



CHAPTER 2

Evidence, Stakeholders and Decision Making: Managing COVID-19 in Irish Higher Education

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INTRODUCTION

COVID-19 was exceptional in the public policy space, leading to proposals which would have been impossible under pre-COVID-19 conditions (UNESCO, 2020). Recent studies exploring the policy response to the impact of COVID-19 have used several theoretical perspectives. El Masri and Sabzalieva (2020) suggest that COVID-19 should be viewed as a ‘wicked policy problem’ where the issues raised by COVID-19 transcended government departments and required close co-operation, thereby challenging existing relationships between government departments. Others like Bergan et al. (2021) frame COVID-19 in the sphere of public responsibility. During COVID-19, politicians and the media frequently referenced policy decisions as being informed by public health evidence and guidance. As Yang (2020) has argued, in the initial stages of

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the pandemic, the scientific evidence relating to COVID-19 was not clear and policy decision making was impacted by competing evidence, political contexts and responsibilities to the general public. The pandemic revealed gaps in the policy infrastructure to deal with such a crisis, and higher education (hereafter HE) was no different from other areas in this regard. Yet all decisions were publicly framed within the context of public health guidance, advice and evidence, even though decision making reflected repeated paradoxes that were presented as evidence-based. This chapter explores the ways in which evidence was used in the decision-making policy process in the Irish HE sector during COVID-19, employing historical institutionalism and complex systems theory as a lens to explore and explain stakeholder responses. It focuses on two main aspects: how evidence was used in decision making about the HE sector during COVID-19; and, what was the impact of evidence emerging from COVID-19 on decision making in that sector. The chapter examines COVID-19 in the Irish context, discuss the theoretical perspectives used to frame the findings and consider the broader implications for policy direction in HE.

COVID-19 IN THE IRISH CONTEXT

Ireland emerged from a general election at the start of the pandemic where no political party had reached an overall majority. Negotiations continued from February 20 until June 27, 2020, when a new government was formed. A caretaker government remained in office during the initial phase of the pandemic. The National Public Health Emergency Team (hereafter NPHEET), a group within the Department of Health, coordinated the national response. This body attracted much commentary in relation to its influence and transparency around decision making (Eustace et al., 2021). Over the duration of the pandemic there were three strict lockdowns: March–May 2020, October–November 2020 and January–April 2021.

The initial National Action Plan in Response to COVID-19 was published on March 16, 2020, and was accompanied by a raft of emergency legislation that gave the government extensive powers to combat the spread of the coronavirus and to mitigate against economic collapse (Colfer, 2020). The early stages of the pandemic witnessed increasing numbers of deaths on a weekly basis particularly among the elderly population in nursing homes. The second national action plan—*Resilience and Recovery 2020–2021: Plan for Living with COVID-19*—was published on September 15, 2020. This was a risk management framework extending

over a period of six to nine months with social interaction and mobility activities categorised under different levels of restrictions (of Government of Ireland, 2020). However, in October 2020, rising numbers of infections indicated that government restrictions as applied were not working and the chief medical officer wrote to the Minister for Health outlining the concerns of NPHET and sought tougher restrictions. This caused some degree of political controversy and the deputy prime minister publicly expressed the view that NPHET's recommendation was 'not thought through' (Interview, RTE October 6, 2020). By October 21, 2020, as the number of infections continued to escalate, the country had gone into Level 5, the toughest restriction, though schools remained open.

During early December 2020, the infection rate was the lowest in the European Union (EU), and restrictions were eased. However, late December 2020 witnessed another surge and a third lockdown was imposed which included schools. The initial stages of the vaccination programme were challenged by inadequate supplies. In February 2021, the government-imposed testing and quarantine rules on all incoming travellers for the first time (Eustace et al., 2021). Serious case numbers fell sharply, and schools re-opened in March 2021. This third lockdown was eased from May 2021, but indoor hospitality did not reopen until August 2021. A third national plan *Reframing the Challenge, Continuing our Recovery and Reconnecting* was agreed by cabinet and published on Tuesday, August 31, 2021, indicating that the majority of restrictions would be lifted from October 22, 2021, including the requirement for physical distancing and mask wearing outdoors and in private settings (Government of Ireland, 2021). By that stage, over 88% of the adult population over 18 years was vaccinated. Personal responsibility and personal choice had now replaced regulatory and legislative requirements (Regan, 2021). The publication of this plan signalled an end to the emergency nature of decision and policy making. Like other countries, Ireland focussed on controlling the spread of the disease, maintaining and supporting the economy and developing plans that would allow for the reopening of society. This was further challenged by the emergence of Omicron, a more transmissible variant, in early November 2021, and a significant increase in the numbers of people contracting COVID-19. The government introduced further restrictions on the hospitality sector in the lead up to Christmas 2021, by mandating earlier closing times for social activities and advising on the need to continue working from home where possible. Essential services continued to be provided and the booster vaccination programme was rolled out successfully.

