The Covid-19 Pandemic:
Lessons for Irish Public Policy

NESC

An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta
National Economic & Social Council

COUNCIL REPORT

No.158 June 2022

An Oifig Náisiúnta um Fhorbairt Eacnamaíoch agus Shóisialta
National Economic & Social Development Office NESDO

1. The main tasks of the National Economic and Social Council shall be to analyse and report on strategic issues relating to the efficient development of the economy and the achievement of social justice.

2. The Council may consider such matters either on its own initiative or at the request of the Government.

3. Any reports which the Council may produce shall be submitted to the Government, and shall be laid before each House of the Oireachtas and published.

4. The membership of the Council shall comprise a Chairperson appointed by the Government in consultation with the interests represented on the Council, and

   - Three persons nominated by agricultural and farming organisations;
   - Three persons nominated by business and employers organisations;
   - Three persons nominated by the Irish Congress of Trade Unions;
   - Three persons nominated by community and voluntary organisations;
   - Three persons nominated by environment organisations;
   - Four other persons nominated by the Government, including the Secretaries General of the Department of Finance, the Department of Business, Enterprise and Innovation, the Department of Housing, Planning and Heritage, the Department of Public Expenditure and Reform.
   - Seven people possessing knowledge, experience and skills which the Taoiseach considers relevant to the functions of the Council

5. Any other Government Department shall have the right of audience at Council meetings if warranted by the Council's agenda, subject to the right of the Chairperson to regulate the numbers attending.

6. The term of office of members shall be for three years. Casual vacancies shall be filled by the Government or by the nominating body as appropriate. Members filling casual vacancies may hold office until the expiry of the other members' current term of office.

7. The numbers, remuneration and conditions of service of staff are subject to the approval of the Taoiseach.

8. The Council shall regulate its own procedure.

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Abbreviations

BRU	Behavioural Research Unit
CCMA	City and County Managers
CSO	Central Statistics Office
DPER	Department of Public Expenditure and Reform
ED	Electoral Division
EV	Electric Vehicles
EWSS	Employee Wage Subsidy Scheme
HPSC	Health Protection Surveillance Centre
HSE	Health Services Executive
IEMAG	Irish Epidemiological Modelling Advisory Group
IGEES	Irish Government Economic and Evaluation Service
JSA/JSB	Jobseeker's Allowance/Benefit
LEEF	Labour Employer Economic Forum
NDI	National Data Infrastructure
NESC	National Economic and Social Council
NPHET	National Public Health Emergency Team
NPIs	Non-pharmaceutical interventions
NPW	New Public Management
NRA	National Risk Assessment
PII	Personal Identifiable Information
PPE	Personal Protective Equipment
PPNs	Public Participation Networks
PUP	Pandemic Unemployment Payment
SAM	Social Activity Measure
SEM	Strategic Emergency Management
TWSCS	Temporary Wage Subsidy Childcare Scheme
TWSS	Temporary Covid-19 Wage Subsidy Scheme

Executive Summary

The Covid-19 disease emerged in December 2019 and arrived in Ireland three months later, bringing with it severe illness, death, and social and economic crises. The policy response to the pandemic was extensive and public health-led, and took a whole-of-society approach.

Over the past two years the National Economic and Social Council (NESC) has contributed to the body of knowledge on policy in the pandemic. Building on that output, this Council report considers aspects of Ireland's response to the emergency. This research is not a performance assessment exercise; rather it reviews international experience, looks at examples of Ireland's response, and extracts emerging policy lessons for national recovery, resilience and preparedness.

The resulting output can inform Ireland's policy response to crises in such areas as climate change and biodiversity loss, in housing, in responding to the terrible events in Ukraine, and indeed in dealing with the current cost-of-living crisis. Two important messages emerge from the Council's research.

First, the Council finds that the response to crises generally is shaped by the public policy system's capacity to understand vulnerabilities, their underlying complexities, and unpredictable interconnections which emerge unexpectedly during emergencies. The policy system must be in a position to lead decisively, flexibly and openly, and to co-ordinate and communicate effectively, mobilising all necessary resources.

Secondly, Ireland's response to the pandemic has revealed new ways of working in the policy system. Prior to the pandemic, public policymaking might be seen as engaging somewhat passively and intermittently with experts, stakeholders and citizens. This report illustrates that the response to the pandemic represents an important move towards deepened engagement, employed to develop responses, to champion them, and to actively revise them. The Council observed a significant shift in approach, including to the greater use of data and evidence, and towards more tailored and engaged problem-solving structures. There was also a shift during the crisis to more comprehensive economic safeguards for individuals and for vulnerable but viable enterprises, and greater empowerment of communities and voluntary organisations.

The policy response during the crisis in Ireland suggests that great care has been taken to develop better data to understand vulnerability and to assess impacts of policy more generally. The actions also resulted in enormous mobilisation of resources (medical, financial, personnel, and technology) underpinned by extensive engagement and collaboration with stakeholders, communities and the private sector. The need to act, to review and revise, and to communicate regularly was also evident in the actions taken.

Looking ahead, the Council recommends that the policy system take on board five key lessons.

1. **Vulnerability is complex and context-specific, meaning pinpointing and managing vulnerability are crucial.** The Council believes that local or sectoral work to pinpoint vulnerability, with national coordination and resourcing, can enhance policymaking, allow more targeting of supports to ensure that the most vulnerable receive them, and maximise the value of public investment.

2. **Stakeholder networks and experts shape outcomes, so the policy system must stay deeply engaged.** The Council believes that, while a revived form of tripartite policy interaction was effective in dealing with issues during the crisis, the type of societal consensus and trust necessary to drive climate action, for example, requires a more inclusive form of social dialogue. To be more effective in solving key societal problems, the State needs to be deeply connected and involved in critical areas. This will increase the State's awareness of and capacities to address vulnerability, and strengthen its overall ability to tackle ongoing challenges.

