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The Public-in-Waiting: Children's representation and inclusion in Aotearoa New Zealand's COVID-19 public health response

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ABSTRACT

Scholars globally have noted children's invisibility in public discourse about the COVID-19 pandemic, reflecting social constructions of childhood as a segregated and private world. Though children represent a significant proportion of the "public" in "public health", children's roles are rarely considered in the institutions or political approaches that drive public health policy. Yet social theory suggests children's representation in public discourse not only reflects but constitutes their roles in society. How, then, have children been represented in COVID-19 discourse, and what can these representations tell us about how children's roles in public health are conceptualised and enacted? Focusing on New Zealand, we assess children's representation through a critical discourse analysis of public health communications, policy updates, and media coverage using a critical childhood studies approach. We identified that 1) children's perspectives and concerns were rarely represented 2) children rarely represented themselves 3) children were most often represented as passive sufferers and recipients of adult care and protection. We argue that children's underrepresentation reinforces a systematic age-based exclusion rooted in Western political constructions of children as public-in-waiting, the private responsibilities of parents. We suggest this exclusion may be limiting public health approaches – and the health of the public.

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Introduction

Aotearoa New Zealand achieved global recognition for its public health response to the COVID-19 pandemic, which maintained minimal cases and deaths throughout the first two years. Comprising 20% of the population, children and young people were essential participants in collective public health measures and contributors to the success of New Zealand's COVID-19 response. Moreover, this "pandemic generation" saw unprecedented restructuring of their childhoods: engaging in lockdowns and public health measures, experiencing shifts or losses in schooling, or witnessing mass illness and death within their communities or nations. Yet from the early months of the COVID-19 pandemic, childhood scholars globally have remarked upon a relative disregard for children within COVID-19 health policy and public discourse (Alwan, 2021; Lomax et al., 2022; Spray & Hunleth, 2020). While New Zealand's government communications to the public received global acclaim, it remains unclear how children's voices and concerns were represented in COVID-19 public health policy and communications, or how representations of children may have reflected – and constituted – their roles as participants in pandemic life.

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Attending to children's representation in public health discourse is important because, as anthropologists of child health have documented, policymakers often seek to protect children without considering them as social actors who actively engage with, respond to, resist, or promote health policy, messaging, treatments and interventions (Bluebond Langner, 1978; Clark, 2003; Hunleth, 2017; Spray, 2020; Sweis, 2021). While children's agency is typically more constrained than adults', particularly by social structures that restrict their freedom, humans use agency from infancy and even very young children actively engage with health information and services. Of relevance to the present article, for example: in a kindergarten-based study, Kahuroa et al. (2021) found that children as young as 4 closely observed government advertising and Prime Minister Jacinda Ardern's daily COVID-19 media updates and linked their understandings of key protocols about staying home and mask wearing to Ardern's messages. Yet the tendency of adults to overlook children as participants and *contributors* to health, influenced by Western social constructions of children as incompetent and passive, can impact child and family health and influence the success of treatments, policies and interventions and preclude effective policy to support children's efforts (Hunleth, 2017; Spray, 2020; Sweis, 2021). Children's inclusion is also a human rights issue; New Zealand has ratified the UN Convention on the Rights of the Child (UNCRC) which mandates that children's perspectives should be sought about matters that affect them. Consultations with children are often tokenised or siloed, however; in New Zealand, for example, children were surveyed about their experiences of lockdown via the Office of the Children's Commissioner (2020), but it is not apparent how the resulting report informed any policy. Moreover, much research or consultation work with children tends to focus on *experience*, an orientation that implicitly conceptualises children as passive sufferers rather than social actors who do things that *matter* (Hunleth, 2017; Spray, 2020). Children's participation must therefore go beyond consultation, as full inclusion means attending to how children are represented, communicated with, responded to, and treated as full members of society.