THEORETICAL APPROACH

Public policy formation has traditionally been viewed as a rational process consisting of linked phases: policy formation, policy implementation, policy evaluation, feedback and policy adaptation. Muller et al. (2006) argue that it is not a linear process and is complicated by many factors, including the nature of available evidence and the role that stakeholders play in the policy formation context. This chapter employs historical institutionalism and complex systems theory as a lens to explore public policy and stakeholder responses to COVID-19. Historical institutionalism questions why choices were made and why certain outcomes occurred. Under this framework, behaviour, attitudes and strategic choices take place inside particular social, political, economic and cultural contexts (Steinmo, 2008). By adopting this approach, a deeper understanding of the temporal dimension can be developed. Rules, both formal and informal, play a significant role in developing historical institutionalist perspectives, because they shape who participates and their strategic approaches in a given context (Pierson, 2000). In historical institutionalism, the focus of analysis is on critical junctures caused by major shocks such as wars or revolutions whereby certain path dependencies get created (Steinmo, 2008). In long periods of equilibrium, existing policy relationships and responsibilities are more likely to remain stable, and policy is less likely to change (Cairney, 2012). There may be periods of ‘policy punctuations’ when policy makers pay an increased amount of attention to an issue and as a result change will occur. This is particularly the case following what Cairney (2012) described as the ‘bandwagon effect’ in which policy makers and interest groups at multiple levels of government all pay attention to an issue at the same time. In the complex systems framework, a system is more than the sum of its individual parts and each subset of the system has its own rules and external contexts to manage. Geyer & Rihani (2010) describes this as the ‘cascade of complexity’ in seeking to understand how smaller systems operate within larger complex systems. It is difficult to predict the behaviour of complex systems as they evolve beyond the original path dependency, adapting, building and interacting beyond an initial policy intention. For Room (2011), historical institutionalism and complex systems theory are complementary as the structures and path dependencies observed by historical institutionalists can be made dynamic when coupled with complex systems theory. The complementarity of both

theories is very well illustrated in the policy responses to COVID-19 in the Irish HE context, especially with reference to understanding stakeholder relationships.

Government and higher education institutions' (HEIs) responsiveness to stakeholders does not evolve simply and functionally, but is influenced by the networks of relationships in which they are situated. At the *macro level*, there are national systems; at a more *meso level*, there are relationships between key government actors such as funding councils and the HE sector in which the system is funded in return for the delivery of outputs; and at the *micro level*, HEIs work with community stakeholders in specific contexts (Benneworth & Jongbloed, 2010). The complexity of stakeholder involvement in policy formation is underscored by the fact that stakeholders form expectations around a given set of rules and their responses to change can be unpredictable. According to Balbachevsky (2015), prominent stakeholders tend to seek alliances with other stakeholder groups who hold similar beliefs so that they can shape their preferences and policy alternatives. This, in turn, contributes to the political dynamics that characterise a policy system (Sabatier, 2007). In pre-pandemic contexts, public administrators were faced with reconciling competing interests and values in addition to balancing decisions in the context of principles, consequences and intuition (Svara, 1997). They required evidence and facts to consider the impact of their decisions on different groups in local contexts (Yang, 2020). Much of the public discussion around policy decisions during COVID-19 was framed in the context of 'available evidence'. As Rycroft-Malone et al. (2004) have argued, evidence informing policy and practice should always be scrutinised as it is subject to multiple interpretations by different stakeholders depending on the context and traditional practices. For decisions to be considered evidence-based, they should meet several criteria including credibility (professional and unbiased), and be accessible and available at the point in time when required (Bogensneider & Corbett, 2010). COVID-19 forced choices to be made in relation to health, wealth, education, individual freedom and social responsibility without the benefit of those criteria (Raboisson & Guillaume, 2020). Standard models of decision making assume that evidence is gradually accumulated until it reaches the point of bounded rationality (Simon, 1984). However, the urgency gating model suggests that decision making does not require the accumulation of evidence. Instead, accumulation is influenced by an urgency factor that scales with time (Winkel et al., 2014) and emotion also plays a role in this

process. The links between emotion and decision making are emerging in the literature (Small & Lerner, 2008; van Kleef et al., 2004), though high-stakes decisions that are made in groups have not received much attention.

