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# Navigating wicked problems: the unrecognised contribution of social pedagogy to Aotearoa New Zealand's successful Covid-19 response

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## Abstract

Aotearoa New Zealand's government, alongside its Indigenous Māori and Pacific communities, spearheaded a unique and effective response to the first three years of the Covid-19 crisis that swept the world. The measures taken enabled the country to largely keep its society within its borders open and functional, minimise the impact of the pandemic on individual lives and community well-being and keep morbidity rates low. While there have been numerous studies and articles exploring this national response, to this point no examination has been undertaken through a social pedagogical lens. This article identifies key concepts from the discipline that are relevant to Aotearoa New Zealand's context, discusses the ways in which these were (albeit unknowingly) applied during the peak of the pandemic and explores future potential for application in social and public health policy and practice. Weaving together a shared framework

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of *Māori*, Pacific and unique Aotearoa New Zealand world views and cultural practices alongside the principles of social pedagogy presents an exciting opportunity to shape a national crisis response that is effective and meets the needs of diverse communities. It is argued that making the contribution of social pedagogy visible has the potential to enhance responses to wicked problems in times of crisis and further the acceptance of the discipline in the southern hemisphere.

**Keywords** Covid-19; pandemic response; social pedagogy; public health promotion; social work; Aotearoa New Zealand

## Introduction

In January 2020, the World Health Organization declared the Covid-19 outbreak a public health emergency of international concern under international health regulations. By 25 March 2020, Aotearoa New Zealand's border was effectively closed to all travellers other than citizens and permanent residents, and the whole country was in what was known here as Alert Level 4, or a hard lockdown (Bloomfield, 2021). At the time, Aotearoa New Zealand had just over 100 Covid-19 cases and no deaths. This 'go hard, go early' approach, as it came to be known, was somewhat unique (Cumming, 2022, p. 107). There were a significant number of key drivers for this response, including fear of the virus (after witnessing its early impacts on European countries), lack of knowledge about how long the pandemic would last, a desire to protect vulnerable people and communities and a need to prevent an already under-resourced health system from being overwhelmed. There was also the desire to ensure Aotearoa New Zealand was not a route for the virus to be introduced to our neighbours in the Pacific Islands, and a belief that taking a short sharp hit to the economy would be preferable to a long, drawn-out and potentially devastating recession (Baker et al., 2020).

While there have been many reviews of Aotearoa New Zealand's Covid-19 responses in the years since the pandemic began (Baker et al., 2020; Cumming, 2022; Hendrikson, 2020; Parker, 2021), none have examined our unique cultural and social context and experiences through a social pedagogical lens. Having researched the theory and practice of social pedagogy in relation to my own profession of social work (Fraser, 2017), it is apparent to me that our national Covid-19 response has embodied many aspects of the discipline, although this has remained unrecognised and un-named. Making the contribution of social pedagogy visible creates an exciting opportunity to shape a national crisis response that is effective and meets the needs of our diverse communities by weaving together a shared framework of *Māori*, Pacific and unique Aotearoa New Zealand world views and cultural practices alongside the principles of the European discipline of social pedagogy.

This article first gives a brief description of Aotearoa New Zealand. Aspects of the European discipline of social pedagogy that can be extrapolated to the local context are explored and a definition that fits our world views is elaborated. Our education, communication, leadership and engagement responses to the pandemic are examined through the lens of social pedagogy, and the ways in which the discipline's approaches can be seen to complement *Māori* and Pacific communities' responses to the early waves of Covid-19 are described. The article concludes by arguing that, while there are many different perspectives on the successfulness of Aotearoa New Zealand's longer-term response to Covid-19, making the contribution of social pedagogy visible in our health promotion and social engagement strategies will develop our local understanding of this exciting approach and further enhance our readiness for future crises.

All words in *te reo Māori* (the Indigenous *Māori* language) are italicised and have an English translation in brackets following their first use.