In this article we seek to assess children's representation and inclusion in New Zealand's COVID-19 health promotion policy and messaging. We accomplish this through a critical discourse analysis of documents from three sources: 1) transcripts from the government's regular press conferences, 2) policy updates published on the centralised "Unite Against COVID-19" government website, and 3) media articles about COVID-19 and children. We approach these documents from Ian Hacking's premise that discursive representations "make-up people" (,1986): representations of children in public discourse are not one-way mirrors but constitute the kinds of people children can *be*, enabling certain avenues for enacting political subjectivity while foreclosing others. Childhood scholars have demonstrated how mass media, in particular, has both co-opted and driven social consensus about the meaning of Western childhoods, producing normative images of children, for example, as innocent (and racially white) or deviant problems (Drotner, 2013). By perpetuating images of children for adult purposes (to sell, draw attention, moralise) while excluding children's voices, scholars have argued, such media has foreclosed children's participation in cultural production and in shaping their identities (Joseph, 2007; Kjørholt, 2007). Similarly, we suggest that analysing how children are represented in COVID-19 discourse can reveal how children's roles in public health are conceptualised and enacted. Based on this analysis, we argue that children have been systematically marginalised in public health communications that assume children to be the private responsibility and business of parents and caregivers. We suggest that treating children as "public-in-waiting" rather than members of the "public" not only undermines children's participation but leaves vulnerabilities in public health approaches that rely on the collective efforts of all members of society.

COVID-19 public health promotion in the New Zealand context

New Zealand's COVID-19 public health response attained global recognition for suppressing cases of community transmission and limiting deaths. By January 2022, New Zealand had reported only 52 deaths from its 5 million population. Though directed by epidemiologically-informed government

leadership, this accomplishment was predicated on the collective efforts of the New Zealand population, including children, who were asked to comply with extraordinary restrictions and incorporate new health practices into their daily lives.

New Zealand's pandemic response was, until the end of 2021, based on a "zero tolerance elimination" strategy which used a four-tier alert level system, hotel quarantines for returning citizens and essential immigrants, lockdowns, contact tracing, and other measures to forestall further community transmission of any detected case (Full details accessible at Ministry of Health, 2021). During level 3 and 4 lockdowns, people were asked to stay in "bubbles", small, closed groups that usually coincided with a household (Trnka et al., 2021). This strategy was successful until an outbreak of the Delta variant in August 2021 that evaded elimination, though cases never exceeded 200 - per day. Mass vaccination efforts achieved 90% vaccination rates of the population aged 12 and over in most regions before the elimination strategy was officially abandoned in December 2021.

Children were heavily implicated in New Zealand's pandemic response, particularly as government-imposed rules frequently overlooked children's specific needs or attributes. Border closures and lockdowns, assuming children lived with all caregivers in one household, frequently separated children from parents or caregivers. Physical distancing requirements were often unfeasible or overlooked children's need for physical proximity and touch. Children also experienced school closures and, after schools reopened, found their social worlds restructured by half-time attendance, cohorting, or class "bubbles" and by the absence of many classmates whose parents, concerned about infection, kept them home. Children in year 4 (approx. age 8) and above were required to wear masks, though for much of the pandemic it was difficult to obtain child sized masks and families adapted adult masks to fit children's faces. From January 2022, a paediatric vaccine was made available to children aged 5–11. In the context of public resentment over adult vaccine mandates and growing disinformation about vaccine risks, the government did not mandate paediatric vaccines, leaving the decision to "parental choice". By May 2022, only 25% of eligible 5–11 year-olds had been fully vaccinated (Mase, 2022). Māori and Pacific children, whose communities are structurally disadvantaged in New Zealand and face systematic health disparities, were most likely to experience Covid-19-related illness or death within their families (Megget, 2022). Border closures particularly impacted Pacific children whose families were separated across island nations and lost economic opportunities from seasonal or tourist industries (Freeman et al., 2021).

Public communications were based in a bespoke web-based information centre called Unite Against COVID-19 (Ministry of Health, 2020a). The Ministry of Health and other government bodies proactively disseminated information through a range of modalities, including mainstream and social media. Of particular note for their popularity in public consciousness and culture were routine 1 pm press conferences, usually headed by Prime Minister Jacinda Ardern and Director-General of Health Dr. Ashley Bloomfield. Primarily for briefing the press, these conferences were aired on television, radio, and live-streamed across social media and web platforms for public viewing. These press conferences became appointment viewing for many New Zealand families, including many children, who would gather around to hear the day's case numbers and policy updates. Communications were therefore consumed by children, but children were not typically the intended audience. Nevertheless, we suggest this political and media discourse was an important place in which, through their representations, children were "made up" (Hacking, 1986) as particular kinds of subjects, as well as invoked to constitute adult political control. By analysing these documents, this study investigates who children were made up to be, what kinds of recognition children were not afforded, and what this form of representation may mean for children's inclusion as part of the "public" in public health.

