Hiding and seeking: Children's lived experiences during COVID-19

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Abstract
A qualitative study explored the perspectives and lived experiences of school-age children during COVID-19 using a child rights lens. Twenty children between the ages of 7 and 12 participated in open-ended, virtual interviews. Our hermeneutic analysis found children’s right to play and education were severely compromised leaving children to navigate between two worlds: the adult world of public health restrictions and that of their childhood. Despite challenges and lost childhood opportunities, children emerged as competent social agents and responsible citizens. Planning for future pandemics should include policies and practices that balance public health needs with the protection of children’s rights.

KEYWORDS
child rights, COVID, education, pandemic, play

INTRODUCTION

Healthy childhoods are contingent on the realization of children’s rights. The effects of the COVID-19 pandemic have significantly compromised children’s ability to experience a healthy childhood. It is unclear what the long-term implications will be for children’s social, emotional and physical well-being. However, it is already clear that both child well-being and pandemic management require urgent and full attention.

Previous research during the 2003 SARS (Severe Acute Respiratory Syndrome) pandemic revealed that children’s perspectives and participation in public health measures are often
overlooked during public health crises, further supporting the notion of ‘invisibility’ with regard to acknowledging children’s rights (Barker & Weller, 2003; Koller et al., 2006a, 2006b, 2010; Nicholas et al., 2010; Stevenson et al., 2009). The lessons learned during SARS can be instructive, but the effects of the COVID-19 pandemic have been more significant and pervasive which has left a devastating impact on children’s lives all over the world.

Several studies have cited the psychosocial, socioeconomical and mental health effects of the pandemic on children (Berger et al., 2021; Iqbal & Tayyab, 2021; Pecoraro et al., 2020; Saxena & Saxena, 2020; Sukhov et al., 2020; Teo & Griffiths, 2020). For school-age children, the most consequential restrictions have been school closures, social distancing and limits on play (Sukhov et al., 2020; Teo & Griffiths, 2020). From a child rights perspective, these restrictions directly affect the right to education and play.

The 1989 United Nations Convention on the Rights of the Child (UNCRC) recognizes a child’s right to engage in play, leisure and rest (UN General Assembly, 1989). Article 31 states that all children should have equal opportunity to partake in age-appropriate recreational activities: respecting and promoting the right to play includes providing occasions for children to ‘participate freely in cultural life and the arts’ (UN General Assembly, 1989, p. 10). Additionally, Article 28 emphasizes children’s right to regularly attend school: education should be equally accessible to all children, and this includes providing the necessary support through a variety of teaching methods to ensure that all children can learn (UN General Assembly, 1989).

Children are citizens with the right to participate in matters affecting them and their communities, so they need information and opportunities to express their views. In the current context, it is vital to uphold the ethical and moral imperatives set out in the UNCRC; children who are denied their rights are at increased risk of poor health and development (Wood, 2021).

**RESEARCH AIM**

This qualitative study explored and interpreted the perspectives and experiences of school-age children during COVID-19. A child rights lens was applied to assess how the pandemic affected the fulfilment of childhood rights. Specifically, this study examined:

1. How school-age children understood, experienced and responded to the pandemic
2. How the pandemic affected the realization of childhood rights, in terms of specific rights (Rights to education, play) and the overall effect on children’s well-being

**THEORETICAL FRAMEWORK**

Operating within a children’s rights framework, this study’s objectives and methods align with principles of child agency and the importance of participation and expression. The most transformational and challenging provision in the UNCRC is Article 12, which gives children the right to express their views (Lansdown et al., 2016). Article 12 supports children’s participation in research and the sharing of their life experiences.

Listening and taking account of children’s voices is a central tenet of the UNCRC. In research and practice, ‘children’s voices’ are often implied and difficult to validate, a concept that has been problematized in the literature (James, 2007; Pascal & Bertram, 2009).
Children's voices are considered unique representations of expressed will or intent. A child's capacity to communicate thoughts and feelings is deeply rooted in their physical, social, economic and political context. Children's voices are also conveyed in various ways: audible sounds and words, facial expressions, body language, play, artwork, music and even in silence. The nature and form of these expressions may change over time as the child grows, but the complexities inherent in giving them a voice remains challenging and demands ongoing critical reflection.

Lundy (2007) offers a model for conceptualizing Article 12 of the UNCRC that promotes a more critical and fulsome account of ‘children's voices’ and its interrelated elements. Four elements of the provision comprise space, voice, audience and influence. Space is considered the initial opportunity given to children to express a view. Voice is reflected in how children's views are facilitated and recognized through a variety of modalities that are suitable to the child's communication style. Audience involves the commitment of adults to actively listen to children's views regardless of how they are presented, and finally, influence entails considering the child's views in decision-making processes so that their perspectives are given 'due weight' as appropriate for the circumstance.

**METHODS**

Qualitative, open-ended, individual interviews were used to collect the perspectives of school-age children. Understanding children's voices and experiences requires a hermeneutic approach that can clarify what is meaningful for a child in a particular situation (Carnevale, 2020). Hermeneutic phenomenology involves the dynamic, active construction of a text's meaning and promotes a deep, and empathic understanding of another person's experiences (Thompson, 2018). This process involves reappraising the accepted social and cultural systems and extracting meaning from interactions in the environment (Gadamer, 1975, 1976, 1980). Accordingly, hermeneutics is a framework that recognizes that children's expressions are relationally embedded expressions of their agency (Carnevale, 2020).