## Setting the context: Aotearoa New Zealand

Aotearoa New Zealand is a South Pacific nation with a population of just over 5 million. Approximately 70 per cent identify as New Zealand European/New Zealanders, 17 per cent as *Māori*, 16 per cent as

Asian and 8 per cent as having heritage from the sub-tropical Polynesian Islands including Fiji, Samoa and Tonga, our close neighbours here in the south (Stats NZ, 2020). The largest city, Auckland, has been described as one of the most culturally diverse places in the world with more than 220 recorded ethnic groups. It has also been described as the Polynesian capital of the world with more than 300,000 people with Pacific heritage residing there (New Zealand Foreign Affairs and Trade, n.d.).

*Māori* are the Indigenous people of Aotearoa New Zealand. In 1835, the chiefs of the northern *iwi* (extended kinship group, tribe or nation [Te Aka Māori Dictionary, 2024]), signed *Te Whakaputanga*, a declaration of independence, declaring their sovereignty over Aotearoa New Zealand (Keane, 2012). The country was increasingly colonised by the British throughout the course of the nineteenth century, however, and in 1840 a formal relationship was established between the British Crown and *Māori* through *Te Tiriti o Waitangi* (Te Rua Mahara o te Kāwanatanga Archives of New Zealand, 2023). This treaty was intended, through a series of articles, to specify the rights, protections and responsibilities of both *tangata whenua* (another term for *Māori*, the Indigenous people of the land) and the colonial power. While there have been some steps forward in acknowledging these articles and righting past wrongs, continuing breaches of the contract by successive governments and different interpretations and translations of the language and terms used have led to much conflict since its signing (Orange, 2023). *Māori* continue to be over-represented in poor outcomes for the full range of social and health determinants (Gurney and Koea, 2023) as a result of embedded institutional racism (Ministerial Advisory Committee, 1988). What *Te Tiriti* clearly did achieve, in principle at least, was the establishment of the notion of a partnership between *tangata whenua* and *tangata tiriti* (those peoples who migrated to and settled in this country after the arrival of *Māori*). We are thus fundamentally a bi-cultural nation, albeit one with an increasingly diverse and multicultural population (Hendrikson, 2020).

## Towards a working definition of social pedagogy relevant to Aotearoa New Zealand

Eichsteller and O'Neil (2021) have argued that interest in social pedagogy (historically a European academic discipline) is growing rapidly, and that initiatives and applications in different geographical contexts are refreshing and invigorating. Social pedagogy has not, however, traditionally been well known or understood in English-speaking countries as a result of both translation issues and different historical models of welfare provision (Úcar, 2013). The challenge of grasping the nuances of social pedagogy and applying them to the Aotearoa New Zealand context is compounded by the debate within the discipline itself on its nature and form (Molin, 2020). To complicate the matter further, in many of the countries of the British Commonwealth, pedagogy as a term has been limited to a narrow definition of the science of teaching and learning. This has historically reduced the concept of education to schools and other forms of formal education, and to cognitive processes (Úcar, 2013).

In reflecting on Aotearoa New Zealand's application of social pedagogical concepts in our response to the global Covid-19 pandemic, it is important to begin with an understanding of the underpinning theory and practice that are relevant to our small country in the South Pacific. Social pedagogy is based on humanist traditions and has a commitment to inclusion, equality and growth (Fraser and Briggs, 2019). Education and learning are considered to occur in different contexts and are about the whole person – the mind, body, spirit and feelings in relationship to others. Social pedagogy is thus considered to be the theory and practice of developing the inherent resources that people have within themselves, along with creating environments that make connections and support this growth (Moore et al., 2013). Frønes (as translated and cited in Storø, 2013) defines social pedagogy as 'training in, participation in and understanding of social life. Not in any deep therapeutic way but in terms of skills for participation in various social contexts, the ability to master different situations' (p. 1). Storø (2013) extended this explanation by saying that social pedagogy is different from other forms of social practice in that it has a pedagogic or learning focus in all interventions.

Úcar (2021) has acknowledged that in today's world, the complex and multiple layers of life and social interaction are sited within sociocultural, political and environmental contexts, and argues that an effective social pedagogy must respond to these. With increasing globalisation and movement of the human population, whether in search of better life opportunities or fundamental safety and security, the twin issues of social exclusion (the problem) and social inclusion (the response) are to the fore on the international stage. These issues are considered in education literature to be much wider than the purely

economic concerns of neoliberal discourse. Social pedagogy is seen as one of the core disciplines for responding to these needs.