Methods

Theoretical approach

The study is based in critical childhood studies, an approach that examines how childhood is socially and historically constructed within and in relation to broader social hierarchies of power

and oppression (Alanen, 2011). From this theoretical orientation we aimed to both evaluate and understand how children have been represented and included in New Zealand's public health efforts, contextualized within broader generational power dimensions and socio-cultural and political constructions of childhood. To accomplish this, we conducted a critical discourse analysis of government and media COVID-19 public health policy and communications. A critical discourse analysis holds that the kind of language we use, for example, to describe children, creates and affirms structures of power (Fairclough, 2001) often by naturalising cultural ideas about who children are and should be. Contemporary discourses of childhood invoking, for example, vulnerability, risk, protection, and the nature of children's relationship to parents, government, and society are taken-for-granted as natural, rather than the latest iteration of evolving ideas, in turn heavily shaped by the particularities of changing economic and societal structures, politically contested values, and (culturally and politically influenced) scientific paradigms and technologies (Lee, 2001). These constructions of childhood, often invoked in the service of *adult* agendas, perpetuate children's marginalisation in adult-centric societies, creating and constraining avenues for children to enact their roles within society, and shaping how children come to see themselves.

Sample

We focused our analysis on three sources of public health communications to represent the breadth of public health policy and messaging: policy updates, government press conference transcripts, and media articles. These three forms of discourse all aimed to inform the public but also served different interests, positioning children in variable ways to do so. Policy updates aimed to clarify policy details. In press conferences, political and public health leadership solicited public buy-in into policy approaches that were predicated on collective cooperation. Finally, the New Zealand media positioned themselves as critical evaluators of policy decisions, and their publications, competing for public attention in a capitalistic landscape, tended to appeal to public anxieties. The New Zealand government and press appeared to maintain symbiotic and friendly relations towards the common purpose of protecting the country; in press conferences Ardern would address news media representatives by their first name and used their (relatively rare) critical challenges as an opportunity to make rhetorical appeals to the public (Hafner & Sun, 2021). We therefore approach these three forms of communications as dialogical, positioning children within contested and relational discourses between New Zealand leadership, media, and public.

We sampled communications that were published between 1 January 2020 and 30 March 2022, generated through several different procedures. We extracted policy updates from the government's Unite Against COVID-19 website (Ministry of Health, 2020b), published under the webpage "Latest News". Our inclusion criteria required policy updates to either mention children or discuss a topic of relevance to children (e.g. education). We manually assessed and exported all updates that met the inclusion criteria, yielding a sample of 56. We extracted 182 press conference transcripts (all that were available) from the government's COVID-19 website. Within NVivo 12, we ran keyword search queries to identify transcripts and sections relating to children or related subject areas for coding. Key words used to identify sections of transcripts relevant to the study included "child", "youth", "young", "school", "kid", "student", and "tamariki" [Māori word for children].

To identify news articles that featured the COVID-19 pandemic and children, we used the online database Newztext. Although news media takes many forms, we focus on articles as an enduring and representative sample of general news media discourse about COVID-19 and children. Key search terms included "COVID-19", "children", and "kids". The search only included articles that were published in mainstream New Zealand news outlets, excluding other sources such as magazines. We conducted our initial keyword search on 2 December 2021, resulting in 51,925 articles. Of these, we identified 11 New Zealand news outlets, including national and regional newspapers and online media platforms. From these, we selected a sample based on articles that scored above 15.0

according to the Newztext database's relevance score. We did a further search on 1 April 2022 to account for any new articles, using the same criteria, yielding 881 articles between the two searches.

We excluded articles that did not meet the inclusion criteria or were duplicates of other articles already present in the sample. For an article to be deemed 'relevant' to the study, it had to: (1) have children as a central focus in the article (2) have COVID-19 as a central focus in the article (3) be mainly about New Zealand society. We then randomly selected a sample of 200 articles, stratified by news outlet to ensure a range of regional and national discourses of varying political leaning were included.