The methods used in this study directly support the theoretical framework of child rights and the ethical need to render children an opportunity to share their perspectives using child-friendly methods within the context of a pandemic. In this case, the goal was to have children share views at their own pace, and then interpret their experiences to learn what it meant for them to live through a pandemic. Interpretive analysis makes it possible to probe meanings from experiential data (Crist & Tanner, 2003; Friesen, 2012; Tuohy et al., 2013).

**Inclusion criteria and sample**

The study population included 20 school-age children (15 male and 5 female) aged 7–12 (Table 1). All participants could communicate verbally and understand written English, and had internet access. None of the participants had a cognitive or physical disability. All participants were current patients at Pediatrics @ Humber College community clinic. This clinic is located in a large urban area within the Greater Toronto Area (GTA), Ontario, Canada, and has a diverse client base. All participants received an electronic gift card ($20) via email in appreciation for their involvement.
Recruitment

Recruitment took place at the end of the first wave and into the second wave of the pandemic (August–January 2020). Two paediatricians (MH and PW) on the research team introduced the study to families during routine clinic visits. Families who agreed to participate had their contact information documented on a confidential list that was shared with the interviewers (MG and DK). Almost 100 families expressed interest in participating, but many did not follow-up after being contacted. Recruitment ended after 20 interviews were completed. After providing informed consent, families were sent invitations for Zoom video chats by email.

Ethics

Two research ethics boards approved the study protocol: Toronto Metropolitan University and The Hospital for Sick Children (SickKids), both in Toronto, Ontario, Canada. Issues specific to child participants, and video access were acknowledged in the consent forms. We sought consent from parents and assent from children, particularly the younger children.

Data Collection

The primary data source consisted of individual, virtual interviews with children in their homes using Zoom video. In addition to interview data, basic demographic information (age and gender) was collected. Members of the research team conducted the interviews on campus in a private research office to ensure confidentiality. The research team sought permission from the university to conduct virtual interviews on campus during the pandemic and this guaranteed secure internet access within a professional environment.

Interviews were conducted using a modified ‘mosaic approach’ (Clark, 2005) which allowed for a variety of methods to be used virtually. The research office included access to a whiteboard, a ‘feeling faces’ poster, and other visual aids to assist the discussion. A test run of the virtual interview was administered separately with two children before

| Age (years) | Number of participants | Gender |
|------------|------------------------|--------|
| 7          | 6                      | 5 males 1 female |
| 8          | 3                      | 2 males 1 female |
| 9          | 1                      | 1 male    |
| 10         | 1                      | 1 male    |
| 11         | 5                      | 4 males 1 female |
| 12         | 4                      | 2 males 2 females |
recruitment, which allowed further refinement of the data collection process. Discussions covered broad topics related to the pandemic, children’s rights to education and play, and effects on daily life.

Each family was asked to secure a quiet space in the home for the interview. In the majority of cases, the child was interviewed alone. In some instances, parents remained on the Zoom video call; if so, after a few minutes they were gently reminded that the goal of the study was to understand children’s experiences and parents quickly complied and left the interview. On average, interviews took approximately an hour.

Open-ended interviews

An open-ended interview process provided children with the latitude to share their perspectives. Two members of the research team (MG and DK) conducted the interviews. Both are females with experience talking to children about complex medical issues (child life specialist, paediatric nurse). An online Prezi presentation in the form of a board game with photos helped guide the discussion: markers on the board game represented the coronavirus, school, play, family and children’s roles (Appendix A).

Props including masks, books and posters were used to engage with children during the discussion. Other visual aids included a ‘feeling faces’ poster that contained Emojis to help children identify emotions. The researcher held the poster up to the computer camera, pointed to different emojis, and asked participants whether or not they felt that emotion. The Prezi presentation also incorporated a ‘feelings scale’ to help children talk about the intensity of their emotional responses to particular issues.

ANALYSIS

All interviews were audio-recorded and transcribed verbatim into Word documents using Transcribe software. Following a basic thematic analysis, we engaged in a hermeneutic, interpretive process involving three steps: naive reading, structural analysis and comprehensive understanding (Lindseth & Norberg, 2004). Members of the research team (DK and MG) read the transcripts individually and noted common and uncommon experiences among participants. A follow-up meeting was held with all members of the research team to review the emerging themes. Next, structural analysis involved dividing the data into meaning units that were condensed, coded and compared. Following delineation of main themes, transcriptions were uploaded to NVivo 12, a qualitative software program. This process involved three iterations of refining and reducing overlap between the themes, and this led to the final stage of analysis: comprehensive understanding (meaning-making).

Reflexivity can be defined as the act of acknowledging potential bias due to a researcher’s values, experiences and opinions (Dodgson, 2019). Interpretive analysis, in particular, assumes the inclusion of biases and presumptions to generate deep reflection (Bynum & Varpio, 2018). All members of the research team had extensive experience in paediatric health care and were advocates of children’s rights. Discussions regarding our interpretation took account of these biases, which framed the process of interpreting how children navigated through the pandemic and the impact on their rights.
RESULTS

The data reviewed here provide a descriptive account of the pandemic’s pervasive effects on children and their rights. Children’s lived experiences in the pandemic reflected their knowledge and responses to the crisis. The following discussion explores four main themes: (1) knowledge of the coronavirus and advice to an alien, (2) effects on the right to education and play, (3) children’s responses to the pandemic (social and emotional; adaptations to daily living; shared responsibility and collectivism) and (4) awareness of rights (see Table 2 for sample codes). These themes formed the basis of the analysis because they addressed children’s lived experiences during the pandemic and reflected children’s ability to exercise their rights.