3. **Real-time evidence, when used alongside longer-run data, has the power to transform policymaking, suggesting that the analytical activity which aided in the pandemic response can be applied in other areas of public policy.** The Council recommends that consideration be given to sustaining the real-time data and behavioural analytics capability and infrastructure which aided in the pandemic response, for application in other areas of public policy. A concerted effort is needed to identify the precise challenges where such analytics can improve the quality of policymaking, and decision-makers must be aware of such opportunity and be willing to take advantage of it.

4. **Adapting the policy world to the data world requires significant effort, meaning that governance, privacy, access, confidentially and data-sharing issues must be prioritised and addressed with urgency.** The Council recommends that the policy system consider how to enhance the safe and appropriate use of data in light of pandemic experiences, to facilitate collaboration and harness new and existing data sources. There should be increased openness to and use by the public policy system of a wider range of information and data. This means equipping the public sector with the necessary governance mechanisms, technical means and skills, underpinned by the requisite legal, ethical and social frameworks. The public policy system should also address any culture of risk aversion, where the appropriate safeguards are in place, so that data can be shared and used to deliver a better evidence base, and enhanced policy development and outcomes.

5. **Communication and trust are critical for responding to crises. Policymakers must improve their capacity to reach out, to listen actively, and to communicate clearly. They must also work to ensure their decisions deliver, and are seen to deliver, for society.** The Council believes that consideration should be given to how the communications structures and processes put in place during the pandemic could assist in addressing other policy issues, such as the climate and biodiversity emergencies, housing supply and affordability challenges, and the current inflation crisis. Policymakers must take steps to enhance their capacity to reach out, to listen actively, and to communicate clearly and inclusively. Further, a dedicated programme could help ensure that policy decisions are seen to work, and sensitise citizens and organisations to the fact that policy shifts are inevitable along the way, as situations develop and the State learns.

Overall, in learning from the pandemic and by responding to these lessons, the Council suggests that the policy system embrace the inevitable uncertainty that accompanies major, complex policy challenges. The pandemic illustrates that willingness to step in, flexibility and agility are all required. These qualities can and must be fostered and supported in the policy system outside of crisis-periods through more responsive and engaged problem-solving structures, co-ordinated from the centre, or what has been described as experimental governance. The Council believes that such an approach can improve policy design and outcomes, and thus ultimately sustain the societal trust shown to be so valuable during the pandemic.

Chapter 1

Introduction

Ireland and the world experienced a shock of enormous magnitude as a result of the Covid-19 pandemic. As governments across the globe emerge from the crisis-response phase, they have turned their attention to the near-to-longer-term lessons from the pandemic. Doing so is an opportunity to learn about national resilience and vulnerability and the State's ability to support citizens. Reviewing the actions taken is seen by the OECD as key to ensuring that the experience of the pandemic leads to better public policy outcomes for society (OECD, 2021).

The policy response to the pandemic in Ireland was extensive and public health-led, and took a whole-of-society approach. This report will describe key aspects of the response, including the fiscal and economic support measures costing in the region of €48bn.[1]

The Council argues that the response, over two years, has resulted in a significant shift in the approach to public policymaking and delivery in Ireland. Prior to the pandemic, public policymaking might be seen as engaging somewhat passively and intermittently with experts, stakeholders and citizens. This report illustrates that the response to the pandemic represents an important shift to deepened engagement, employed to develop responses, to champion them, and to actively revise them.

Policymaking also moved to employ more sources of data, more real-time data, and big data to develop and target actions. The Council argues that recognising this shift can have important implications for how other policy issues, such as climate change, housing and the cost-of-living crisis, can be addressed.

In making its argument the Council recognises that the pandemic created an 'all hands on deck' moment that would be difficult, if not impossible, to replicate outside of an emergency. It also recognises that the scale of the financing is unlikely to be available for future challenges. However, the Council believes that processes, behaviours and structures have emerged which can and should be applied outside of these types of seismic emergencies.

The Council also notes that there is a sense that a state of emergency has been a more or less permanent presence in the policy landscape: over the last 15 years Ireland has experienced the Global Financial Crisis, Brexit and the war in Ukraine, alongside the omnipresent challenge of climate change and biodiversity loss. This reinforces the need to draw out lessons from this most recent emergency to ensure that the system of policymaking and delivery is sustainable.

It is important to provide this review now. The Council has found that, given that it is more than two years since the pandemic began, parts of the public policy system are already beginning to forget precisely what it was like at that time, and how their response was shaped and decided upon as the crisis emerged. There can also be a tendency to breathe a sigh of relief when a crisis has subsided, or when attention turns to responding to new events, as is currently happening with Ireland rightly focused on responding to the war in Ukraine. This can reduce the impetus to learn from the response to the pandemic crisis.

This Council report is not a performance assessment. There is no scope or attempt here to perform a full assessment of public policy during the pandemic. The Council notes that such an assessment, or assessment of elements thereof, might be undertaken elsewhere.

[1] Figure provided by the Department of Finance. Correct at time of writing.

In this report, the Council focuses on international experience in the management of emergencies and on a subset of actions taken in Ireland during the crisis, and provides lessons. The purpose of this work, and the lessons in particular, is to frame how public policymaking is understood as a process and how it can be improved. The report is structured as follows:

- Chapter 2 provides an overview of experiences of responses to disasters and pandemics around the world. This produces four 'touchstones' which characterise effective emergency responses: commitment to understanding vulnerability in all its dimensions; decisive, flexible and open leadership; effective communication and co-ordination; and capacity to mobilise necessary resources.

- Chapter 3 examines selected aspects of the public policy response to the pandemic in Ireland. It focuses on ways of working, and the steps and structures used. This reveals significant shifts in the policy approach, including the use of enhanced data and behavioural analytics; new problem-solving and anticipatory work, including custom-made structures introduced during the pandemic; comprehensive economic safeguards; and the empowered role of community and voluntary providers.