Analysis

We developed a coding framework by applying a critical childhood lens to a subset of the sampled communications to identify initial themes, which we then iteratively refined throughout the coding process. One set of codes focused on the social constructions of children/childhood present within the sample, including ideas such as that "children need to be protected" or "children are at risk". We designed two further sets of codes to assess children's representation in media articles. A methodological challenge was capturing a lack of representation in media articles, since coding typically identifies what is present in a dataset rather than what is absent. As our sample criteria included only media articles that mentioned children, we were not able to assess how frequently children were overlooked or excluded. We designed one set of codes to capture *who were the actors*: the group of people (e.g. teachers, children, parents, health professionals, government officials) who were portrayed as taking action or encouraged to take action, to assess the relative frequency with which children were represented as social actors. Another set coded *whose perspective* was included in articles to assess the relative frequency with which children's perspectives were represented. As we intended a qualitative approach, however, we did not statistically analyze these frequencies but rather used these codes for a heuristic assessment of children's representation. We also coded the main *topics* discussed alongside children (e.g. vaccination, education), and *marked categories of difference* as assigned to children in the articles (e.g. ethnicity, pre-existing conditions).

Findings

Children's perspectives and concerns were rarely addressed

We found that in general, children were underrepresented in New Zealand's media and political COVID-19 discourse. Though many news articles referenced children, we found children were infrequently mentioned in political discourse, and rarely in policy updates. Of the 182 conference transcripts we assessed, 110 (60%) mentioned children at least once. Of the 56 policy updates that met the selection criteria of relevance to children (for example, discussing education policy), only 24 (43%) of policy updates actually mentioned children.

Even when children were mentioned, as they were by definition in the sample of media articles, children's own concerns were rarely represented. Across all data collected from the study period, we did not see any reference to how children's views might have been considered or used to inform any decisions. Although it was well-known that press conferences were regularly viewed by families, politicians rarely addressed children as a specific group. Instead, the majority of discourse focused on parent perspectives, or those of teachers or health professionals, even on matters that directly affected children themselves. Discussion of school safety and protocols for re-openings, for example, commonly referenced parent and teacher concerns, overlooking those of students. The New Zealand Herald (Cheng, 2020) reported "Education Minister Chris Hipkins said he understood teachers' and parents' anxiety but was confident reopening under alert level 3 could be done safely", with no mention that children may also have feelings. Further reporting suggested that children's erasure produced solutions that did not always work for children or

fully account for their needs, while children were framed as problems. In an early press conference a journalist asked the Education Minister: "Teachers are telling us it's impossible to socially distance children under five. You have young children; how would you do it?" Responding, Hipkins offered vague gestures towards small bubble sizes and "hygiene things" (press conference, 21 April 2020). Political focus was therefore generally on negotiating with parents, who were in turn charged with privately managing their children and organising their compliance with health measures. Implicitly, children's interests and concerns were designated as a parenting problem, not a public problem.

Children's concerns were directly addressed in a handful of exceptions. In particular, a Prime Minister's press conference for children, one of several children's press conferences held by national leaders, was held in March 2020 (Roy & Jong, 2020). Reporting, however, focuses on Ardern's reassurances that the Tooth Fairy is an essential worker, and no video or transcript of the press conference remains accessible for analysis. Although the greatest threats to children from COVID-19 occurred with the uncontained Delta and Omicron outbreaks 1.5 years after the children's press conference, the event was not repeated, suggesting tokenism. Ardern also addressed children directly in one mainstream press conference:

> I say to the children of New Zealand: if the Easter bunny doesn't make it to your household, then we have to understand that it's a bit difficult at the moment for the bunny to perhaps get everywhere. But I have a bit of an idea: that maybe in lieu of the bunny being able to make it to your home, you can create your own Easter hunt for all the children in your neighbourhood. (Jacinda Ardern, press conference, April 6, 2020)

Ardern occasionally gestured to a relationship with children, for example, when emphasising her awareness of the sacrifices made by the communities enduring lockdown including mention of "the children who wrote to me about missing birthdays, and there were many of them" (press conference, 11 May 2020). Communications thus reflected a distal relationship between government and children that was highly mediated by parents and generally kept to matters of preserving the innocence of children: birthdays and Easter bunnies. By limiting children's concerns to the cute and fantastical, government could enact a care for children that operated as a political tool to "soften" the enforcement of hard restrictions (Freeman et al., 2021) and make the unprecedented interventions more palatable to the adult public. By limiting engagement with children on more serious matters, government could preserve other social orders, placating adult discontent by upholding parental rights and control over their children's lives.