Knowledge of the coronavirus and advice to an alien

Interviews began with a picture of the coronavirus: all of the children recognized the image as some sort of a germ or bug. Some called it the ‘corona ball’ (9-year-old female) or the ‘coronavirus thingy’ (11-year-old female). Participants also shared accurate knowledge about the signs and symptoms of the virus, as well as infection control measures such as washing hands, wearing a mask and social distancing.

Participants were asked, “If an alien came to Earth and didn’t know anything about the coronavirus, what would you tell them?” Their advice to the alien included: “I would tell them in alien

| Theme | Sample response |
|-------|----------------|
| **Coronavirus and Advice to an Alien: Identification and Knowledge** | “The coronavirus looks like this” (7-year-old male) |
| **Death and Dying Advice to an Alien** | “It killed a bunch of people” (10-year-old male) |
| **To stay two meters away from people you do not know, do not get sick and go back to your planet” (7-year-old male) | |
| **Responses to Pandemic:** | “I felt really angry” (7-year-old male) |
| 1. Social and emotional reactions | “Not that happy” (10-year-old male) |
| 2. Adaptations to daily living | “We made up an air tag game, because you could pretend if you were one metre away, and say I got you!” (8-year-old male) |
| 3. Shared responsibility and collectivism | “They are risking other people’s lives” (10-year-old male) |
| | “Kids have to wear masks and put hand sanitizer on because that’s the important thing to stop coronavirus” (7-year-old male) |
| | “There’s less pollution” (8-year-old male) |
| **Effects on Rights to Play and Education** | “It’s boring because there’s only a few things I can do. I want to talk to my friends and play with them outside, but I cannot” (10-year-old male) |
| | “You’re meeting your friends with cameras, and the coronavirus cannot fit in the cameras because there’s a protected screen” (7-year-old male) |
| | “Especially with school, we do not have fun field trips anymore. You just have school, I guess” (11-year-old male) |
| **Awareness of Rights** | “No, I’ve never heard about that” (7-year-old male) |
| | “I’ll take a guess. It’s like now we have freedom to do stuff, but we cannot do stuff against the law” (11-year-old male) |
language that we're a mess, there's corona here!” and “to stay two meters away from people you don't know, do not get sick and go back to your planet” (7-year-old male). Others said: “the most important thing is how fast it spreads and the fact that it's airborne” (12-year-old female) and “it's coronavirus, and it's something you can't see, but can kill you, it's a disease” (11-year-old male).

Although we did not introduce the concept of death and dying, most participants (16/20) spontaneously referred to the seriousness of the virus and the need for vigilance. One 11-year-old female said: “One bad thing I would say is just be careful a lot of people have been passing away, dying and sick.” Most participants said they had known someone who had contracted the virus, and some knew people who had died. They were also aware that older individuals and those who were immuno-compromised were at greater risk of dying.

In general, participants viewed the pandemic as devastating, which made it difficult for them to identify positive aspects of the virus—as one child responded: “A good thing? I don't know if I can say a good thing about the virus” (11-year-old male). In contrast, a few noted the opportunity to spend more time with family, while another 11-year-old male cited environmental benefits: “there's not that much air pollution anymore because people are not going to work, so there's less deforestation and less toxic air.”

Effects of the pandemic on children's rights

Previous research has shown that the pandemic had widespread implications for children's ability to exercise their rights (Raman et al., 2020). In this study, children shared their experiences of the pandemic and its impact on their daily lives. Children's perspectives included descriptions of losses, challenges and new learning associated with school closures, limited social contact and altered play opportunities. The following data were thematically aligned with questions regarding the rights to education and play. These data exposed the degree to which these rights interconnect and overlap in the lives of school-age children. For example, school lockdowns propelled a new reality where children were isolated from their peers and where play had to be altered. Overall, these data lend further support to the pervasive and devastating impact of the pandemic on children's rights.

The right to education

Many participants found it challenging to learn because of disruptions in the school environment. Routines changed on a bi-weekly basis because of viral outbreaks in the schools, and some involved deaths of teachers and staff. Transitioning to online learning was difficult for many participants because they had trouble with concentrating, technology issues and poor internet connections. In particular, many spoke about missing their school friends. One 12-year-old female summarized the effects of school disruptions as follows: “it takes me longer to learn and understand concepts, and, if I have to listen to my class, I don’t know who they are, because a lot of them don’t put their cameras on. So, we don’t really interact with the people in our class.”

In contrast, some participants enjoyed working at their own pace and having more free time. Some commented that they felt safer at home due to the lower risk of contracting the virus. Still, most believed that online learning had adversely affected the quality of their education. One 12-year-old male commented, “it just wasn’t the best. I found it confusing, and I feel like you didn't learn - like you weren't getting the information as good as you could in a classroom.”
The right to play

Participants unanimously agreed that play was central to their lives. One 7-year-old male explained: “playing is important too and playing is a responsible thing to do! Because you can’t just sit around playing games, watching TV, that doesn’t make your brain healthy!” Playgrounds and schools were closed during stay-at-home orders, and this limited the ability of children to engage in their favourite play activities.

Play also became a solitary act, and restrictions on social gatherings contributed to loneliness and despair. Children referred to their isolation using comments such as “I play games by myself” (11-year-old male) and “I spend most of my time inside, because I don’t really have anyone to play with, so I just don’t have anything to do. So, I just stay inside for the day” (12-year-old female).