While in the past social pedagogy focused on those who were in need or were particularly vulnerable in some aspect of their lives (Mylonakou-Keke et al., 2022), a new social pedagogy is emerging based on a philosophical position that social lives are complex and social pedagogues have a role in supporting all people to develop the skills and knowledge that they need to effectively negotiate their lives (Úcar, 2021). Thus, socio-education relates to the concept of building social capital. This takes two forms: bridging social capital is defined as creating connections and opening access to resources for under-resourced or disadvantaged communities; and bonding social capital is related to the reinforcing of ties within and between communities (O'Brien et al., 2009).

Davis and Sumara (2010) have supported the argument that education is perhaps the most complex of human projects, sitting at the intersection of individual and social needs in a world that is culturally diverse and undergoing rapid social and technological change. They use complexity theory to reframe the project of education as one of nested learning systems wherein the component considerations of cognitive growth and development of the individual, collective participation, social integration and cultural renewal come together to create something greater than each part. Rather than using theory to reduce education to simplistic binaries or a separation of functions, they argue that education theory needs to embrace the 'complicated dynamics of many overlapping, interlaced and nested systems' (Davis and Sumara, 2010, p. 859). In a similar vein, Pedler and Hsu (2014) have argued that understanding complexity is essential to managing and responding to the 'wicked' problems of today's world. They define wicked problems as those which defy clear description, have no obvious solution and involve multiple stakeholders with competing interests. It is not a giant leap to conclude that the Covid-19 pandemic falls under this definition. 'Covid-19 is exacerbating ongoing geopolitical and social challenges, requiring the adoption of innovative and collaborative focuses by a tired and fractured society ... the struggle against the pandemic has become the main priority almost everywhere in the world' (Caride et al., 2022, p. 232).

While all of the aspects of social pedagogy discussed above fit well for an Aotearoa New Zealand approach to social well-being and health, several key principles stand out that are particularly relevant when reviewing our response to the global pandemic. Social pedagogy is developmental, adaptive and fosters growth for thriving in a complex world; its focus lies not just in supporting people to develop the skills and knowledge they need to effectively negotiate their lives and manage wicked problems, but, equally, in creating environments that make connections and support this growth. Social pedagogy is based on values of integration, cohesion and cooperation and is a relationship-based practice.

## **But does social pedagogy have a role in responding to a public health crisis such as Covid-19?**

Health education, or health promotion as it is sometimes known, is not only increasingly considered a field of practice of social pedagogy, but also one that offers a creative and constructive framework for responding to public health crises such as Covid-19. Using the principles and practices of social pedagogy identified above, health education and promotion support people at an individual level to gain knowledge and develop the skills and abilities to improve and maintain their health. At the social and community levels, social pedagogy calls for broad-scale education, the promotion of more effective prevention and treatment of health issues and advocacy for the development of social and health policies to improve the well-being of both individuals and communities and respond to public health crises (Syrek, 2019). Syrek has argued that social pedagogy can be considered a meta-theory for all health pedagogy, including health promotion. The definition of health promotion given by the World Health Organization (2022) amplifies this notion:

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. As a core function of public health, health promotion supports governments, communities, and individuals to cope with and address health challenges. This is accomplished by building public health policies, creating supportive environments, and strengthening community action and personal skills. (para. 1)