Children's positioning shifted with political strategy

It is notable that these efforts to address children directly occurred largely in the early months of the pandemic, disappearing after the first lockdown ended. The only times children were directly addressed in press conferences after April 2020 were occasional requests by the Education Minister for students of particular schools to get tested following outbreaks. Performative care for children's concerns was not revived with the second, more politically fraught lockdown, which coincided with the mass vaccination campaign. During this campaign, children, ineligible for vaccines, were actively erased from public discourse. Messaging frequently neglected to note that the vaccination targets represented 90% of the eligible population, not 90% of the whole population, which included an additional 15% (approximately) of ineligible children (Figure 1).

As adults refusing vaccination faced restrictions over their access to public spaces, public acquiescence diminished and protests, notably absent early in the pandemic, began to build. During this time of increasing civil unrest, children appeared as silent images of the vulnerable child, ineligible for vaccination and in need of adult protection. This was a different way of using children as a political tool, one that erased any last traces of children as social actors in order to motivate adult action. While the mild symptoms typical of paediatric

Figure 1. Example of vaccination policy update that excluded children (ineligible for vaccination). Reproduced from Unite against COVID-19 website (Ministry of Health, 2020b).

populations meant they were not at most risk from infection, children headlined pleas for adults to get vaccinated:

> There have been many devastating stories in this outbreak, including the case of a one-year-old child who fell ill with the virus. In fact, 121 of the New Zealanders who have tested positive in the last three weeks are under nine years old. These are children, who at this stage cannot be vaccinated, so they need us to be—all of us. (Jacinda Ardern, press conference, September 9, 2021)

Children's political construction shifted again when the paediatric vaccinations became available in mid-January 2022. Instead of representing children as innocent or vulnerable, political rhetoric emphasised parent's rights and choice over their children's vaccinations. The mandates that still restricted unvaccinated adults were firmly vetoed when questions arose about whether they would be applied to children. Speaking at a press conference about the decision to make available the newly approved Pfizer vaccine for 12–15 year olds, for example, Ardern explicitly framed the government's decision in terms of parental rights and responsibilities, saying:

> Many of us are parents ourselves and take this duty of making decisions about other people's children extremely seriously, but it is safe and it's the right thing to do. [. . .] But my message to parents, who will need to of course provide consent for their children, is that I would not have been a part of a process in approving this unless I believed it was safe. (August 19, 2021)

As social scientists of childhood have suggested, control of the young often stands in for maintenance of the social order, and questions of *who decides* children's "best interests" are core to political contestations of children's rights (Lee, 2001). Here children's perspectives were unpredictable threats to a fragile government-public relationship at a time when caregiver buy-in was essential to population health.

When children's perspectives were represented, others usually spoke for them

On rare occasions where children's perspectives were represented, children seldom spoke for themselves. Instead, in both the political sphere and media reporting, parents or teachers most frequently represented children's experiences. In a representative example of media coverage, an article published in two regional newspapers began "the COVID-19 pandemic and associated lockdowns have left primary pupils feeling stressed, anxious and uncertain, principals say". Three school principals, two Ministry of Education officials, and a school counsellor were all quoted in the article, but no student voices were included (Bay of Plenty Times, 2021). Politicians or health officials speaking at press conferences rarely referenced communications they had heard from children directly (e.g. from consultations or via the Office of the Children's Commissioner).

The few exceptions where children's voices were included in media reporting revealed a different view of pandemic childhoods. Only 12 media articles from the sample of 200 included children's first-hand perspectives (e.g. by quoting children). In most cases, children's voices represented a small fraction of the overall article, while adult voices featured heavily. Four articles included children's perspectives in ways that meaningfully contributed to the article's narrative (i.e. not tokenistic). In these cases, children positioned themselves quite differently from how they were otherwise characterised: as social actors and political subjects who contributed to public health efforts. Children expressed confident opinions about health measures and government's leadership. For example, one article (Boyack et al., 2020) reported that despite her fear of needles, 12-year-old Eloise had been "really excited to get vaccinated because I felt very strongly about the fact that kids my age couldn't get vaccinated". Seven-year-old Eddie reported "I watch television with my mama and dad I see the prime minister Jacinda and she's looking after us. I like the Prime Minister" (Writes, 2020). In an article about children's pandemic-related anxiety experiences a year 8 student (approx. age 12) critiqued the accessibility of communications for children, commenting: "When they talk on the news, they talk in an adult way, and kids don't really understand what they're saying" (Latif, 2021).