Most children spontaneously referred to the lack of touch and human contact because they could no longer play with their friends. Many school-age games and leisure activities require movement, eye contact and proximity with peers; more than half of participants cited the inability to play games like tag or hide and seek. One 11-year-old male said, “I feel like it’s different because now with corona, we’re not allowed to touch each other, and tag each other, or hug each other.” These sentiments were reiterated by a 7-year-old female: “Before, we were allowed to like, touch each other and play games, and now we’re not.” An 8-year-old male said: “outside, you could see and play with your friends, and inside it’s only me and my brother.” A 7-year-old male commented that when COVID is over, “we’ll be able to see families, your friends, touch each other.”

Children were aware that playing outdoors provides physical exercise; one 7-year-old male noted that “outdoors was better than staying at home playing video games.” Leisure and holiday events were also affected: an 11-year-old female described her sadness at having Halloween cancelled, and an 11-year-old male said he was unable to go to Canada’s Wonderland (an amusement park) despite having a ‘gold pass’.

Responses to the pandemic

Children’s responses to the pandemic were complex, varied and nuanced. Responses reflected their family circumstances, social environment and engagement in public health directives. Their responses were categorized under three main themes: (1) social and emotional reactions, (2) adaptations to daily living and (3) shared responsibility and collectivism.

Social and emotional reactions

Participants experienced a range of social and emotional reactions that affected their overall well-being. All of them expressed sadness because of not seeing friends, and some described sorrow about lives lost to the virus. One 9-year-old male said, “to be honest, I think about like, death. I feel really down at the moment.”

In addition to sadness, some participants said they felt worried and fearful. For some, fear was pervasive and unavoidable: “the most scary part is I can be sitting down watching TV, and I wouldn’t even know I have it” (8-year-old male) and some were concerned that “my family gets it, like the whole country gets it, like the end of the world, I just thought about the end of the world” (11-year-old male). Frustration, anger and boredom all emerged as a result of not being
able to engage in normal activities and routines, such as going to restaurants or movies or visiting family and friends.

Concerning emotional fallout, some participants stressed the need for grownups to listen to children: “to understand what the kid is going through” (12-year-old male). Others made similar comments about anxious children, “if someone is scared, they should be able to choose for themselves, because this fear is kind of like a life or death fear” (11-year-old male).

Adaptations to daily living

Most participants (16/20) provided examples of how they had adapted to changes in daily living. One 12-year-old male referred to the unexpected arrival of the virus and the inability to avert the danger: “Cause out of nowhere, coronavirus just showed up, and the whole world couldn’t do anything.” One 10-year-old male described a detailed series of improvisations he had developed to play soccer, his favourite sport. He said that to play alone, he created an imaginary soccer net: “I use the fence and I aim for the spot. I tell myself where I want to shoot, and then I try to hit the target” and “when I had no soccer cones, I used butter bowls instead and dribbled the ball around the bowls.” He also asked his father to purchase some soccer equipment and attended online training sessions with his soccer coach. Despite these efforts to train, he acknowledged, “it’s not that challenging because it’s just me by myself.”

An 11-year-old male who was unable to go outside said he had set up a telescope, commenting, “I look through the windows, at the trees, to see if I could spot anything like cool with it, cool stuff.” Others said they engaged in new activities such as creating art and engaging in science experiments. One 12-year-old female noted, “I recently started painting a lot and it makes me feel more at peace.” Some participants said that it is important to continue to celebrate events; one 11-year-old female noted, “when I heard that Halloween was canceled, it was sad, but I still dressed up, because you know, it’s the Halloween spirit.”

For some, adapting games could make them safer. One 8-year-old male said, “We made up an air tag game, because you could pretend if you were one metre away, and say I got you!” A 7-year-old male said he played an online version of hide and seek “where someone needs a tagger, and the hide and seek is shrinked – so you’re really small and there’s like big furniture. You’re basically like little germs, wandering around the places and you can hide from the hider who is trying to tag you! There’s different maps so you can hide in a bedroom, the store, or a workshop.”

Other children said they had made space in their living room to participate in a virtual gym class. One 7-year-old male said he practiced karate online. One 11-year-old female described her love of dance, and referred to accepting the need to wear masks and socially distance “so if we wear masks and we went to dance, I’m fine with it, because just being able to be there is super great.” Most participants participated in online video games and regular Zoom calls with friends; one 11-year-old male also said he used ‘messenger kids’, an app for children to communicate with friends through chat functions and texting.

Adaptations to daily living included mask wearing. Some participants said they designed their own masks as fashion statements (12-year-old male). One 9-year-old male said, “At certain times, I tease my imagination where like, you’re suiting up. It’s like armour, when I put on my snow pants and my jackets.”

Overall, children were resourceful and creative in modifying their favourite play activities, social interactions and responses to infection control practices. All participants used some form of technology to maintain social contact with friends, particularly during lockdowns when physical
distancing was required. They were aware, however, that seeing their friends online was not ideal. One 12-year-old female commented: “it is a little different because we’re at different places and if the Wi-Fi isn’t working, it kind of messes things up.” An 11-year-old male said, “I do wish that he’d be here because it’s easier to communicate when he’s like right here with me” (11-year-old male).

Shared responsibility and collectivism

Interview data reflected children’s shared responsibility and collectivism as they placed a high value on keeping everyone safe. When asked whether they had a job to do or if adults were solely responsible for making things better, all but one participant recognized that children also have responsibilities; one 10-year-old male said, “kids have jobs too.” Others noted that “kids are smart” (7-year-old male) and that children “have to stay safe too” (8-year-old female). Most discussions of their responsibilities involved mask wearing. As one 7-year-old male commented, “Like it feels so not cool to wear a mask, I know that. I don’t like it too, but we have to do it!” Another 7-year-old male was concerned about his teacher: “my teacher was pregnant, so I didn’t take it off.”