## **Aotearoa New Zealand's early response to the global pandemic as a public health crisis**

While it has been suggested that Aotearoa New Zealand owes its Covid-19 response success to our isolated position in the world and low population density, evidence suggests otherwise (Parker, 2021). The pandemic reached Aotearoa New Zealand in our peak summer tourist season, with many of those tourists arriving from China, Europe and the United States. Epidemiological modelling undertaken in April 2020 showed that even with attempts to slow the spread of the virus, we could have seen a death toll of over 14,000 (equivalent as a percentage of the population to 910,000 deaths in the United States), which would have overwhelmed our already under-resourced health system and severely impacted on our most vulnerable communities (Baker and Wilson, 2020; Parker, 2021). However, an international study conducted over the course of 2020 showed that we were one of three countries out of 29 reviewed that did not record excess deaths in that year, and the only country that had lower mortality than would normally be expected. In comparison, Italy had 89,100 excess deaths in 2020 from Covid-19, England and Wales 89,400 and Poland 60,100 (Islam et al., 2021). In 2020, Aotearoa New Zealand topped a Bloomberg resilience ranking based on a set of metrics that included the growth rate in the number of cases, the overall mortality rate, testing ability, vaccine supply, capacity of the health-care system and the impact of restrictions on the economy and society (Cumming, 2022). By mid-May 2021, we had under 2,700 cases in total (mostly arrivals from overseas), and just 26 deaths, many of which had sadly occurred among our elderly in retirement homes during the first wave of the pandemic.

Aotearoa New Zealand's initial national response to the Covid-19 pandemic was led by Labour Prime Minister Jacinda Ardern, acknowledged internationally for her leadership through this crisis (Ham, 2023). Having seen the impact of the virus in Italy and other European countries, the government set out to bend the rapidly growing curve of infections, so that numbers remained at a level that our health-care system could manage. However, it quickly became evident that a country-wide hard lockdown, imposed at a very early stage, in tandem with a requirement for 14 days' managed isolation for all overseas returnees from early April 2020, did not just bend the curve but 'crushed' it (Mazey and Richardson, 2020). This became known as our elimination strategy – keeping the virus out of Aotearoa New Zealand and preventing any community transmission if, and when, the virus made its way past our border controls (Baker et al., 2021).

Bloomfield (2021), the then director-general of health, described the features of our country's response that were key to these early successes. He noted that the government was committed to a strong ongoing evidence-based and science-led approach that employed statistical modelling expertise to inform responses, used effective and efficient genomic sequencing and analysis and introduced and scaled up testing and contact tracing through innovative information and technology developments. Decisions were made rapidly at political and public health leadership levels. Clear and consistent communication with the public was maintained through regular and frequent media conferences and an easy and informal but powerful public communications campaign. Border management strategies that included a mandatory 14-day quarantine for returning New Zealanders in one of more than 30 managed isolation facilities were specially set up in converted international hotels that would have otherwise stood empty as the tourism industry was put on hold. As Bloomfield (2021) stated, the complexity of the response is easy to underestimate, as was the ongoing challenge of maintaining it.

## **Making visible the hidden role of social pedagogy in Aotearoa New Zealand's response to the first waves of Covid-19**

In reviewing the events of the first three years of the pandemic, it can be argued that a social pedagogical approach supported and enhanced Aotearoa New Zealand's government and public health responses. However, as noted earlier, social pedagogy as an underpinning theoretical framework has remained unrecognised in this country. This section endeavours to make its role visible through a series of examples from the response to the first waves of the virus, so that the strengths and strategies that social pedagogy offers can be formalised in future responses to crisis situations.

Charfe and Gardner (2020) have argued that 'the ability to recognise and reduce power imbalances and work alongside people in a more human way is central to social pedagogical practice' (p. 3). Parker

(2021) has additionally noted that effective communication is a vital aspect for inspiring and encouraging a community to adapt its behaviour rapidly and radically. Messages of 'we are in it together' and 'unite against Covid-19' appeared in different languages on the radio, television, social media and printed flyers and posters across the country as part of the government's campaign to inform the public and build social cohesion. A special award was presented by the Designers Institute of New Zealand (n.d.) to the team behind the campaign: 'During a crisis the need for clear, accurate and accessible information delivered quickly and effectively becomes a matter of life and death. Among a sea of information and misinformation, the need for clear communication ... has never been greater' (para. 10).