- Chapter 4 identifies five lessons.
    - First, it argues that vulnerability is complex and context-specific, meaning that pinpointing and managing vulnerability are crucial.
    - Second, stakeholder networks and experts shape outcomes, so the policy system must stay deeply engaged.
    - Third, real-time evidence, when used alongside longer-run data, has the power to transform policymaking, suggesting that the analytical activity which aided in the pandemic response can be applied in other areas of public policy.
    - Fourth, adapting the policy world to the data world requires significant effort, meaning governance, privacy, access, confidentiality and data-sharing issues must be prioritised and addressed with urgency.
    - Fifth, communication and trust are critical for responding to crises. Policymakers must improve their capacity to reach out, to listen actively, and to communicate clearly. They must also work to ensure that their decisions deliver, and are seen to deliver, for society.

- Chapter 5 concludes the report, arguing that the pandemic illustrates that willingness to step in, flexibility and agility are all required in Ireland's public policy system. These qualities can and must be engendered in the policy system outside of crisis periods.

Chapter 2

Effective Emergency Response: Four Touchstones for Sustainable Policymaking

2.1 Introduction

Stepping back to consider national and regional responses to disasters and pandemics provides a starting point for learning from the Covid-19 emergency. Reflecting on crises is aided by first acknowledging some of their important characteristics, for example:

- Crises differ in scale and thus differ in terms of the required response.
- Crises and the response to them are shaped by many factors, some of which will predate the emergency, while others manifest and are refined during the crisis. These influential factors include flexibility, leadership/co-ordination capabilities, infrastructure, trust, IT systems, buffer capacity, non-governmental organization (NGO) capacity and resilience.
- Crises are experienced at different levels, from the national to the local; the factors that aid an effective response can be present or absent at any level.
- Crises have different phases – phases that often only become distinct or obvious in hindsight.
- Crises can contain within them discrete, parallel emergencies (e.g. the cyberattack on the HSE's IT systems in May 2021).

Taking these characteristics on board, this chapter outlines four key themes or 'touchstones' gleaned from a review of experiences internationally and in Ireland. These touchstones can shape our understanding of effective emergency response, while also helping to frame Ireland's experiences. These touchstones point to the importance of:

- understanding vulnerability more completely;
- leading decisively, flexibly and openly;
- co-ordinating and communicating effectively; and
- mobilising all necessary resources.

The Council argues that these touchstones, which are features of effective emergency response, can and should shape public policy processes and structures outside of crisis situations. Going further, given the more or less constant sense of emergency present in the policy landscape over recent years and the parallel challenge of climate change and biodiversity loss, these touchstones, coupled with our experience and lessons from the pandemic (Chapters 3 and 4) can shape a more sustainable system of policymaking.

2.2 Understanding Vulnerability More Completely

The first touchstone is that the effectiveness of a crisis response is depends on how well vulnerability is understood. Vulnerabilities will often be local and not immediately obvious (Klinenberg, 2015). International experiences suggest that great care must be taken when estimating risk, identifying vulnerability, and putting in place systems to support the vulnerable. It is not inevitable that hazards become crises. The International Federation of the Red Cross points out that crises emerge when the population exposed to the hazard is vulnerable (Thompson, 2020). Risk should be estimated with reference to vulnerability, not just impact and probability, as is often the case (i.e. risk = impact X probability X vulnerability). In risk assessment and preparedness processes, too much focus can be placed on the precise hazard and identifying what it may be, at the expense of the factors which make people, places, infrastructure, sectors and processes vulnerable.

Another challenge which arises in preparedness processes is what are known as 'black elephant' events. This is a combination of two concepts: the 'black swan' – an unlikely and unexpected major occurrence, and the 'elephant in the room', a problem which is known about but not discussed. Black-elephant events are risks you can see but which are judged so improbable or difficult to prepare for that they are ignored. They are disasters that are predicted but disregarded; 'with knowledge but without acknowledgment, a black swan becomes a black elephant' (Lin *et al.,* 2021). One explanation for inaction is that the changes necessary to address black elephant events 'require political will and capital, which may be limited or in competition with other short-term issues. In addition, balancing short-term risks with long-term risks tends to be misaligned with political incentives' (*ibid.*) (also see Section 3.3.4 also. Disasters and pandemics remind us of the perils of ignoring low-probability/high impact events.

Revealing and understanding vulnerabilities is an ongoing challenge, given their complexity:

- Different cohorts are vulnerable for different reasons.
- Vulnerabilities are interconnected.
- Vulnerability can be persistent or transient.
- Vulnerability can be simultaneously 'known about' and 'hidden'.
- The effectiveness of the response to vulnerabilities is shaped by pre-existing factors and previous experience.

This section briefly considers each of these issues.

Different cohorts are vulnerable for different reasons

The pandemic has revealed how different cohorts can be vulnerable for different reasons. For example, during the pandemic the elderly, certain workers (e.g. in meat processing facilities) and digitally excluded students were all made (more) vulnerable, not just to infection but also to the impacts of the necessary policy response. It is likely that the impacts of the pandemic on many individuals (e.g. in relation to their mental health) are not yet fully known(see Box 2.1). The reasons for vulnerability varied, making the response more complex. Youth workers found that young people they worked with faced challenges in accessing supports online during Covid-19 lockdowns, due to lack of devices, skills and/or connectivity (Erwin and Thompson, 2020).

Vulnerabilities are interconnected

Ireland's experience of Covid-19 brings to mind what Merrill Singer termed a *syndemic*, as synergistic factors interact and compound the problem. However, in this case it is not just health-related vulnerabilities interacting (e.g. Covid and cardiovascular/respiratory/immune conditions), but also social and economic ones (Singer *et al.,* 2017; Horton, 2020). Ireland's experience of the pandemic saw interconnected, co-present or sequential vulnerabilities exacerbate the negative effects of the disease.

These interconnections were reflected in many of the decisions made. For example, in advising individuals to 'stay home', it was recognised that consideration needed to be given to the fact that those on low incomes are often not in a position to do so; with the closure of schools, there was recognition that 'home' is not always a safe environment for every individual; public health advice to mitigate the impact of the disease was seen to simultaneously spur crises in the economic realm – meaning that a public health emergency had to be responded to with income supports.