COVID-19 presented a set of challenges where governments were not able to anticipate the consequences of their proposed courses of action, or the susceptibility of their policy or administrative systems to catastrophic and other kinds of collapse (Howlett, 2009). Public organisations are bureaucratic and hierarchical (Rainey, 2014) and one of the purposes of hierarchy and bureaucracy is effective oversight and control. Crisis management usually involves mitigation, preparedness, response and recovery, but designing a response structure is a difficult task, particularly when public resources are limited (Koehler et al., 2001) as COVID-19 demonstrated very clearly. It also requires resilience, which Comfort et al. (2010) define as new ways of reframing the logic of how we cope, with an emphasis on long-term collective action, decentralisation and learning from experience. Pinheiro and Young (2017) view HE as an emergent, self-organisational and dynamic complex system where relations among system elements and with other systems are co-evolutionary. They contend that a resilient policy model takes into account the complexity associated with institutional forms, as well as the nonlinear ways in which multiple sub-components interact with their surrounding environment (Pinheiro & Young, 2017; for a recent discussion see Trondal et al., 2022).

POLICY RESPONSES TO COVID-19 IN IRISH HIGHER EDUCATION

The Irish HE system currently comprises 22 public HEIs, alongside a small number of private colleges (OECD, 2022). HE is regulated by the Higher Education Authority (hereafter, HEA) and Quality and Qualifications Ireland (QQI) as the National Qualifications Authority and National Quality Assurance Body is also directly involved in the regulation and monitoring of HE and Further Education. HE student enrolments increased by 17.4% between 2014/15 and 2020/21, with over 245,600 enrolments in total in 2020/21 (HEA, 2021). The 1990s witnessed a period of mass participation in HE, which has continued to the present time (Walsh, 2018). The demographic growth of students and the changing needs of the labour force to alternative employment opportunities has placed additional financial burdens on the HE system (Averill, 2021). The report *National Ambition: A Strategy for Funding Higher Education*

published in 2016 concluded that the sector required considerable levels of public investment. The role of HE in economic development is an important element of policy development in twenty-first-century Ireland (Walsh, 2018). Like many other high participation HE systems that have been influenced by the knowledge economy/society (Cantwell et al., 2018), Ireland has also experienced the expansion of secondary education and specialisation regarding teaching and research (Carpentier, 2021). Economic development and government priorities have influenced the development of the HE sector, and like other arms of the public sector, the latter was not prepared for the pandemic and its resultant implications.

The initial phase of the pandemic was one of political uncertainty. The HE sector did not have its own cabinet post, operating under the Department of Education and Skills. The creation of a senior cabinet post—the Department of Higher and Further Education, Research, Innovation and Science (hereafter D/FHERIS)—changed the domestic HE landscape, and successive announcements by the minister demonstrated that the new department was actively engaged. The period also witnessed a raft of interventions to deal with the impact of COVID-19 as presented in Appendix Table 2.1.

In March 2020, the Department of Education and Skills (DES) established a Tertiary Education Steering Committee (hereafter TES) which included a range of stakeholders except for the teaching trade unions. They were invited to participate at a later stage. This committee had several reporting sub-committees to ensure a coherent response to the challenges posed by COVID-19. The period also witnessed significant funding allocations to the sector. The changing nature of the pandemic clearly illustrated the challenges in relation to decision making which, in turn, made it difficult for the D/FHERIS and stakeholders to deliver a clear message to staff and students with reference to reopening. It also had implications for communication with international students who had intended coming to Ireland to study. It was not until June 2021 that the HE sector was designated an essential service by the government. While it took a long time to achieve this status for the sector, it gave leverage to initiatives to promote reopening. The planning for reopening in 2021 revealed the different ways in which the evidential base was used in decision making.

In May 2021, the Department drafted a document entitled ‘Planning for Maintaining Significant On-site Further and Higher Education and

Research in 2021/22'. This was developed after numerous iterations and deliberations on the part of the TES. The key objective of this plan was to achieve maximum levels of safety and sustainable onsite activity across further education and training, HE, and research in 2021/2022. In this draft, physical distancing at 2 m was viewed as an important mitigating measure. This would prove challenging for individual HEIs which could not accommodate large student numbers. After further consultation, an updated document entitled 'A Safe Return to On-site Further and Higher Education and Research' was published on June 15, 2021 (D/FHERIS, 2021). In this document, HE was designated as an essential sector. The document stated that 'planning can be made for larger lectures with modifications to ventilation, the size/capacity of very large lecture halls, moving some of the larger lectures to remote learning, adjustments to the timetable to reduce overall population on site at any one time and other measures where needed' (p. 15). It also contained a 'Discretionary Framework for HEIs' to plan for a return to onsite activities. References to 2 m/1 m physical distancing were no longer present in the document. In this regard, it contrasted with the protocol published for the post-primary sector, which emphasised the need for social distancing to increase separation and decrease interaction (DES, 2021a, b).