Aotearoa New Zealand's prime minister, Jacinda Ardern, talked to the country from a shared base of common humanity each day leading up to and during our lockdowns. She did this in formal settings as well as on social media and consistently took an educational, learning and development approach. She answered questions from everyday Aotearoa New Zealanders from her home each evening after putting her small baby to bed (Guardian, 2020). Her language was inclusive – she always spoke about 'we' and 'us' together in this situation and about working together as a team of 5 million for successful outcomes (Trnka, 2020). Her responses were pitched at a level where everyday members of the public felt confident to ask any question or express any fear without shame or embarrassment. The prime minister's genuineness and ability to bring the country together at an incredibly challenging time was acknowledged nationally and internationally:

At the beginning of the 'level 4' lockdown she even held a live Facebook podcast which was open to everyone. She was wearing casual clothes and introduced the public to part of her private life by mentioning that she had just put her daughter into bed before the podcast ...

Because the Easter holiday fell in the period of the lockdown ... she assured the public that the 'Easter Bunny' was considered an essential worker and therefore family celebrations could take place. (Szöllősi-Cira, 2022, p. 285)

Arden also used her political position to conduct a series of online interviews, 'Conversations through Covid-19', with psychologists, business leaders and mentors to help inform the public and provide guidance and expert advice (Wilson, 2020). 'Quite literally she [the prime minister, Jacinda Ardern] has played the role of educator-in-chief, using her platform to build relevant knowledge and skills that aid in coping with the pandemic – and which also build trust in leadership' (Wilson, 2020, p. 289).

In addition, each day in the early stages of the pandemic and during the country's series of lockdowns, our political leaders, science experts and statistical public health model lers appeared together on our television networks and updated us on the course of the pandemic, keeping us informed of our current status and the reasons for any change in strategies in response to the changing dynamics of the situation. At every briefing they acknowledged and thanked the people keeping us safe and cared for: the supermarket workers, the carers of the elderly and vulnerable, the border protection people, the medical teams, *iwi*, the church and social protection agencies (New Zealand Government Unite against Covid-19, 2021a). This strategy supported the maintenance of social cohesion and the valuing of all members of our society.

Sitting down at 1 p.m. each day with our families and *whānau* (extended family) to hear the updates quickly became an integral part of our lockdown experience. Having up-to-date information and a clear and consistent message from the scientific and political teams leading our response meant the public were well informed. This gave a much-needed sense of confidence in an unheralded crisis-response situation. Most importantly, the government articulated its plan with an explicit statement of its aims and objectives and expected time frames (Parker, 2021). For example:

We now consider there is transmission within our communities. If community transmission takes off in Aotearoa New Zealand, the number of cases will double every five days. If that happens unchecked, our health system will be inundated, and tens of thousands of Aotearoa New Zealanders will die ... right now we have a window of opportunity to break the chain of community transmission, to contain the virus, to stop it multiplying, and to protect Aotearoa New Zealanders from the worst. Our plan is simple. We can stop the spread by staying at home and reducing contact. (Ardern, cited in Ministry of Culture and Heritage, 2020, para. 5)

A set of alert levels was developed right at the beginning of the pandemic as the core strategy for achieving this goal. The levels were explained in everyday terms and in different languages and remained

consistent over the first year and a half (New Zealand Herald, 2020). Any confusion over details and implications was usually clarified within a short time frame (Cumming, 2022). Regulations limiting physical contact to members of a household were communicated in a gentle and child-friendly way by referring to 'staying in our bubbles' (Trnka, 2020, p. 12) and we talked about physical distancing rather than social distancing, recognising the importance of staying connected with family, *whānau* and friends through social media, telephone calls and online videoconferencing or virtual gatherings.

Landi et al. (2022) have made the case that social media has a significant role to play in creating opportunities for two-way dialogic communication between the public and health and government decision-makers. They have argued that effective use of social media can lead to mutual learning, wider community participation and collaboration in decision-making, and accountability in times of crisis such as a global pandemic. In this way social media can be considered an important tool of a social pedagogical approach. With more and more people using social media as a means of finding information and sharing resources, they have argued that it can be effectively harnessed to share current knowledge, refute misinformation, reduce anxiety and fear and support people to take positive actions to protect themselves and their families and *whānau*. Landi et al. (2022) also found that Aotearoa New Zealand public agencies were generally successful in achieving these goals, particularly in the way that health experts consistently responded to over 90 per cent of online user questions, expressions of anger and frustration, and incorrect information, positively and clearly with facts and links to evidence-based resources.