Further, lockdown required that people stay at home, but it was recognised that there are several groups for whom home is not a safe place, such as children and adults living in homes with domestic abuse, addiction issues, etc. For children and young people, the closure of schools, sports and other clubs, and many services for young people, removed places of safety, as well as opportunities to disclose abuse. The pressure of the move into the home also put pressure on carers of young children, older people and people with disabilities, as care which had been provided in the public sector had to be provided by the family (Donagh, 2020; Daly, 2022).

Box 2.1: Mental Health and the Covid-19 Pandemic

The full impact of the Covid crisis on mental health has not yet been revealed. Steps were taken to mitigate the negative consequences of restrictions, for example, even under Level 5 of the Plan for Living with Covid, people were permitted to exercise within 5km of their home, but we know that the pandemic brought with it a range of factors that can damage mental health.

The fear and anxiety around becoming infected or infecting others was a constant. Necessary public health measures, restrictions and lockdowns caused anxiety for many individuals. The curbs on social interaction, school closures and separation from family and friends, along with uncertainties around work and travel, can all have negative consequences for mental wellbeing.

Those who work in the health services and other front-line roles experienced unique and prolonged stress in the day-to-day management of the pandemic.

These factors affected those who had already been experiencing mental health problems, and many more who struggled with this 'new reality'.

A perspective on the effects on children specifically can be found in the annual report by the Ombudsman for Children. This report gives a comprehensive overview of how children were adversely affected by the pandemic; much of the focus is on education, and also on the lack of supports for children with additional needs. In relation to mental health, the report states:

> *While the complaints made to the Ombudsman may have related to calculated grades, digital poverty or other issues, 100 per cent of the children who contacted us mentioned the mental health of children. (Ombudsman for Children's Office, 2021)*

The pandemic saw increased demand for mental health supports. At the same time, organisations providing mental health supports had their activities disrupted and/or lost the ability to raise vital funds. This prompted further stress and anxiety for service providers and users. This increase in current and expected future demand for mental health supports should be considered against the background of an already strained and deficient mental health system (Freyne, 2021).

It is expected that over the coming years there will be an increasing body of research illustrating the longer-term, overall negative mental health impacts on different groups as a result of the pandemic. Already, a number of studies and surveys illustrate the increase in mental ill-health across populations, much of it focusing on the initial periods of lockdown (MIND, 2020; Garratt and Laing, 2021).

The related, forthcoming challenge has been summarised in the Irish Journal of Psychological Medicine as follows:

> *The largest and longest fourth wave of healthcare need will encompass the psychosocial and mental health burden associated with this pandemic. This final tsunami will not peak until sometime afterwards (months) and will sustain for months to years after the Covid pandemic itself. (O'Connor et al., 2020)*

In recognition of the increased demands brought on by Covid, the World Health Organization has made 'mental health' one of its flagship priorities for the next five years. A mental health coalition has been established to support European countries in their efforts to improve mental health supports (WHO, 2020).

The issue of complex and interconnected vulnerabilities being revealed by the pandemic has been highlighted previously. The Policing Authority's Report on Policing Performance by the Garda Síochána during the Covid-19 Health Crisis refers to the gardaí 'encountering vulnerability in all its complexity', and to 'the multifaceted nature of vulnerability and the complexity of needs and supports that have to be addressed to keep people safe' (Policing Authority, 2021). The report points to the need for support organisations to be increasingly proactive rather than reactive, to engage in joint planning and mutual accountability, and to reflect on the role each plays in responding to interconnected vulnerability, including how they are positioned vis-à-vis other services.

Such interconnectedness of vulnerability brings the centre of government to the fore in an emergency, but also raises public policy questions as to if and how interconnected issues can be resolved without recourse to 'the centre' outside of crises. Overall, our experience highlights the point that crisis outcomes can sometimes be a biological reflection of social vulnerabilities (see Farmer, cited in Klinenberg, 2015).

Vulnerability can be persistent or transient

The 'already vulnerable' are revealed by crises and are by their nature more exposed and less resilient to them. The services and supports on which they depend are disrupted, and they lack the resources to cope and respond.

In the pandemic, vulnerable cohorts were vulnerable to a new crisis. This reaffirms the need for quality work in relation to pay, conditions, regulation, supports and infrastructure. At the same time, crises create 'transient vulnerability' (e.g. in the healthcare, retail and events sectors), which requires an immediate but often prolonged response.

Vulnerability can be simultaneously 'known about' and 'hidden'

In Singapore, Covid-19 infection rates among Singapore citizens were low, but they were high among the foreign worker community, many of whom lived in over-crowded dormitories. There was awareness among the public of the living conditions of foreign workers, as they had been documented and publicised by the media and non-profit organisations. However, there were insufficient channels of communication to ensure that this information was brought to policymakers' attention, such that a remedy was put in place. There was an inability to translate knowledge into 'actionable intelligence' which would have prevented such high levels of infection within this vulnerable group (Woo, 2020).

A state must have sufficient awareness of vulnerabilities *and* the capability to respond. Mazzucato and Kattel (2020) argue that the state's capabilities to act can be affected by retrenching from services and markets. Where privatisation and outsourcing occurs, governments can be left with reduced awareness, options and capacities in the face of crisis.

Vulnerabilities are shaped by pre-existing factors

The effectiveness of a crisis response in dealing with vulnerabilities is shaped by pre-existing factors and previous experience. Beneficial factors – such as resilience, trust and infrastructure – cannot be easily readied up once the emergency hits.[2] The availability of resources, or otherwise, can be affected by past crises. For example, Spain's healthcare system was impaired by many cuts in funding following on from the 2008 recession. These pushed to the brink a sector that was already facing challenges due to demographic changes, growing demands, poor resource management and rising costs, and left it badly prepared to deal with Covid-19 (Royo, 2020).

In Ireland, even though Community Call was a crisis response rather than being already in place, it drew hugely on pre-existing supports of many types, including the work of staff and volunteers in many organisations (see Sections 3.3 and 3.5).

Thus, the literature suggests that it is important that governments examine their public policy processes and structures in light of their experience of earlier crises, and that they ask questions such as: Which lessons have been learned? To what extent have crises strengthened or weakened the state's ability to respond and endure in the future?