HEIs were given wide latitude in the Discretionary Framework, and this was reflected in the different plans for reopening campuses in September 2021 (Donnelly, 2021a). This was in recognition of the fact that the planning taking place in May 2021 was in anticipation of an easing of restrictions in September due to the progress of the vaccination programme. Some institutions adopted a cautious approach, keeping large lectures online initially and maintaining strict limits on in-person classes and retaining social distancing measures (Donnelly, 2021b); others capped the maximum number of students in lectures, while yet others still planned for full onsite attendance with no social distancing. At the time of these announcements, the general public health guidelines did not suggest indoor gatherings of the size envisaged by the HEIs, but the framework allowed this in the context of HE being an essential service, underpinned by high vaccination rates among the student population. The varied approaches published by the different institutions caused concern among the teaching trade unions.

A meeting of TES was attended by the Minister for Higher Education on Friday, August 27, 2021, and the teaching union group articulated its concerns about the absence of social distancing as a measure in HEIs. The minister informed the meeting that it was his clear understanding from the

chief medical officer, that it was safe to work and operate without social distancing in circumstances where it was not possible to apply the measure, if all other measures, that is, mask wearing, ventilation, proper hand and respiratory hygiene were in place (IFUT, 2021). On September 3, 2021, a health service executive representative attended a further meeting of the COVID-19 TES Steering Group and indicated that the guidance in the sectoral protocol was consistent with the public health guidance, and 88% of over 18-year-olds were fully vaccinated (IFUT, 2021). HEIs were viewed as controlled environments and a significant outbreak was not expected. At that meeting, members were also informed that the language of ‘personal responsibility’ which had been used in the public narrative to that point would be reworded to ‘personal judgement and personal protective behaviours in a supportive environment’ to allow individuals to make judgements in particular situations whether to leave or stay and avail themselves of protective measures in an environment (IFUT, 2021). Despite attempts to maintain stakeholder agreement, the trade unions remained of the view that management within HEIs did not engage sufficiently with staff concerns (Donnelly, 2021b).

METHODOLOGY

A qualitative approach was adopted in this study covering the period March 2020–August 2021. The documentary sources consulted included publicly available documents from D/FHERIS, the Irish Universities Association (IUA) the Irish Federation of University Teachers (IFUT), Teachers Union of Ireland (TUI), Quality and Qualifications Ireland (QQI), the National Forum for Teaching and Learning, (NFTL), Union of Students in Ireland (USI), parliamentary debates, government announcements with reference to COVID-19, and speeches and other communications by the Minister for Higher and Further Education, Research, Innovation and Science.

Semi-structured Interviews

Data were collected through semi-structured interviews, and the purpose of the study was outlined. Eight elite semi-structured interviews with representatives from the key stakeholders D/FHERIS officials (x2), IUA, THEA (represents management in the institutes of technology and those who are transitioning to Technological University status), IFUT, TUI (this union representing faculty lecturing in technological universities and

institutes of technology), QQI and USI were conducted. All interviews were conducted over Zoom and recorded (lasting 40–60 min) with the informed consent of research participants following ethical guidelines. The literature on elite interviewing highlights a number of benefits and challenges using this approach (Richards, 1996). Elite interviews have a number of advantages; they provide context to policy documents to aid interpretation and they provide access to networks of individuals involved in policy responses. Some of the challenges with this approach are linked to stakeholders promoting the relevance and importance of their organisation in the policy process and some interviewees might not be forthcoming in offering their views in the context of recent and ongoing events. However, elite interviews offer insights into the views and positionality of important stakeholders and combined with other sources of data, make an important contribution to understanding the policy response to COVID-19. Participants were asked to discuss their views about: (a) how evidence was used in decision making about the HE sector during COVID-19; and (b) the impact of evidence emerging from COVID-19 and future policy development in the sector.

Data Analysis

The data was transcribed and initially coded using NVivo software. The emergent major themes from the interviews were examined for consistency in meaning and context (Fereday & Muir-Chochrane, 2006). The analysis also employed a semantic approach where key words were identified from the documents, and interviews which could be clearly linked to the different themes emerging from the findings. The themes were iteratively refined using the constant comparison method (Krippendorff, 2004) until a relatively comprehensive set of themes was developed for analysis.