Overall, and consistent with a social pedagogical approach, the national response has been described as a 'learning one' with policies and advisories reviewed and revised in response to changing scientific understanding and concerns or issues raised by the public (Cumming, 2022). In addition, a relationship-based approach, also considered central to social pedagogy (Charfe and Gardner, 2020), was demonstrated by government and public health officials and academics throughout the early years of our crisis response. Public messaging was tailored to fit different groups in the community and used a humorous and fun way of sharing information and educating people. Aotearoa New Zealander of the Year for 2020, Associate Professor Dr Siouxsie Wiles, a renowned microbiologist and science communicator, appeared regularly on social media, radio and television to explain the evolving scientific understanding of the virus and vaccines using clear, easily understood terminology with humour and compassion, never patronising or lecturing, rather informing and guiding (McCallum, 2021). In addition, Dr Wiles teamed up with cartoonist Toby Morris to produce a series of more than 70 graphics explaining through simple images the science and public health measures important to understanding and combatting Covid-19. Their first animated GIF went viral on Twitter across not just Aotearoa New Zealand but around the world (Wiles et al., 2023). Dr Ashley Bloomfield, the mild-mannered and quietly spoken director general of health, was shown rapping Covid-19 protection messages on the big screens at music festivals post-lockdown, providing light relief to a serious information campaign and reaching young people who might not otherwise have responded to formal news items and government-provided information (New Zealand Government Unite against Covid-19, 2021a). While Dr Joel Rindelaub educated the public on the risks of the virus spreading through air ventilation systems, he was most famously known for his moustache, his mullet and his straight talking: 'there was something oddly refreshing about a man who looked like he had teleported straight out of the 1970s. Needless to say I was hooked. And so was much of the country' (Sowman-Lund, 2021, para. 4). Dr Rindelaub's big personality ensured that his educational messages were reached by sectors of the population that again might not have paid attention to government announcements.

In creating a framework of good practices for pandemic leadership, Wilson (2020) used Aotearoa New Zealand as an exemplar to illustrate key components of her model. These can be seen to fit neatly with the principles of social pedagogy identified earlier in this article. She too identified Covid-19 as a wicked problem requiring a complex response, highlighting the need to engage communities and create a shared sense of purpose and high level of trust in government. She noted that:

if we trust that leaders are acting to serve our shared interests then transformative collective action becomes possible. Such transformative, collective action is the survival imperative posed by the pandemic, hence the critical role of practices that serve to build trust. (Wilson, 2020, p. 285)

The leadership practices that she identified include a willingness to listen to experts and to use that advice to inform policy, taking an informative and educative approach to communications about policy

and health-promotion initiatives and developments and maintaining an empathetic connection and appreciation of the impact of the frighteningly rapidly evolving situation on communities and families.

## Limitations of a social pedagogical approach as a health crisis response

While all the strategies described above have been impressive when viewed through a social pedagogical lens, it also needs to be acknowledged that the outcomes of education projects do not necessarily lead to social change in terms of greater and fairer access to resources (linked increasingly to access to knowledge and technology), or to participation and inclusion in society (Lebeau et al., 2011). Socio-economic factors are significant determinants of health outcomes that cannot be overlooked in reflecting on Aotearoa New Zealand's response to the global pandemic. Syrek (2019) notes that socially disadvantaged communities face inequalities in health leading to systemically worse health status and increased risk from health challenges, both of which she argues are avoidable and unfair. Kvalsvig and Baker (2021) argue that evidence from previous pandemics and the spread of earlier infectious diseases in this country indicated that an uncontrolled Covid-19 pandemic would have a disproportionately harsh impact on Aotearoa New Zealand's *Māori* and Pacific communities, along with those experiencing a wide range of disabilities, exacerbating already existing inequities relating to ethnicity, socio-economic status and health statistics. At the same time, the government acknowledged a real fear of eroding social cohesion by highlighting the vulnerabilities of *Māori* and Pacific communities. They argued that doing so would exacerbate (unfounded) racist rhetoric that they were receiving preferential treatment. These understandings and concerns, along with the awareness that our public health system was woefully inadequate for dealing with a pandemic, sat behind the country's virus elimination strategy.