[2] For example, voluntary and community organisations in Ireland did not and could not become resilient overnight when the pandemic arose. As one provider of community homecare services stated, 'Voluntary organisations were able to be flexible and innovative because they were already doing it pre-Covid. We have to be quick to innovate and think on our feet in order to manage challenges' (Thomas, 2021).

Conclusion

Despite strategies being in place to deal with near-term recovery and some reforms being progressed, these findings about vulnerability have implications for emergency planning, modelling, vulnerability-mapping/pinpointing, and forecasting which need to be worked through. They also suggest implications for general public policy and resource allocation, particularly in terms of the need to be pre-emptive and flexible.

Touchstone 1:

In terms of understanding vulnerability more completely, the guidance from international experience is to:

- know that crises are not inevitable, and that risk need not become disaster – Risk should be estimated with reference to vulnerability, not just impact and probability (risk = impact X probability X vulnerability);
- appreciate that revealing and understanding vulnerabilities is an ongoing challenge, given their complexity;
- work hard to identify the vulnerable (broadly defined; persistent and transient; interconnected) and seek out hidden groups;
- install and target policies capable of mitigating the variety of vulnerabilities revealed;
- be conscious of the 'black elephant' phenomenon, where a vulnerability is known about but ignored due to complexity or a lack of incentive to act;
- recognise that the experience of both the crisis and the recovery is shaped by pre-emergency conditions; and
- assess current policy and systems against experience of prior emergencies to understand the extent to which lessons have been learned, and the extent to which previous crises have strengthened or weakened the ability to respond in the future. tabbed text in order to stay in correct margins.

2.3 Leading Decisively, Flexibly and Openly

The second touchstone is leadership, anchored in a deep commitment and ability to make decisions, show flexibility, network, involve experts and build trust.

Responding effectively to crises and (sudden) vulnerability requires leadership skills that have been fostered in advance (Trainor and Velotti, 2013). The dimensions of leadership drawn upon during a disaster include information-seeking, sense-making, planning, decision-making, communicating, learning, team-building, trust-building, accounting and networking, among others. These qualities must be nurtured and practised in the periods between crises so that key actors and agencies are ready and willing to step up quickly when an emergency arises.

Countries which were slower to react at the onset of the pandemic awaited evidence for the virus to manifest itself within their borders (Boin *et al.,* 2021). The literature highlights a potential disconnect between policymakers *knowing* and *acting* – a disconnect caused by initial disbelief that the issue is real. Boin, McConnell and t'Hart cite some examples:

- The official 9/11 inquiry described the failure of terrorism experts to see the attack coming as a 'failure of imagination'.
- Dr Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases, told Americans in a radio interview that the Covid-19 virus was not something they 'should be worried or frightened by'.
- Another US expert, Dr Nate Link, recalled about the pandemic that 'we thought we'd get one or two cases, just like Ebola. (*Ibid.*: 29).

Data analytics capacity can help bridge the disconnect between knowing and acting: 'when complex, inter-woven threats emerge … the best we can do is gather scarce data in real time and use our expertise to sift through and gauge it before offering advice to decision-makers' (Boin *et al.,* 2021: 117). Public governance data management specialists (Janssen *et al.*, 2010) and those who have examined disaster impact management, such as the hurricane response in Cuba (Thompson, 2004), find that organised sourcing and practised use of data can aid detection, mitigation, preparedness, response and recovery, including an awareness of the risks posed by misinformation.

The various phases of disaster management demand different types of specific information (see Section 2.4 also). The experience of Hurricane Katrina shows that continuity plans are needed to ensure that accurate information can be gathered when the standard data-gathering techniques and personnel can no longer gather or transmit it. In that context, information and data should be in easily transmissible digital format to the greatest extent possible (US Congress, 2006).

As well as assisting in emergency detection and response, information and data help governments build one reliable central narrative, something needed to rebut inaccurate information (see Section 3.2). This is a crucial activity, as evidenced in Italy where the delay in responding to the Covid pandemic was linked to contradictory advice from various experts (Capano, 2020).

The need for flexibility in crisis response is demonstrated in a range of ways. It is important that emergency planning is undertaken, practised, honed and updated outside of crisis periods. Yet all crises represent a level of uncertainty, which must also be dealt with under tight time pressure (Comfort, 2005; Janssen *et al.,* 2010; Capano *et al.,* 2020).

International experience points to the benefits of rehearsing emergency management plans and conducting contingency exercises for potential disasters. This relates most reasonably to preparation for natural disasters that have characteristics that can be anticipated (e.g. rehearsing evacuations, protecting buildings), but countries that had planned well for dealing with a pandemic fared much better than those that had not. These states (e.g. South Korea, Singapore, and Canada) had, for example, planned hospital layout and isolation facilities, prepared data collection, and linked travel and health data sets, etc in advance (Capano, 2020; Woo, 2020). Finland had emergency stockpiles and thus was one of the few countries in Europe with PPE supplies in March 2020 (Vanhanen, 2020 – also see Box 2.2 in Section 2.5). In contrast, Italy faced criticism for not putting in place things that its pandemic readiness plan had called for (Capano, 2020).

Pre-planning, scenario planning and simulation exercises are useful. However, it is difficult to envisage how the wider, structural, and longer-term responses that were required during the pandemic could have been foreseen to such an extent that they could have been meaningfully rehearsed or 'war-gamed' at a sufficient scale (see Section 3.3).

In Ireland, leadership in the health sector stated publicly that, during the pandemic, the system would at best get 70 per cent of decisions right, and probably 30 per cent wrong, but that nobody could say that making necessary decisions had been avoided.[3] Missteps are inevitable and must be accepted. In emergency situations, it is rational for emergency plans to be adapted, and for policy actors to adopt a mix of approaches to deal with the crisis.

Trust is crucial in drawing people together to ensure the best response to a crisis. It is a factor which cannot be easily or readily created once the emergency arises. Thornton (2022) shows that countries with high levels of trust had higher vaccination rates and lower death rates from Covid-19. Trust is important: between politicians, in politicians by the population, and between experts, organisations and sectors. Key responder organisations need to know and trust each other in advance, otherwise they will not work well together (US Congress, 2006).