EMPIRICAL FINDINGS

Stakeholders Role in Responding to COVID-19

In general, participants welcomed the appointment of a Minister with responsibility for the area:

Policy thinking put us in a very different space, being able to play-things out at cabinet level. (D/FHERIS, Official)

Stakeholders also identified certain challenges that emerged. One participant was of the view that ‘the department didn’t understand early enough the complexity of the institutions, in terms of the many decisions they needed to make to manage the crisis. The Department wanted to know what was happening, a little over reporting went on in the initial attempts to find out’ (QQI Official).

Another participant commented: ‘the formation of that department lost corporate knowledge, their intentions were good from the start’ (TUI Representative). Some stakeholders actively sought a role in the decision-making processes: ‘I think there was certainly a feeling amongst us that there were ways in which the student voice wasn’t being heard’ (USI National Officer).

Securing formal recognition to be part of the TES group was the agency focus of the trade unions:

Set up a COVID-19 Steering Group without the staff unions, that wasn’t done intentionally, representatives from the unions were invited to join later. The original documents that came out would have been better if there had been direct union engagement from the start, but we made a case to get there. (TUI Representative)

From the perspective of D/FHERIS, the initial omission of the trade unions from the TES group was not intentional: ‘it took some time to establish relationships outside of the traditional industrial relations context. When discussions did commence it was clear that the trade unions were willing to be directly involved in developing solutions to the challenges emerging’ (D/FHERIS, Official).

Another participant highlighted their deliberate agency to ensure that qualifications and national and international reputation were protected and the fact that they succeeded in bringing stakeholders together: ‘QQI managed to pull all the national stakeholders together, students, parents and institutions needed to believe that they had the systems to respond’ (QQI Official). In adopting such an approach, QQI wanted to understand how HEIs were using their internal quality assurance mechanisms and decision making processes to manage the crisis.

Evidence and Stakeholder Responses to COVID-19

All of the respondents acknowledged that they were unprepared for what unfolded:

A very significant amount of planning and implementing in real time. Issues from the outset were the financial positions of institutions, completion, vulnerable learners and the disadvantaged. Research issues were a huge problem and required significant financial support. Making sure that there was a broadly consistent approach in a joined-up way. (D/FHERIS, Official)

A view existed that the quality of the evidence available about the system was lacking:

An attempt to use evidence in many areas. Often, the collection of data from our sector was rushed and somewhat rough and ready. For example, the assessment of students in need was more an approximation and, it must be said, a somewhat flimsy evidential base, but it probably served a useful purpose at the time. Lots of evidence that evidence was used, might not be high end. (IUA Representative)

The crisis nature of the situation and a lack of historical evidence was referred to. One participant noted that HEIs traditionally do not make decisions quickly as their internal quality infrastructure to support decisions proceeds on the basis of having precedent and a consistent evidential base to operate from: ‘You are in a crisis, traditionally institutions don’t make decisions quickly, in this case change was needed quickly. Might not have had all the evidence to do this’ (QQI Official). This view was echoed by another participant: ‘I don’t think there was enough time or pre-existing evidence, research or expertise in relation to this’ (USI National Officer). From the point of view of D/FHERIS, it was challenging to get evidence about the system:

Learned a lot from COVID in understanding how the system operates. Very hard to get data on the system, for example, hard to get good data on student numbers on campus at a given point in time. (D/FHERIS Department Official)

It was also acknowledged that stakeholders brought the evidence that they had in each of their sectors to the TES sub-committees, which in turn

informed the decision making processes of the wider TES group: ‘the work of the sub-committees that focused on specific issues and brought evidence back in order to support decisions’ (D/FHERIS Department Official). Some participants concluded that while evidence-based policy making played an important role, other critical endogenous factors impacted on this process:

Evidence-based policy making played a part but there were other factors coming up against this approach, the structures in HE, the nature of programmes, the way we do placements, not much flexibility built into these areas. (THEA Representative)

The issue of social distancing illustrated the complexity of making decisions on the basis of using evidence. Social distancing was mandated from early on based on scientific evidence in attempts to minimise the spread of the COVID-19 variants. This was very problematic in the HEI contexts. One participant commented:

From the very outset we worked with public health advice which also influenced government and the department. There was a problem with the 2m social distancing, some management adhered to it, others did not. (TUI Representative)

Similar views were expressed by another participant:

There was 1-metre, 2-metre social distancing. Bone being thrown to the trade unions that lecturers could be 2 metres away but not the students in classrooms. For some institutions it was maximum numbers per room. In one institution they measured the distance nose to nose as opposed to shoulder to shoulder. You wouldn’t get that on a night out prior to COVID-19. That didn’t seem safe. (IFUT Representative)