In arguing against this strategy, McLeod et al. (2020) expressed a deep concern that by adopting a one-size-fits-all approach, health promotion and equity for *Māori* were given little attention by those making the decisions about the national response, should the elimination strategy fail. They were concerned that, once again – as has happened repeatedly under the legacies of colonialism – *Māori* faced significantly more severe impacts from the new public health crisis. Pacific Island communities faced similar severe outcomes (Ratuva et al., 2021). While the government and public health agencies did many things well in our Covid-19 response, it has been argued extensively that listening to these communities and sharing decision-making and strategic responses through true partnership was not one of them. In fact, many voices argued that the government failed to meet its obligations to *Māori* under *Te Tiriti o Waitangi* (Waitangi Tribunal, 2021).

The next section of this article highlights some of the strength and resourcefulness shown by these communities in responding to Covid-19, with a particular focus on the socio-educational frameworks and practices that they followed. There is no attempt here to fit *Māori* and Pacific community responses to the public health crisis into a social pedagogical framework. Each of these cultures has rich traditions and world views that informed the strategies they adopted. Neither is it for me, of New Zealand European descent, to explore the narratives of *Māori* or any of the Pacific peoples in any depth. Rather, my intent here is to describe some of the ways in which strategies that share many of the same principles and values as social pedagogy were successfully put in place by key communities that had the potential to be heavily affected by Covid-19.

## *Māori*-led responses to Covid-19

McMeeking and Savage (2020) have argued that 'while the macro-level government policy settings were a prudent enabler of positive outcomes for *Māori*, the pivotal factors [enabling the successful protection of communities] were *Māori* mobilisation and self-responsibility' (p. 37).

In response to the ongoing impact of colonial policies, a national *Iwi* Chairs Forum had been established in 2005. This group is made up of the chairpersons of the many *iwi* of Aotearoa New Zealand, and works collaboratively on national issues to honour the past and create a better future for all *Māori* (*Iwi* Chairs Forum Secretariat, n.d.). The forum set up a pandemic response group immediately after Covid-19 arrived in the country, with the aim of providing a platform to highlight the needs of *iwi* and influence government policy for the well-being of *Māori* in response to the pandemic.



*Iwi* and *Māori* responses to Covid-19 were rapid and creative. 'Māori communities are highly resilient, accustomed to self-reliance and anchored on inherited responsibilities: *atawhai ki te tangata* (to care for people)' (McMeeking and Savage, 2020, p. 40). McMeeking and Savage (2020) also describe *Māori* as resource-rich, with four key areas of strength for crisis response situations: the ability to adapt to changing situations rapidly, strong distribution networks for delivering food and supplies to isolated *whānau* (family groups), a community-protection philosophy sitting at the base of every action and strong social networks for sharing information and educating their people.

*Iwi* around the country led education campaigns that were designed specifically to reflect their cultural values (New Zealand Government Unite against Covid-19, 2021b). Values that relate particularly to education have been identified as including: *Ako*, celebrating the knowledge everyone brings to learning through a collective approach; *whakapapa* (genealogy), acknowledging the importance of *whānau* and *iwi* connections that come into any learning or educational environment; *whanaungatanga* (kinship), the importance of relationships that are respectful and reciprocal for positive learning outcomes; and *kanohi ki te kanohi* (face-to-face or in-person engagement), being critical in engaging with others, sharing information and creating trust (*Ako Aotearoa*, 2018).