Two articles, both published by online media platform The Spinoff, interviewed a number of children and elicited their feelings, experiences, and advice for adults (Nagels, 2020; Writes, 2020). Interviewed children expressed much more nuanced emotional responses to lockdowns than were attributed to them by adult mouthpieces. Eleven-year-old Cash reported feeling annoyed that everything was getting cancelled, "pretty sad not being able to do fun things", and nervous about virus transmission but "not too worried" because he had information about staying safe. Eight-year-old Piper reported missing school, feeling nervous about the virus but reassured by knowing children experienced few symptoms, scared about not seeing her nana, and added "I think the prime minister is doing a good job though". The complexity of children's perspectives captured in just these two articles starkly contrast with children's representation by adults.

How were children represented?

Children at risk/as risks

When children were represented, they were most commonly characterised in terms of narrow forms of risk, either as *at risk* (of infection, disease, educational or mental health deficits) or *as risks* (as disease vectors). Children's risk of illness was subject to ongoing debate throughout the first two years of the pandemic, beginning with their apparent lower risk of severe illness but their particular vulnerability to multi-system inflammatory disorder, their apparent higher susceptibility to the Delta variant, and later the risk of vaccine side-effects, particularly myocarditis for boys. Because they could be effectively employed as rhetorical devices to solicit public support for or critique policy decisions, risks to children were often central to policy discussions. For example, the government emphasised children's lower risk of severe illness to justify school re-openings, but conversely highlighted children's vulnerability to illness to persuade adults to get vaccinated:

> All of the evidence does point to children having lower risk of getting infected and being affected by COVID-19, and it's possible to ensure that children are within the same group each day and that there is no mixing between groups. To be clear, it is safe, from a public health perspective, to have a group of children learning together. Parents can have confidence that the proposed approach is designed to keep children and their families and their teachers safe. (Education Minister Chris Hipkins, press conference, April 21, 2020)

> Now, if you're someone who has been vaccinated, you might think that doesn't matter, but it does. Children can't be vaccinated. It will reach them, and we've seen it reach them in this outbreak. (Prime Minister Jacinda Ardern, press conference, September 23, 2021)

While it is possible that children's risk can both be low enough to justify reopening schools and high enough that they benefit from a highly vaccinated adult population, the utility of child protection as a shared adult concern for framing such policy debates meant that risk to children became a disproportionate focus of discourse, generating dominant constructions of children as vulnerable.

When children were not characterised as *at risk*, debate shifted to question their status *as risks* to others. Children's potential as disease vectors was, again, central to debates about school reopenings and vaccination, and government responses to media questions similarly exploited evidence of disease transmission (or lack thereof) to promote policy and solicit public cooperation. For example, in the following exchange (press conference, 20 August), Bloomfield parlays the media's question about young people's susceptibility to and transmission of disease towards an appeal for adult vaccination and promoting the new policy decision to approve vaccination for 12–15 year olds:

> Media: In terms of young people being more susceptible to Delta, as it seems, obviously, a lot of schools have been infected. What is the latest research advice that you have received? Obviously, these kids aren't vaccinated. How concerning is it in terms of the spread factor?

> Dr Ashley Bloomfield: Well, Delta's very much a concern. And I think this is one of the important things about why people should strongly consider getting vaccinated because, to date, we haven't been able to vaccinate our under-16s. We've now extended that to 12 to 15s, but clearly our children under 12 are not yet able to be vaccinated because the evidence simply isn't there. Yes, it does seem Delta is having a bigger impact on younger people, and that's all the more reason why we need to all just act to get rid of it out of our community at the moment to keep our young people and children safe.

Children as passive sufferers

While children's risk of disease and risks as disease vectors dominated political and media discourse, the educational, social, mental health, and economic impacts of lockdowns for children were occasional subjects of secondary concern. In the first lockdown, substantial government attention went to supporting children's education, including concerns about further disadvantaging children who did not have access to equipment for remote learning, or children of essential workers who required care and schooling. In these discussions, government ministers and media both discursively positioned children as passive recipients of educational packages or suffering lack of access, while highlighting the efforts of the Ministry, teachers and parents. "Children will be kept in their own school bubbles", Ardern asserted when outlining new policy for Alert Level Three, upholding an image of total adult control and denying children's agency to either undermine or contribute to public health (press conference, 16 April 2020).

An issue with student absences after schools reopened attracted substantial media reporting in April 2020, representing children as passive objects of parents' safety fears and principals' concerns over learning loss. For example, a media editorial ('Back to School a Sensible Way to Begin Slowly', 2020) characterised children as "precious" objects of adult decision-making, opining:

> Parents are rightly anxious about sending their precious offspring back out into a world that many of us adults are still not venturing fully into. Schools and early childhood centres are rightly worried about being able to ensure the health and safety of their young charges and staff alike.