Adopting an evidence-based approach to a full reopening in September 2020 illustrated the complexities involved in decision making. It was anticipated that HEIs would reopen, but on a Friday prior to the start date on a Monday, the minister pulled back from that decision. This caused considerable disruption within the sector and stakeholders were of the view that those in public health were concerned about the evidence in the international context:

What happened in Autumn 2020 was unexpected. Drawing on experience from the UK, significant risk in terms of public health more broadly, public health took fright at what was happening internationally, so the reopening that we had in prospect was not going to happen. (D/FHERIS Department Official)

One participant described the decision as both an emotional and political response: ‘Had you sought an evidence base to do that, it’s unlikely there would have been a valid one to make that decision; it was an emotional and political response’ (IUA Representative).

For another stakeholder the role of emotion in decision making featured prominently:

When there was a desire to get back to normal, the precision around the evidence went out the window, there was a lot of emotion around this and not logic. Politicians come into this, officials, public health and institutions, custodians and generators of the evidence. (THEA Representative)

For D/FHERIS, the challenge lay in the fact that ‘the stakeholders wanted a signal from the Department as to what to do in terms of wanting to get back to on site that was challenging. We were bounded in scope with reference to decision making and what was and was not attainable at certain points’ (D/FHERIS Department Official).

Stakeholders offered a range of perspectives about using the evidence from COVID-19 to plan for the future. The need for a more flexible and evidence-based system was reflected on by one participant:

We need a more flexible, agile, higher education system. Evidence based and data driven based on contribution to societal, government and economic objectives. (D/FHERIS Official)

Another stakeholder spoke about the need to reflect on the emergent evidence from the COVID-19 experience in relation to policy development in the future:

Must learn from the crisis, reflecting on what happened so that policies and decisions are based on evidence, how do we learn from that and how do we build on it. (TUI Official)

DISCUSSION

The findings from this study illustrate several important issues with reference to the use of evidence and decision making during COVID-19. Evidence-based decisions usually require evidence to be available when it is required (Bogenschneider & Corbett, 2010). Reference was made to the nature and quality of evidence that was available, the lack of data from which to generate evidence, and not having precedent to guide decisions within organisations. This highlighted the challenges and complexity in making decisions during the pandemic. However, decisions were not made in an absence of evidence and the perspectives and information brought by different stakeholders highlighted a very complex eco system. The evidence-based approach during COVID-19 where it was adopted revealed different conceptions of what evidence was comprised of and the role that it played in decision making during this period, which reflected the reality that generating evidence is both a social and scientific process (Rycroft-Malone et al., 2004). COVID-19 forced choices to be made without having all the evidence available that could inform the potential impact of decisions on different groups in local contexts (Raboisson & Guillaume, 2020). During COVID-19, evidence was used in different ways. Primary and post-primary education were prioritised by the government in the context of students' education and development and with a view to minimising as much as possible the disruption to economic activity. The same approach was not adopted in relation to third-level students, evidence of high transmission in the absence of vaccination of this group was used initially to justify their continued education online and reflected a belief by the government that their education could be delivered in this way. This view was not shared by HE stakeholders or policy makers within the D/FHERIS, and they continued to press the case for the sector to be prioritised.

Some of the respondents who participated in this study were of the view that the quality of the evidence available on which to base decisions was weak. HEIs rely on historical evidence to inform decisions and they did not have the time to adopt this approach and had no previous experiences with which to compare COVID-19. Their decision making reflected 'bounded rationality' (Simon, 1984) and was influenced by the urgency of the context that scaled with time (Winkel et al., 2014). However, they did provide evidence of their decision-making processes in response to the pandemic as reflected in the various QQI reports published during the period. The agreement between the Department and the HEIs under the Discretionary

Framework to allow a return to full site activity in September 2021 revealed some evidential disparities particularly with reference to social distancing, which posed serious challenges to the space constraints of HEIs and prevailing public health evidence. The emphasis on the sector as an essential service removed the need for social distancing to a focus on other mitigation measures. The differences in approach in the identification of post-primary education as an essential service with social distancing and the way third level was categorised without the need for social distancing highlight the paradoxes around implementing an evidence-based approach in a crisis context (Comfort et al., 2010). It further underlined the challenges in designing a response structure (Koehler et al., 2001). The fact that HEIs could adopt very different positions, interpretations and approaches in relation to a return to campus-based teaching further underlines this point. It also demonstrates the complexities involved in planning for a future when it was anticipated that the situation would be conducive to reopening, while announcing those plans at a time when that reality had not yet emerged. The role played by emotion (Lerner et al., 2015) emerged as an interesting finding where some stakeholders were of the view that a cautionary approach based on evidence from other jurisdictions should not have influenced decisions about the reopening campuses in Ireland, further demonstrating the different ways in which evidence was interpreted. Finally, political considerations also fed into the interpretation of evidence and are reflective of the fact that policy makers and other stakeholders did not have time to adopt the standard models of decision making.