The National *Iwi* Leaders Forum's Pandemic Response Group and *Te Rōpū Whakakaupapa Urutā* (The National *Māori* Pandemic Group) delivered seminars online with a range of *Māori* clinicians and experts to inform and educate *whānau* (*Iwi* Chairs Forum Secretariat, n.d.). *Te Pūtahitanga o Te Waipounamu* in the South Island of Aotearoa New Zealand surveyed *whānau* to find out what their most pressing needs were. One arm of their multi-pronged response involved distributing data supports and devices to ensure digital connectivity for isolated *whānau* so that they could have ready access to up-to-date information. They also held online *wānanga* (learning forums) to educate and inform (McMeeking et al., 2020). Check points set up by *iwi* in partnership with the Aotearoa New Zealand police force to control movement during the lockdowns proved to be an important way of communicating information *kanohi ki te kanohi* and establishing trust between communities and government agencies. *Māori* social networks between *whānau* and *iwi* were effectively able to get information and resources to isolated communities – all of this on the largest scale seen in recent history according to *Te Hiringa Mahara* Mental Health and Wellbeing Commission (2023a).

## Pacific-led responses to Covid-19

While Pacific peoples' communities in Aotearoa New Zealand are culturally rich, thriving, diverse and growing, they also experience some of the worst inequities across the full range of social determinants. Connection to family, community, culture and faith were identified as fundamental for their well-being during the pandemic (Ratuva et al., 2021). These connections were invaluable, for example, in providing reliable and trustworthy public health information to families to overcome misinformation and the spread of conspiracy theories. Advice from church leaders, Pacific young people and Pacific communities for managing the Covid-19 crisis included encouraging a collective perspective (for example, giving the message that it was important to get vaccinated to protect your family and community); giving people the chance to ask questions and share their fears; making information more easily accessible; reframing messages to be positive and encouraging rather than frightening and being consistent with factual and straightforward messaging (The Cause Collective, 2021). Exercise and dance moves were live-streamed to help address social isolation and health, and churches used their online platforms to share advice and support while Pacific community groups disseminated public health information through email, the internet and social media channels (Ratuva et al., 2021). Given the high risk of disproportionately severe impacts of the pandemic on their population, Pacific communities also argued that they needed to be involved in the highest level of decision-making, and that Pacific health providers and community organisations should have been trusted to know what their communities required (*Te Hiringa Mahara* Mental Health and Wellbeing Commission, 2023b).

In summary, *Māori* and Pacific peoples' communities embodied the social pedagogical spirit of cohesion, integration, participation and cooperation. In reflecting on the first year of the pandemic, Kvalsvig et al. (2021), all academics from the Department of Public Health at the University of Otago, wrote that 'the past year has amply demonstrated the value of Indigenous models of health for responding to public health emergencies' (p. 1).

## Conclusion: weaving Aotearoa New Zealand's cultural approaches together with social pedagogical principles in responding to wicked problems

From the discussion presented here, it can be seen that the successful health promotion and social engagement strategies that emerged in Aotearoa New Zealand during the early years of the global pandemic were, in large part, due to our leaders and communities exemplifying social pedagogical principles and approaches, although they were not named as such. It is also, however, acknowledged that the country's response was not perfect. Kvalsvig and Baker (2021) argue that because public health issues such as infectious diseases like Covid-19 are driven by and exacerbate inequities among various groups in our communities, any national response must reduce rather than intensify these. Our approach should thus have been equity-promoting in both process and outcome. In practice, this means that leaders from the communities most likely to be affected harshly by any future public health crisis should have been involved at the highest level of the response, in decision-making, public health promotion and communication, education policy groups and in the public health workforce from the beginning and not left to fight for a place at the table.

In advocating for a set of principles to guide future practice, Kvalsvig and Baker (2021) recommend that, as a bi-cultural country, a *Tiriti o Waitangi* partnership grounded in principles of equity and *tinō rangatiratanga* (self-determination) should sit at the heart of any future national crisis-response strategy. The principles and practices of social pedagogy discussed in this article fit well alongside this perspective. Weaving together Indigenous *Māori* and Pacific world views and cultural practices in partnership with aspects of the European discipline of social pedagogy has the potential to contribute to a dynamic local response to wicked problems that is empowering, hopeful and respectful of the people of Aotearoa New Zealand.

## Declarations and conflicts of interest

### Research ethics statement

Not applicable to this article.

### Consent for publication statement

Not applicable to this article.

### Conflicts of interest statement

The author declares no conflicts of interest with this work. All efforts to sufficiently anonymise the author during peer review of this article have been made. The author declares no further conflicts with this article.

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