Research found the Irish public's trust in institutions early in the pandemic to be above the EU average (Eurofound, 2020; Horgan-Jones, 2020). Some institutions in Ireland, for example the Garda Síochána, noted improved levels of trust in their organisation during the pandemic (Policing Authority, 2022). However, trust has been found to vary by demographic group. Some groups (e.g. Travellers, migrants, low-income households, men, younger people, those with higher education) in both Ireland and other countries are less trustful of government and other institutions (Gozgor, 2020; Pak *et al.,* 2021).

In the Council's view, transparency builds trust, and that transparency extends to a willingness to reveal the understandable trial-and-error, learn-and-shift approach necessary in crisis response. Maintaining trust means sensitising citizens and organisations to the fact that policy shifts are inevitable along the way, as the situation unfolds and governments learn. Transparency and trust are key to solidarity. Solving problems in full view of the public builds trust in the policy system, but that system must be free to learn and change, something which makes it look inconsistent. Research suggests there is a link between inconsistent leadership and public perception of overall competency (Yarkoney Sorek *et al.,* 2018). The Council understands that, in a crisis, the policy response will not be consistent across all phases, but that this is not necessarily a reason for the population to lose trust in the system.

As noted above, the political system was sensitised early in the pandemic to the fact that the health system could be expected to get about 70 per cent of its response right; there would be mistakes and there would be changes. Although there was a high level of anxiety due to the uncertainty of the crisis, this perspective provided a safety net that served to unlock innovation in the healthcare system and ensured that 'fear did not turn into stagnation' (Thomas, 2021).

A related factor which shaped the response to the Covid-19 crisis was cohesion, or otherwise, across the political sphere. This can be seen in the difficulties which occurred in countries that did not reach political agreement (e.g. Spain; see Royo, 2020). Some aspects of managing Covid-19 are particular to it, and not as evident in other crises. During the pandemic, governments faced challenges balancing health, economic and other needs. The extent to which public policy responses were based on health, political or economic imperatives varied considerably across Europe, and had a major bearing on the nature and timing of decisions (Colfer, 2020). The pandemic illustrated why politics matters and institutional arrangements must be capable of managing competing policy objectives (e.g. economic, public health, fiscal sustainability, environmental sustainability, civil liberties, etc).

Related to this, the extent to which experts were relied on in the management of Covid-19 varied by country. The Swiss experience shows the tension that arose at various times between medical experts, business and politicians. Petridouu *et al.,* (2020), argue that privileging expert involvement was an important factor in keeping Covid transmission and deaths very low (e.g. in Cyprus in spring 2020).

[3] HSE Chief Executive, *Business Post*, 9 August 2020.

Touchstone 2:

In terms of being ready to lead, the guidance from international experience is to:

- recognise the many aspects of leadership that will be drawn upon in a crisis;
- develop and practise these leadership skills outside of crisis periods;
- minimise any disconnect between *knowing* and *acting* by installing processes for the organised sourcing, sharing, and practised use of data;
- practise and hone emergency planning to ensure roles are clear and appropriately assigned, processes are up to date, and the vulnerable are targeted;
- recognise the value of trust, and shape the crisis response around maximising it;
- actively develop and support trust across society and in government and responding organisations;
- embrace uncertainty and missteps by building flexibility into rules and structures and ensuring that organisations are open to changes, errors and course corrections;
- recognise that politics and cohesion matter, and that institutional arrangements must be capable of managing 'competing' policy objectives (e.g. economic, public health, fiscal sustainability, environmental sustainability, civil liberties, etc); and
- involve experts across the various aspects of the response, from information-gathering and provision to monitoring, advising and communicating.

2.4 Communicating and Co-ordinating Effectively

The third touchstone is the need to effectively communicate and co-ordinate. International experience suggests that it is critical that states recognise that major crises, like Covid or climate change, cannot be solved by government alone. Gerber (2007) notes that managing disasters through different phases requires effective communication and vertical co-ordination between levels of government, horizontal co-ordination across local governments, and co-ordination between public and private organisations.

Every crisis experience underlines the importance of communication, which works in several ways. The ability to share information within and between organisations during crises and disasters is key. Mechanisms need to be in place to allow key crisis management organisations to be able to communicate with leaders at a high level.

This was not the case in the US during Hurricane Katrina; it has been argued that the downgrading of the Federal Emergency Management Agency (FEMA) from cabinet level meant that increased levels of bureaucracy needed to be gone through for FEMA officials to communicate with leaders at a high level (US Congress, 2006).

Further, civil society and business need to be able to communicate with those in public administration. Woo (2020) argues that the inability of civil society groups to gain the attention of policymakers and political leaders in Singapore contributed to the country's 'blind spot' regarding infection rates among migrant workers.

During Hurricane Katrina, there were cases where the private sector could not get in contact with key decision-makers when offering assistance (White House, 2006).[4]

At a practical level, communication also requires the right technology and protocols to share information (US Congress, 2006; White House, 2006; Thompson, 2004; Janssen *et al.,* 2010). As noted above, the different phases of emergency management require different types of specific information and data, and the information gathered needs to be digital (Janssen *et al.,* 2010). Another important factor is a reliable central narrative, and rebutting of inaccurate information (US Congress, 2006).

Overall, Dunlop *et al.,* (2020) argue, the ability of governments to listen, enable dialogue, and understand information was important in ensuring success in Covid-19 interventions. Ireland's *National Action Plan on Covid-19* included actions around a public communication campaign focused on driving behavioural change and communicating with vulnerable people.

Turning to co-ordination, the research shows that a cohesive and centralised decision-making process at national level needs to work with decentralised leadership for implementation at local level (Liu and Geva-May, 2021). Co-ordination thus becomes important at regional government and regional organisation level. Several authors have noted that poorly co-ordinated regional healthcare systems had several weaknesses when it came to managing Covid.