The HE sector is a self-organisational complex system (Pinheiro & Young, 2017) and this contributed to its ability to overcome the shock of the pandemic, but it also meant that some stakeholders in the sector were challenged to find new ways of working with each other and move away from their standard approaches. QQI, due to the nature of its work, had a well-established and mature stakeholder division which it could mobilise in supporting and guiding policy responses to COVID-19. Other stakeholders did not have this. The coordination of the sector response emerged out of necessity. Regular meetings, reporting to D/FHERIS under tight deadlines, while working from home, added to the sense of urgency that COVID-19 brought with it. The stakeholders looked to D/FHERIS to provide guidance in terms of getting back on site but this was challenging as decision making was bounded by what was and was not attainable at

certain points. HEIs suddenly had access to large amounts of funding which needed to be allocated quickly and targeted at students most in need. This challenged existing systems which rely on careful planning to ensure effective oversight (Rainey, 2014). COVID-19 revealed the importance of a resilient policy model that takes into account the complexity associated with the institutional forms (Pinheiro & Young, 2017). All the stakeholders had to develop an awareness of this reality and none were able to anticipate the consequences of their proposed courses of action (Howlett, 2009). The fact that the sector was not prioritised by the government as an essential service until the summer of 2021 (a year after the initial outbreak) added to the challenges experienced by D/FHERIS and stakeholders around decision making and clear messaging.

CONCLUSION

Historical institutionalism and complex systems theory facilitated an exploration of the nature of evidence and its use in decision-making processes in the Irish HE context during COVID-19. The onset of COVID-19 was a major shock to the system and represented a critical juncture. Coinciding with this was the establishment of a new department which represented a critical decision in the policy making context (Pierson, 2000) and provided a very different landscape for both policy makers and stakeholders who had to adjust to new ways of operating and make decisions in real time. They had little choice but to simplify their decision-making environment with a bounded rational approach (Simon, 1976) to address the challenges that COVID-19 presented to the sector. The appointment of a new minister with access to resources and who had decision making authority at cabinet level was also very important to the sector in this context. COVID-19 highlighted clearly to all of the participants the interdependent nature of their relationships in dealing with this crisis where they met weekly, shared information from their various sectors and tried to make decisions in a constantly shifting landscape. The context was unpredictable, conflicting signals were present and trying to gather evidence in such a crisis context was challenging. The rules of behaviour which would normally have shaped participants strategic approaches were no longer fixed (Pierson, 2000). It was the first time that all of the stakeholders in Irish HE were working together dealing with a crisis. The

findings from the interviews demonstrate the challenges that emerged during the temporal context where decisions had to be made quickly and worked through collectively, providing diverse perspectives about the different decisions that were made. From a complex systems theory perspective, COVID-19 demonstrated how sub-systems such as HEIs had to question their own rules of behaviour in the context of providing teaching and supporting their students learning in a totally new context. COVID-19 represented the ‘cascade of complexity’ (Geyer & Rihani, 2010) within the Irish HE context.

The COVID-19 pandemic exacerbated and made more visible key system-wide deficiencies in Irish HE such as reaching students who were most in need. However, it also highlighted the resilience of the system, the benefits of a sectoral approach and the move away from traditional approaches in developing stakeholder relationships. It also demonstrated that a sectoral approach has much to recommend it in the context of future policy planning and development. The pandemic illustrated the importance of having a dedicated department focussed on the sector, though the policy development space suggests that HEIs will have to acknowledge and work in a broader tertiary education context than before. In terms of future crises, the influence of emotion in policy responses should be factored into thinking about the decision making processes, particularly with reference to self-reflexivity, responsivity and building resilience.

The Irish case highlights the challenges that exist around gathering and using evidence in order to make decisions in a crisis context. This will need to be addressed at both central and institutional levels, through the collection and interpretation of robust data from HEIs and other agencies in the system. HEIs, in turn, will need to develop data gathering systems that identify challenges and the capacities of their own systems and processes to effectively use evidence-based approaches that will protect their autonomy and enhance their accountability. The recency of events of COVID-19 makes it a challenging topic to explore from a policy perspective. Many of the stakeholders were conscious of their own roles and relationships in the context of decision making and shaping their future strategic engagements. Nevertheless, the Irish HE response to COVID-19 demonstrated the fruits of shared partnership and the development of new ways of working, further highlighting the complexities that exist across the HE system.

