lastly, professionals working with children through programs, institutions, and service systems should consider each child’s ecocultural niche and identify their unique needs and supports, taking a whole child as well as a whole context approach (Bartlett & Steber, 2021; Newland et al., 2013). Prior prevention and intervention studies have identified pathways from risk and vulnerability to well-being, mental health, and resiliency by strengthening children’s coping strategies (Amerijckx & Humblet, 2014; Bartlett & Steber, 2021; Prime et al., 2020; Ungar, 2013). These studies should be leveraged to help adults consider a variety of contextual risks and solutions in order to construct a collection of ecologically relevant prevention activities that can meet the broad needs of children at risk and be individualized to meet the unique safety and well-being needs of each child (Atilola, 2014; Bartlett & Steber, 2021; Firmin & Rayment-McHugh, 2020).

**Declarations**

**Conflict of Interest** The authors declare no competing interests.
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