In both Spain and Italy, poorly co-ordinated regional decision-making meant that different parts of the countries shut down at different times, allowing people to leave one area and bring the virus to others (Capano, 2020). Woo (2020) sees a lack of co-ordination between the Ministries of Health and Manpower as a factor contributing to Singapore's failure to recognise the risk which migrant workers faced during Covid. Crisis and disaster management literature over time shows similar findings; for example, comparing the weak response of poorly co-ordinated levels of government, and government organisations, in the US during Hurricane Katrina to that of well-co-ordinated systems for managing hurricanes in Cuba (US Congress, 2006; Thompson, 2004).

In addition, the research shows that co-ordination is necessary for and with organisations outside of government, as many community and business organisations play key roles in responding to immediate and ongoing needs during crises (Sledge and Thomas, 2019). Their work, looking at responses to hurricanes in the Caribbean and US Gulf Coast and wildfires in California, shows that co-ordination with these groups is essential to avoid haphazard targeting of services and duplication of effort.

Singapore is just one country that worked with private owners of hotels, convention centres, etc to treat those with Covid (Woo, 2020). Tierney (2020), drawing on research on hazards, disasters and risk since the 1950s, notes that civil society groups and institutions mobilise rapidly at the local, regional and national level, along with new groups which form spontaneously to meet the needs of victims, while existing groups that previously had no crisis-related responsibilities shift their focus.

In Ireland, Community Call structures provided this type of co-ordination during Covid-19; a variety of groups co-ordinated under the leadership of local authorities to effectively provide supports to vulnerable groups (McGauran, 2021; see Box 3.3). The Government established a dedicated Communications Group which coordinated a whole-of-government communications response.

[4] For example, the American Bus Association spent an entire day trying to find a point of contact at FEMA to coordinate bus deployment – without success (White House, 2006).

Touchstone 3:

In terms of communicating and co-ordinating, the guidance from international experience is to:

- recognise that major crises cannot be solved by government alone;
- provide leadership that is ready, capable (trained), transparent, and in a position to co-ordinate a wide spectrum of other actors (see Section 2.2);
- recognise the vital role of gathering and communicating information and data for mitigation, preparedness, response and recovery;
- prepare a communications system that can reach the population, flows between organisations, and includes timely feedback back to the centre;
- consider how to build and communicate a reliable and supportive central narrative, and what actions are necessary to rebut inaccurate information;
- work to eliminate blindspots by ensuring civil society groups can gain the attention of policymakers and political leaders;
- centralise decision-making alongside decentralised implementation, dispersed capable leadership and well-functioning links;
- prioritise co-ordination for and with organisations outside of government to maximise their ability to respond to immediate and ongoing needs; and
- co-ordinate effectively, ensuring key organisations and their staff know and trust each other in advance.

2.5 Mobilising All Necessary Resources

The fourth touchstone is the provision and mobilisation of the resources necessary to address the impact of the crisis and to protect the vulnerable. Resources take the form of funds, infrastructure, supplies, IT, trained personnel, etc. These can be accessed from all sectors – state, business, and community. Various examples of how these are accessed are evident in management of the Covid-19 pandemic, and other emergencies.

Technology is a key resource; Covid-19 saw the development and use of digital technologies for pandemic planning, monitoring, testing and contact tracing. Technology also plays an important role in communication about the pandemic. The *gov.ie* website was intensively used to provide up-to-date information in Ireland. Technological infrastructure must be tested for adequacy, robustness and security so that it can be relied on in an emergency and in support of ongoing policy objectives.

Modern logistics systems are also necessary to access and move resources. This takes several forms. During a natural disaster, material needs to be moved into disaster zones, and the Hurricane Katrina experience showed that adequate logistical systems were not in place (US Congress, 2006; White House, 2006). In many EU countries during Covid, new systems had to be put in place to ensure that food and medical supplies were still moved between and within countries. At another level, various systems were set up to make food accessible to families reliant on school meals in different countries. This took a variety of forms, from vouchers and money being made available, to food that could be collected from schools, and food delivered to families (Sargiacomo *et al.,* 2021). The most effective systems can be maintained after the crisis has abated to meet the needs of the vulnerable.

There are international examples of governments creating spare or excess capacity that can be used in a crisis. For example, Singapore was able to draw on new hospital capacity built following the SARS outbreak, as well as large financial reserves (Woo, 2020). Vanhanen (2020) highlights Finland's constant maintenance of emergency stockpiles (including fertiliser and grain), in both public and private sectors (see Box 2.2). This national preparedness gives Finland additional time to make alternative arrangements in the event of a disruption or crisis.

Box 2.2: Security of Supply and Excess Capacity: an Example from Finland

A question which arises when considering national preparedness for crises is how to determine how much excess capacity is needed and sensible, and where. From the 1920s, Finland has developed a system to ensure security of supply and better preparedness, both in general and for crises, at a national level. It was this system that allowed Finland to be one of the few countries in Europe with PPE supplies in March 2020 when the pandemic arose.

The Finnish system has five key elements:

- underpinning legislation (Act on the Measures Necessary to Secure Security of Supply, 1992);
- a strategy laying out the general principles governing preparedness in Finnish society (The Security of Society Strategy, most recent version from 2017);
- a government decision defining the starting points, principles and national objectives of the national security-of-supply measures (The Government Decision on the Objectives of Security of Supply, most recent version from 2018);
- an institution which plans and operates the maintenance and development of Finland's security of supply (National Emergency Supply Agency, NESA); and
- funding (the National Emergency Supply Fund).

The strategy outlines that preparedness is based on the principles of comprehensive security and the vital functioning of society, to be safeguarded jointly by the state, business, organisations and citizens.

The vital functions of society are defined as leadership; international and EU activities; defence capability; internal security; the functional capacity and services of the population; psychological resilience; and the economy, infrastructure, and security of supply. The key institution, NESA, has seven divisions operating within it, focusing on food supply, energy, transport and logistics, health, ICT, finance and insurance, and industry.