The editorial went on to delineate government action and competing medical opinions about children's risks of infection or transmission. The only suggestion that children may have their own

perspective read "children pick up on the stress and anxiety of adults around them", again reducing children to passive receptors in need of adult protection.

Children as vulnerable, innocent and precious – or problems

In public debates over policy approaches, commentators commonly invoked as a rhetorical tool representations of children as precious and innocent bystanders who needed adult protection. In one article about school re-openings, a teacher argued that "We are a team of five million fighting against COVID, right? Let's not put our children, our taonga [treasures], on the front lines. Remember, they have no say in any of this" (Scott, 2021).

These representations of children as vulnerable and innocent were highly coloured by particular forms of difference. References to children frequently cross-indexed ethnic identity, either directly "Māori and Pasifika children" or through using the Māori word for children, *tamariki*. White (Pākehā) children were never referred to as such, however, leaving whiteness to represent the default New Zealand child. Māori tamariki were almost exclusively discussed in terms of their additional vulnerability due to structural inequities. The vulnerable Māori child, in these cases, came to stand for whole communities as a vehicle through which policies directing targeted resources to disadvantaged communities could be made palatable to a neoliberalised public who tended to hold less sympathy for Māori adults. For example, Associate Minister of Health Dr. Ayesha Verrall defended the government's support for a Māori Health Authority by appealing to the impacts of life expectancy disparities for Māori *children*, not the adults who were dying early:

> I have certainly seen the outcome of inequalities in our health system result in Māori grandparents dying too young and leaving behind tamariki who could've benefited from many happier years with their grandparents, and that's what that difference between Māori and Pākehā life expectancy means in practice. (Press conference, April 28, 2021)

Along with tamariki, both government and media repeatedly marked Pacific children as vulnerable due to socio-economic disadvantage. Young Pacific people were spotlighted when the Delta outbreak particularly affected a Pacific community through a church event, with media emphasising the disproportionate youth of those infected. Media, in particular, emphasised the notion that the virus or lockdowns would be "devastating for Māori and Pasifika communities" (quote from media reporter question to government, press conference, 21 August) because of poverty, overcrowding and poor housing conditions.

While it is true that Māori and Pacific communities were structurally vulnerable to the impacts of COVID-19 and restrictions, the representation of these children as *exclusively* vulnerable, disregarding their flourishing and contributions, perpetuates stigma attached to these communities. Moreover, a failure in most political or media discourse to point beyond proximal socio-economic conditions to the distal processes of colonisation and systemic racism that produced these inequities contributes to a culture of blaming Māori and Pacific parents for their children's vulnerability.

Children with pre-existing conditions were also identified as particularly vulnerable, representations that were, again, often deployed towards particular policy agendas. For example, Ardern highlighted a child with a pre-existing medical condition as particularly vulnerable in an appeal for public support for lockdowns:

> Over the weekend I read a letter from a mother who spoke about what that team effort has meant to her. Her young son has compromised immunity and as a result is on constant medication. When COVID arrived in the form of a global pandemic she was terrified, but she was writing to me out of sheer relief. There may be no cure, no vaccine, for COVID yet, but there was each and every one of you—every single Kiwi who made the decision to stay home, to make sacrifices, and you did that for her boy. (Jacinda Ardern, press conference, May 11, 2020)

In holding up certain kinds of children as models of the vulnerable and precious child, however, such discourse also constructs who the vulnerable child is: the child worth protecting is the kind of child who will "play" politically to elicit public compassion. Notably absent from reference were, for example, children with disabilities such as ADHD or autism who likely had greater challenges with

lockdowns or health measures such as masking. The precious child is also the *young* child. Rare representations of youth constructed them as problems, either "rebellious" lockdown rule-breakers (Gibbs & Griffiths, 2021) or underage drop-outs leaving school for paid employment or caregiving (Fuatai, 2020). Whether constructed as precious and vulnerable or as problems, these representations reduced the complex realities of children's pandemic experiences and concerns to simplistic caricatures for the political benefit of adults.

Discussion

While scholars have remarked on children's invisibility in COVID-19 discourse, this study demonstrates that children were under-represented or narrowly characterised across three domains of public health communication. The imagined "public" in New Zealand's public health appears to have been assumed adult, while children are othered as deviations from the norm who need additional accommodations.