Participants generally felt that children needed to follow public health guidelines. One 11-year-old male said: “because if one person gets it, they just spread it to their family, which will spread it more. One infection could cause hundreds, so it’s not only you you’re depending on, but it’s like everyone else.” The predominant sentiment was that children need to be involved; one 10-year-old female said, “so they don’t endanger other peoples’ lives.” The seriousness of the pandemic led some to consider penalties for not wearing a mask. One 12-year-old male suggested “increasing fines for people who aren’t following the rules because it’s not safe.” Some said they would even call out a teacher or other adult for not wearing a mask: one 10-year-old male said “I would raise my hand and say teacher, like the teacher’s name and say that you forgot to wear your mask and your mask is not over your nose.” An 8-year-old male similarly commented that he would ask the teacher “like, is there any rule that you don’t have to wear a mask?”

Some participants recognized the need to set an example for others; one 11-year-old male said: “older kids should have to role model to kids for wearing a mask and washing your hands, and to keep physical distancing.” Others believed every child had equal responsibility, including younger children. One 12-year-old male acknowledged that younger children may not understand as easily, “but I think they still need to know because they’re usually the ones that get kind of snotty when they’re sick. From a safety point of view, they should know what’s going on.”

Some participants expressed concern about the global and cumulative effects of the pandemic. A 12-year-old male commented, “there’s poverty around the world, people who aren’t eating, there’s just so many things.” Another 12-year-old male explained, “people are not able to work, so they’re making less money, and say if it’s a single parent, you gotta feed kids, it could be kind of hard.” An 11-year-old female made a similar comment, suggesting that because “COVID took away many jobs; they should give out more job offerings and pay a bit more.”

Wishes

Participants were asked to describe their wishes, and their responses provided additional evidence of collectivist thinking. Almost all participants (18/20) said they wanted the pandemic to
end: “if I had one wish, I would wish for coronavirus to go away” (7-year-old male) and “leave this place” (11-year-old male). Some discussed finding “a cure for COVID” (11-year-old female) so that “the whole world could go back to normal” (11-year-old male) and “everything is just peaceful” (11-year-old male). One 12-year-old male summarized it this way: “I wouldn’t want to be selfish and say something that’ll help myself so, probably something that would help people. Probably, get rid of COVID just because it screwed up a lot of people’s lives.”

**Awareness of children’s rights**

Less than half of the children were aware of their rights and believed that they should be included in decision-making: most children felt that the government and scientists would make the decisions because they had more information about the virus. Some participants speculated that children might make the wrong decisions based on their desire to see their friends again. When asked about children’s ability to participate in decision-making, one 8-year-old male replied, “When there’s no choice, the government decides,” adding, “it’s not fair, because kids want to meet each other.”

Regarding the right to information, most participants agreed that children should receive knowledge because “if they didn’t know, it would be a mess” (7-year-old male) and “if it’s about the corona, I like knowing about it” (8-year-old female). Knowledge was seen as a precursor to action in that “it’ll help us understand how it works, and what happens, so we’re more careful” (12-year-old female). Participants also felt that information would help prepare for future pandemics: “if there’s something that happens in later years when we’re adults, we knew how to handle this, so we’ll know how to handle future events” (12-year-old male).

Although the participants were largely unaware of their rights, they appreciated the value of play and going to school. One 10-year-old male explained, “school gives them an education, and play makes them have fun and be happy, because people can get sad, and no one likes to be sad.”

**DISCUSSION**

**Final interpretation**

Our final interpretation begins with some background information that situates the study and its participants within a particular social and cultural context. Higher-level analyses derived meaning from the text and involved integrating data from the following four themes: (1) knowledge of the coronavirus and advice to an alien, (2) effects on the rights to education and play, (3) children’s responses to the pandemic (social and emotional reactions; adaptations to daily living; shared responsibility and collectivism) and (4) awareness of rights.

**The back story**

By the time we interviewed our child participants, they had already endured almost 6 months of intermittent lockdowns and were predominantly isolated in their homes. Throughout the pandemic, the policies enforced by the provincial government of Ontario were severe: more so than in most parts of North America. Even when children could return to school at times
when infections were low, sudden viral outbreaks led to subsequent school closures and learning disruptions. Throughout data collection, there was no time at which the city was restriction-free—and this began in the middle of March 2020. To our knowledge, few populations worldwide experienced the same degree of social isolation and virtual learning as the children in Ontario.

Our participants demonstrated extensive knowledge of the virus and the scope and pervasive impact of the pandemic. They discussed complex issues such as death and infection control and were astutely aware of how the pandemic had wreaked havoc in their lives, schools and communities. Bray et al. (2021) recently replicated these findings and found that children had a good understanding of the virus and were committed to protecting themselves, their families, and wider society.

A pandemic affects everyone, but children have much less control over their daily lives than adults do. Moreover, our participants were largely unaware of their rights as children: indeed, many were puzzled about the interview and asked why we were interested in talking to them. This is not surprising given that previous research has addressed the lack of adult listening even in matters that directly affect children (Lundy, 2007). However, children who are unable to exercise their rights to education and play are unlikely to have healthy childhoods. Rights are interconnected (Collins et al., 2021), and if one right is denied, this can affect others. In this case, the closure of schools affected children’s contact with friends and engagement in play. Specialized supports and equitable learning opportunities for all children were also reduced or unavailable.