APPENDIX

Table 2.1 Government response to COVID-19 in Irish higher education: A timeline

<i>March–August 2020</i>	<i>September–November 2020</i>	<i>December 2020–May 2021</i>
<ul style="list-style-type: none"> • Tertiary Education Steering Committee established with various sub-committees under Department of Education and Skills (DES) (March 2020) • New cabinet post Higher and Further Education, Research, Innovation and Science (D/FHERIS) announced with new minister • QQI published National Principles for Alternative Assessments (March 26, 2020) • Government approval to publish legislation to establish the Department of Further and Higher Education, Research, Innovation and Science (July 13, 2020) • €168 m support package for HE announced (July 22, 2020) • Minister meets with selected stakeholders: Irish Universities Association, the Technological Higher Education Association and Technological University Dublin about reopening third level (July 23, 2020) 	<ul style="list-style-type: none"> • Agreement of a supply framework to facilitate the education sector accessing Personal Protective Equipment (PPE) and ringfenced funding of €41 million of the original €168 million (September 14, 2020) • New text-based mental health support available to all returning and new third level students (September 14, 2020) • Investment of €5.5 million in 41 projects under the SFI-led COVID-19 Rapid Response Research and Innovation Programme (September 24, 2020) • €47 million of the original €168 million allocated to support contract researchers and research students • Budget 2021. A €50 million fund to provide financial assistance to full time third level students in recognition of the impact of the COVID-19 pandemic on this group (October 13, 2020) 	<ul style="list-style-type: none"> • Announcement of the third lockdown, only minimal activity could take place on site. HEIs continued online provision until the end of the academic year (December 2020) • Roll out of Wi-Fi roaming to further and higher education students in over 90 locations across the country (January 5, 2021) • Draft ‘Planning for Maintaining Significant On-site Further and Higher Education and Research in 2021/22’ (May 2021) • Updated Return to Work Safely Protocol (May 2021) • HE designated as an essential service (June 2021) • A safe return to on-site further and higher education and research was published PLUS_SPI Discretionary Framework for HEIs to plan for return to onsite activities (June 2021) • Total of €105 million was made available to HEIs to support the safe on-site return to third level for the academic year 2021–2022 (July 21, 2021)

(continued)

Table 2.1 (continued)

<i>March–August 2020</i>	<i>September–November 2020</i>	<i>December 2020–May 2021</i>
<ul style="list-style-type: none"> • Report on The Impact of COVID-19 Modifications to Teaching, Learning and Assessment in Irish Further Education, commissioned by TES under the Sub-committee on Quality Integrity and Reputation (August 2020) • Implementation Guidelines for Public Health Measures in HEI's August 2020 • Process of calculated grades for Leaving Certificate State Examination brought several significant challenges for HEIs in the context of planning for the 2020/2021 Autumn trimester • Minister instructed all HEIs to move to Level 3 with additional measures • Minister announced up to 17,000 laptops will be distributed to third level students to assist with online learning (August 20, 2020) • Minister announced comprehensive financial package of €5 million to support students' well-being and mental health (August 24, 2020) 	<ul style="list-style-type: none"> • A once-off COVID-19 contingency fund of €1.9 m to support the delivery of access and support services to vulnerable students (October 16, 2020) • A €5 million fund designed to drive teaching and learning innovation across the higher education sector (November 9, 2020) • Plans for the January 2021 trimester became the focus of attention (October 2020) • Dublin City University and University of Limerick, announced that they would continue online teaching into the January 2021 trimester (November 2020) • D/FHERJS put in place advice for a phased step-down process from level 5 to the appropriate level: 4, 3 or 2 as per public health advice (end of November 2020) 	<ul style="list-style-type: none"> • UniCoV, a large-scale analysis of testing technologies for COVID-19 surveillance and prevention across four universities—NUI Galway, Trinity College Dublin, University College Dublin and University College Cork (July 12, 2021) • 11 pop-up walk-in vaccination centres established across colleges (September 29, 2021) • €17.2 million in student supports and €5 million to support students' mental health and well-being. The supports were part of a €105 million package for Further and Higher Education provided by the government (October 11, 2021)

- Report on The Impact of COVID-19 Modifications to Teaching, Learning and Assessment in Irish Further Education, commissioned by TES under the Sub-committee on Quality Integrity and Reputation (August 2020)
 - Implementation Guidelines for Public Health Measures in HEI's August 2020
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