Children were positioned differently in each of the three domains, however, demonstrating how children's representations can be modified to serve different communication agendas. In policy updates, children were largely erased as members of the public with their own relationships to government and positioned as passive recipients of care and apolitical "public-in-waiting" under the stewardship of adult caregivers. Children were more frequently invoked in press conferences as part of rhetorical appeals for public support and adult compliance; variably represented as cute and innocent, vulnerable, resilient, or under private parental control as was politically expedient. Media, in turn, also represented children to elicit emotional responses, attracting attention and engagement via that which concerns, outrages or threatens the adult public. Consequently, characterisations of children as risks, at risk, vulnerable and suffering dominated the media landscape, erasing children as participants in pandemic life, and eliding the complexity of children's own perspectives as shared in the handful of articles which sought them.

Children's representation in New Zealand's COVID-19 discourse contrasts with their representation during other historical crises. For example, in an analysis of government propaganda comics in Finland during World War two, Kauranen (2017) demonstrates how children were represented as competent, knowledgeable, active, and valuable members of society. These Finnish comics showed children, for example, finding and donating scrap materials, preserving their clothing when they played, catching misappropriation of resources, and accepting hardships. Children's roles in these comics reflect a society in which young members are included in a common struggle.

Such representations matter because they narrow and define the range of ways that children can enact childhoods. By foreclosing a serious political relationship with children, public health communications that focus on addressing adults constitute the child as a particular kind of citizen – as public-in-waiting. This "in-waiting" construction reflects what childhood studies scholars have identified as constructions of children as human "becomings" rather than "beings"; as adults-in-waiting rather than present citizens (Lee, 2001). By positioning children near-exclusively as passive recipients of adult care and decision-making, public health communications script the roles children can play in public health. Children's discursive exclusion from the "public" in "public health" forecloses recognition of their activities as co-constructors and disseminators of knowledge, their agency to comply with, resist, promote, deliver or undermine the implementation of public health measures, and their capacity to engage in or influence adult compliance with and decision-making about health practices. Children *have agency* when it comes to mask-wearing, hand-washing, physical distancing, symptom disclosure, in-home quarantining, testing and vaccine decision-making, and the domestic implementation of government policy in family homes and schools. When the only recognition of this agency frames children *as risks* to the public, children are denied their capacity for roles as *contributors* to public health, as public health *promoters*.

It is notable that these findings come from New Zealand, given the country's global recognition for exceptionally clear and transparent public health communications during the pandemic

(Beattie & Priestley, 2021). Trnka (2020) notes the government's strategy involved packaging lockdowns and other restrictions with positive valences, including references evoking rugby, the country's "national pastime" ("the team of 5 million"), exhortations that "we're all in this together", and a national "teddy bears in windows" movement promoted by the prime minister and eventually spreading globally. As such, this strategy often invoked children and their care as rhetorical "softeners" of what could be perceived as a totalitarian enactment of state power (Freeman et al., 2021). "Bubbles" evoked fragile vulnerability and childish play (Appleton, 2020; Trnka, 2022), as did the soft warm fuzziness of "teddy-bears"; rugby metaphors evoked national identity, the social reproduction of which children, socialised by school teams and All Black hero worship, are at the heart. Children were vehicles through which adults could be reminded of their role model status and therefore the important of rising above, of kindness, care and compassion. But children were not participants.

Yet in a public health crisis that affects every human being, when government strategy is predicated on a collective behavioural response from *all* members of the public, treating 20% of that public as unagentive public-in-waiting fails to maximise the capacity of the public to protect each-other and may, in many circumstances, risk public health. Prior research has demonstrated how children, when taken seriously as social actors, can play unique roles in public health initiatives (Bond et al., 2010; Bresee et al., 2016). Because of their particular relationships and positions in society, children can, for example, be conduits of health information between schools and homes (Bresee et al., 2016), secure collective social bonds through affective and interdependent care (Hunleth, 2017; Spray, 2023); ensure parent adherence to treatments (Hunleth, 2017), or help identify disease cases (Bond et al., 2010; Spray, 2020). Children's contributions can therefore significantly reshape the transmission, prevention or treatment of epidemic disease. By reducing children only to disease vectors or vulnerable bodies in need of protection without also seeing them also as members of the public in public health, we inadvertently put children – and the wider public – at greater risk.

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