This is not the first time that public health directives have superseded individual children’s rights. During the SARS pandemic, hospitalized children were separated from their parents, placed in isolation, and expressed fear that they and their family members would die (Koller et al., 2006a, 2006b, 2010). Interviews with these children revealed a need for social and emotional support, accurate information about the virus, and opportunities for play as a coping mechanism (Koller et al., 2010). The lessons learned during SARS are instructive, yet remain largely ignored by policy-makers who do not acknowledge children’s rights or perspectives during a pandemic (Bray et al., 2021; Rowland & Cook, 2021).

Living in two worlds

Similar to other studies with preschool children (Fleet & Britt, 2011; Koch, 2018), we found that school-age participants were balancing two competing worlds: the adult world and that of their cultural group. In the adult world, children learned about the virus, followed public health guidelines, participated in remote learning, and remained steadfast in their commitment to stay safe for the greater good. Participants acknowledged that they shared responsibility for keeping others safe, reflecting a collectivist stance. In the child world, our participants improvised play, engaged in new activities, and connected virtually with peers. Our interpretive analysis confirmed that—as evidenced by creating a personal soccer field or developing an air tag game— “children are not passive subjects to the scripts” and are empowered when they are “experimenting and exploring the limits of their own capabilities” (Koch, 2018, p. 5).

The absence of adult stewardship did not prevent our participants from protecting their childhoods while accepting societal responsibilities. By successfully navigating both worlds, they were actively exercising their participation rights even if they did not know it. They involved themselves in all aspects of the pandemic with a high degree of deftness and social agency by staying informed and applying strategies to prevent the spread of the virus. Their vigilance during this public health crisis demonstrated their profound understanding of how the crisis was affecting both of their worlds.
Hiding and seeking

Play theorists note that the game of hide and seek is intrinsic to all cultures—beginning in infancy as ‘peek-a-boo’ and lasting through latency with minor variations (Tuber, 2008). In an early study, Foster (1930) found that all school-age children, regardless of gender, engage in hide and seek. Bergman (1993) concluded that a universal element of hiding games is that they appear to develop after close and trusting relationships are established.

Our child participants experienced a void in their play rituals: they could not participate in the existential dilemma of being lost and found. Descriptions of the loss of touch and inability to be seen by their closest friends reflected the prevailing sentiment. Hiding games, therefore, can reflect a form of a developmental phenomenon that promotes social and emotional well-being in children.

Children’s preoccupation with the game of hide and seek offers additional credence to our interpretation of children existing in two worlds. During our data analysis, the phrase ‘hide and seek’ was coded under several themes—how children adapted their play (virtual hide and seek), the inability to play hide and seek (a denial of their right to play and leisure), and the emotional responses associated with not being able to see or touch friends (sadness). ‘Hide and seek’ emerged as a cogent metaphor for a comprehensive understanding or meaning of children’s lived experiences in a pandemic.

The adult world is currently preoccupied with a deadly virus—and hiding is required. At the time of data collection, children were not able to go to school, they played alone, and were isolated from their closest friends. Their childhoods were essentially on hold. In contrast, the child world necessitates seeking and exploring, being found and seen. ‘Seeking’ behaviour revealed itself in continual adaptations to forms of play and leisure, and in discovering new ways to be ‘found’ on virtual platforms and in their imaginations. For children playing hide and seek, there is nothing worse than hearing the game going on around you and feeling that nobody cares enough to come and find you. As theorist Winnicott noted, “It is a joy to be hidden, and disaster not to be found” (1963, p. 186).

Reflections on study methods and analysis

Most qualitative research involves conventional analysis that rarely goes beyond the identification of themes, which can limit the production of new knowledge (Eakin & Gladstone, 2020). Interpretive approaches to analysis are especially rare in research involving children. Many researchers continue to view childhood as a series of universal and developmental stages; they may therefore underestimate children’s ability to contribute to new knowledge and impede opportunities to interpret meaning from their participation (Koller & Wheelwright, 2020). Carnevale (2020) argued that we must view children as having agency and advance a thick conception of children’s voices.

This study contributes to the literature by offering a hermeneutic analysis of children’s lived experiences during the pandemic. The use of creative online methods helped reveal a range of unique and contextualized versions of what children encountered during the pandemic. Rich and detailed data emerged because children were provided the latitude and freedom to share and describe their encounters, activities and understandings. This made it possible to develop a comprehensive understanding and engage in meaning making. Our findings confirmed that much of what happens to children is rooted in social contexts (Carnevale, 2020). For example, children’s
preoccupation with not seeing their peers and the need to improvise games that require social contact (e.g. hide and seek) implies the need to recreate social contexts which were absent during the pandemic. Isolating at home and not being able to attend school or interact with peers highlighted the loss of important social arenas.

The project was a hermeneutic endeavour: the goal was to offer a ‘thick description’ (Geertz, 1973) and decrypt the meanings of children’s lived experiences during COVID-19. Traditionally, hermeneutic approaches demand prolonged engagement with participants, but this was difficult due to recruitment challenges during the pandemic. Many families initially agreed to participate but were unable to follow through, despite their good intentions. There were also challenges associated with conducting virtual interviews with children in their homes: parents and siblings would sometimes interrupt the interview, and some children appeared hesitant to describe the realities of their home life when family members were nearby. As a result, it was difficult at times to navigate the interviews and protect the rights of the children to participate freely and express their views. We also attempted to minimize any power differentials between the interviewer and the child by providing time to build a rapport. We expressed the importance of understanding children’s perspectives, and gave participants the time to talk freely about issues that were important to them.

Our positionalities as researchers and clinicians impart a social paediatric lens, which acknowledges children as competent agents and rights holders. Our analysis, therefore, reflects an advocacy stance that seeks to promote children’s rights whenever possible, particularly in the context of a pandemic. The main author has conducted research with children and families during previous pandemics (SARS), and this has contributed to a critical perspective regarding the subjugation of children’s rights during public health emergencies and a lack of policy development in this regard.

**CONCLUSION**

The well-being of children is a strong indicator of a healthy habitat and a democratic society (UNICEF, 2018). For many children, a healthy childhood during the pandemic was an elusive enterprise. The denial of children’s rights in a pandemic reflects the inability of our society to steward a public health crisis in a way that achieves a viable balance between infection control and an adequate childhood. The full impact of the COVID-19 pandemic is not yet clear, and speculations about the long-term implications for children’s health and well-being are inconclusive. To address the damages incurred by the pandemic, it will be vital to listen well to children’s voices (Pascal & Bertram, 2009), expose the inequities of lost childhood opportunities, and find ways to support children’s agency moving forward. As noted by Lundy (2007), “it is difficult to imagine egregious breaches of children’s rights in situations where they have been fully and effectively involved in determining the outcomes of the decisions which affect them” (p. 940).

In this qualitative study, we explored and interpreted the perspectives and experiences of school-age children in a pandemic using a child rights lens. Our interpretive analysis reveals that children are innovative social agents who are capable of realizing their rights despite restrictive environments and adverse circumstances. They executed their jobs despite little acknowledgement of their rights to information and participation in shared decision-making. They were able to improvise aspects of their world while navigating the regulatory world of adults. Throughout it all, they managed to hide and seek.

In the end, the wisdom emanating from the classic ‘hide and seek’ of childhood cannot be ignored (Crenshaw, 2017). Infants, children and adults all strive to be found—to be seen. Children’s
rights seem to be hidden from view when the destructive forces of a pandemic take hold. As adults, we need to take Article 12 of the UNCRC seriously. We must ensure that children’s views are not only heard, but given due weight and taken into account when decisions regarding their lives are at stake (Koller, 2017; Lundy, 2007). Adults should acknowledge and support the existence of two competing worlds by influencing public health policy and championing children’s right to an adequate childhood. We must enable children to hide and seek in plain sight.

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DATA AVAILABILITY STATEMENT
Data availability for this study is possible. All data are still available and stored securely.

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REFERENCES
Barker, J., & Weller, S. (2003). “Is it fun?” developing children-centered research methods. International Journal of Sociology and Social Policy, 23(1), 33–58. https://doi.org/10.1108/0144330310790435
Berger, E., Jamshidi, N., Reupert, A., Jobson, L., & Miko, A. (2021). The mental health implications for children and adolescents impacted by infectious outbreaks—a systematic review. Child and adolescent mental health, 26(2), 157–166.
Bergman, A. (1993). To be or not to be separate: The meaning of hide-and-seek in forming internal representations. Psychoanalytic Review, 80(3), 361–375.
Bray, L., Blake, L., Protheroe, J., Nafria, B., de Avila, M. A. G., Ångström-Brännström, C., Forsner, M., Campbell, S., Ford, K., Rullander, A. C., & Robichaud, F. (2021). Children’s pictures of COVID-19 and measures to mitigate its spread: An international qualitative study. Health Education Journal, 80(7), 811–832.
Bynum, W., & Varpio, L. (2018). When I say... hermeneutic phenomenology. Medical Education, 52(3), 252–253.
Carnevale, F. (2020). A “thick” conception of children’s voices: A hermeneutic framework for Childhood Research. International Journal of Qualitative Methods, 19, 1–9.
Clark, A. (2005). Ways of seeing: Using the Mosaic approach to listen to young children’s perspectives. In Beyond listening: Children’s perspectives on early childhood services (pp. 29–49). Policy Press.
Collins, T., Rizzini, I., & Mayhew, A. (2021). Fostering global dialogue: Conceptualisations of children’s rights to participation and protection. Children & Society, 35, 295–310. https://doi.org/10.1111/chso.12437
Crenshaw, D. A. (2017). Resistance in child psychotherapy: Playing hide-and-seek. In C. A. Malchiodi & D. A. Crenshaw (Eds.), What to do when children clam up in psychotherapy: Interventions to facilitate communication (pp. 18–37). Guilford Press.
Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. Nursing Research, 52(3), 202–205.
Dodgson, J. E. (2019). Reflexivity in qualitative research. Journal of Human Lactation, 35(2), 220–222. https://doi.org/10.1177/0890334419830990
Eakin, J. M., & Gladstone, B. (2020). “Value-adding” analysis: Doing more with qualitative data. International Journal of Qualitative Methods, 19, 1–13.
Fleet, A., & Britt, C. (2011). Seeing spaces, inhabiting places. In D. Harcourt, B. Perry, & T. Waller (Eds.), Researching Young Children’s Perspectives: Debating the Ethics and Dilemmas of Educational Research with Children (pp. 143–162). Routledge.
Foster, J. C. (1930). Play activities of children in the first six grades. Child Development, 1(3), 248–254.

Friesen, N. (2012). Experiential evidence: I, we, you. In N. Friesen, C. Henriksson, & T. Saevi (Eds.), Hermeneutic phenomenology in education: Method and Practice (Vol. 4, pp. 39–54). Springer Science & Business Media.

Gadamer, H. G. (1975). Truth and method. Sheed and Ward.

Gadamer, H. G. (1976). Philosophical hermeneutics. University of California Press.

Gadamer, H. G. (1980). Dialogue and dialectic. Yale University Press.

Geertz, C. (1973). The interpretation of cultures. Basic Books.

Iqbal, S. A., & Tayyab, N. (2021). COVID-19 and children: The mental and physical reverberations of the pandemic. Child: Care, Health and Development, 47(1), 136–139.

James, A. (2007). Giving voice to children's voices: Practices and problems, pitfalls and potentials. American Anthropologist, 109(2), 261–272.

Koch, A. B. (2018). Children's perspectives on happiness and subjective well-being in preschool. Children & Society, 32(1), 73–83.

Koller, D. (2017). 'Kids need to talk too': Inclusive practices for children's healthcare education and participation. Journal of Clinical Nursing, 26, 2657–2668.

Koller, D., Nicholas, D., Gearing, R., & Kalfa, O. (2010). Paediatric pandemic planning: children's perspectives and recommendations. Health & Social Care in the Community, 18(4), 369–377. https://doi.org/10.1111/j.1365-2524.2009.00907.x

Koller, D., Nicholas, D., Goldie, R., Gearing, R., & Selkirk, E. (2006a). When family-centered care is challenged by infectious disease: Pediatric health care delivery during the SARS outbreaks. Qualitative Health Research, 16(1), 1–14. https://doi.org/10.1177/1049732305284010

Koller, D., Nicholas, D., Goldie, R., Gearing, R., & Selkirk, E. (2006b). Bowlby and Robertson revisited: The impact of isolation on hospitalized children during SARS. Developmental and Behavioral Pediatrics, 27(2), 134–140.

Koller, D., & Wheelwright, D. (2020). Disrupting the status quo: A new theoretical vision for the child life profession. The Journal of Child Life: Psychosocial Theory and Practice, 1(2), 27–32.

Lansdown, G., Lundy, L., & Goldhagen, J. (2016). The UN Convention on the rights of the child: relevance and application to pediatric clinical bioethics. Perspectives in Biology and Medicine, 58(3), 252–266.

Lindsell, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. Scandinavian Journal of Caring Sciences, 18(2), 145–153.

Lundy, L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal, 33(6), 927–942.

Nicholas, D., Pastershuk, C., Koller, D., Matlow, A., Bruce-Barrett, C., Lack, L., & Shaul, R. (2010). Pandemic planning in pediatric care: A website policy review and National Survey Data. Health Policy, 96, 134–142.

Pascal, C., & Bertram, T. (2009). Listening to young citizens: The struggle to make real a participatory paradigm in research with young children. European Early Childhood Education Research Journal, 17(2), 249–262.

Pecoraro, L., Dalle Carbonare, L., De Franceschi, L., Piacentini, G., & Pietrobelli, A. (2020). The psychophysical impact that COVID-19 has on children must not be underestimated. Acta Paediatrica, 109(8), 1679–1680.

Raman, S., Harries, M., Nathawad, R., Kyeremateng, R., Seth, R., & Lonne, B. (2020). Where do we go from here? A child rights-based response to COVID-19. BMJ Paediatrics Open, 4(1), 1–4.

Rowland, A., & Cook, D. L. (2021). Unlocking children's voices during SARS-CoV-2 coronavirus (COVID-19) pandemic lockdown. Archives of Disease in Childhood, 106(3), e13.

Saxena, R., & Saxena, S. (2020). Chapter 15: Preparing children for pandemics. In Coronavirus Disease 2019 (COVID-19), Medical Virology: From Pathogenesis to Disease Control (pp. 187–198). Springer Ltd.

Stevenson, E., Barrios, L., Cordell, R., Delozier, D., Gorman, S., Koenig, L., Odom, E., Polder, J., Randolph, J., Shimabukuro, T., & Singleton, C. (2009). Pandemic Influenza planning: Addressing the needs of children. American Journal of Public Health, 99(S2), S255–S260. https://doi.org/10.2105/AJPH.2009.159970

Sukhov, R., Gold, J., Asante, A., & Dizon, L. (2020). Where have all the children gone? Reflections on a flowerless “COVID” spring. Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach, 13, 1–14. https://doi.org/10.3233/PRM-200019

Teo, S. S. S., & Griffiths, G. (2020). Child protection in the time of COVID-19. Journal of Pediatrics and Child Health, 56(6), 838–840. https://doi.org/10.1111/jpc.14916
Thompson, J. (2018). Shared intelligibility and two reflexive strategies as methods of supporting ‘responsible decisions’ in a hermeneutic phenomenological study. *International Journal of Social Research Methodology, 21*(5), 575–589.

Tuber, S. (2008). *Attachment, play, and authenticity: A Winnicott primer*. Jason Aronson, Incorporated.

Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher, 20*(3), 17–20.

UN General Assembly. (1989). Convention on the rights of the child. [https://www.ohchr.org/documents/professionalinterest/crc.pdf](https://www.ohchr.org/documents/professionalinterest/crc.pdf)

UNICEF. (2018). UNICEF child friendly cities and communities handbook. [https://childfriendlycities.org/resources/](https://childfriendlycities.org/resources/)

Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In *The maturational processes and the facilitating environment* (pp. 179–192). International UP.

Wood, L. (2021 manuscript in development). *ISSOP/INRICH Social Paediatric Group 5P Framework*.

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APPENDIX A
Appendix A – Prezi Presentation.