The partnership approach is supported by the National Emergency Supply Organisation (NESO), a network that maintains and develops security of supply on the basis of public-private partnerships. It brings together key state, business and third-sector stakeholders in a sector (such as health) to ensure they are prepared for an emergency. Participation by the private sector is voluntary, but in certain sectors security of supply is safeguarded by mandatory provisions.

The authorities can also create structures to support security of supply in situations where the market cannot maintain a sufficient level.

National, regional and local co-ordination is also planned for, and there is exchange of information between different sectors at regional level. Organisations are expected to use normal budgets to ensure preparedness, but exceptional costs for businesses are reimbursed by the state.

There are some specific requirements around stockpiling in the government decision. For example six month's supply of grain, and fuel reserves for five months. But the exact amounts are often not specified. For example, the operators of the energy sector 'shall make arrangements for a sufficient energy supply in case of serious incidents and emergencies'. Such arrangements are often made by the sectoral partnerships working together under NESO.

There are also a range of broader requirements to ensure security of supply. These include some systemic requirements such as sourcing supply from disparate sources; the state having majority ownership and direct control in the electricity transmission and the natural gas transmission system operators; the state supplementing the security of supply kept by regions and companies; safeguarding the operating conditions of free and diverse media; and investment to secure operational reliability in the infrastructure of the water supply and sewer networks.

This system and associated infrastructure is kept under review, with regular revisions of strategies and government decisions, and evaluations of the effectiveness of the organisations charged with this work. These reviews feed into the next iteration of the system and relevant infrastructure.

Woo argues that this 'excess capacity' goes against the grain of the New Public Management (NPM) approach which emphasises efficiency and resource optimisation, but is perhaps a key resource for coping with unexpected but inevitable crises.

In addition, governments in a crisis will often augment resources from other sources. Many countries, including Ireland, contracted private resources – hospital facilities and other spaces such as hotels and conference halls – to provide care during Covid-19 outbreaks, and later as vaccination centres (Woo, 2020). Accessing resources in this way is aided by good procurement practices.

This strategy of drawing resources from other areas is widely used in relation to trained and experienced personnel. During the Covid-19 crisis in Ireland, many public sector staff were redeployed and retrained for new positions to deal with the demands of the crisis. A number of authors argue that there should be 'surge' personnel who can expand response capacity during a crisis (White House, 2006, Woo, 2020). This is evident in Ireland, as the 'day jobs' of those who were redeployed could not be done, for significant periods of time in some cases.

In addition, significant resources can be drawn upon in the community and voluntary sector, and the wider community. As noted by Tierney (2020) disasters do not bring about societal breakdown, but instead spur great levels of co-operation among ordinary people. Civil society groups and institutions mobilise rapidly at the local, regional, and national level. This is evident in all types of crises and disasters, with most of those saved in natural disasters saved by local people; and voluntary organisations moving in to carry out immediate responses and clean-up (Whittaker *et al.,* 2015).

During Covid-19, Irish community and voluntary organisations and many individuals signed up to support the vulnerable both on their own initiative and under Community Call (Box 3.3), and similar responses were evident in other countries (see McGauran, 2021; Coutts *et al.,* 2020; Mackenzie, 2020).

Touchstone 4:

In terms of mobilising all necessary resources, the guidance from international experience is to:

- provide for the variety of resources needed to deliver the response (fiscal; buildings and staff; good procurement and logistics, technology, etc);
- dedicate time now to security of supply and determining how much excess capacity is needed and sensible, and where;
- plan for the efficient redeployment of public sector resources and staff if deemed necessary; and
- prepare to call on and avail of resources from the private, community, charity and voluntary sectors to supplement the state's capacity.

Chapter 3

Public Policy During the Crisis
New Ways of Working

3.1 Introduction

In Ireland, the State responded to Covid-19 to ensure what could be termed a *just pandemic* to the greatest extent possible in the circumstances, via massive financial supports for sectors, enterprises, workers and households, and other policy innovations. The State also rolled out a very successful and effective vaccination programme.[5] A vast range of public policy initiatives were undertaken. Table 3.1 provides a summary list of interventions taken in the early stages of the pandemic. Many more followed and were sustained over two years. This chapter examines selected aspects of the public policy response in Ireland, focusing on the ways of working, the processes, and structures used.

In terms of selecting examples to study, given the complexity of the pandemic and the resulting number of public policy changes and innovations, there are many potential developments in Ireland to examine and learn from. The intention here is not to identify and evaluate a representative sample of these *per se*; rather this analysis employs purposive sampling – that is an intentional selection of examples based on their likely ability to generate guidance for wider public policy development. The examples looked at relate to: data analytics activity, in particular work on behaviour; problem-solving structures introduced during the pandemic; economic safeguards; and the role of community and voluntary providers.

Overall, the State and elements of the public and civil service had to step in to the crisis where the inclination might have been to step back to their own 'patch'. This is a quality which needs to be nurtured outside of crisis periods. The focus here is on the public policy processes and structures, and the new ways of working which were used to deliver the policy response.

Regarding how these processes and structures were studied, the approach taken was based on a process tracing technique (Gerring, 2007; FitzGerald, 2016; FitzGerald *et al.,* 2019) adapted for the purpose of the analysis and time available – i.e. early lessons from Ireland's policy response. Analysing the selected examples in this way provides real-life evidence for the research, and helps reveal how the public policy response to the pandemic in Ireland had to be created and implemented in the highest-pressure circumstances. This examination suggests that there were a number of significant shifts in approach, including:

- greater use of behavioural data and evidence;
- more tailored, extensive and outwardly engaged problem-solving structures;
- more comprehensive support for individuals, households and enterprises; and
- greater empowerment of communities and voluntary organisations.

The remainder of this chapter describes the actions taken in each of these areas, while Chapter 4 considers the lessons they suggest for public policy.

[5] Ireland has one of the highest Covid-19 vaccine uptake rates in Europe, with just over 95 per cent of the adult population being fully vaccinated, while 72 per cent of the adult population had received a booster dose by the end of March 2022 (CMO letter to the Minister for Health, 5 April 2022).

Table 3.1: Early Policy Measures to Address the Impact of Covid-19 (2020)

Policy Area	Measures Introduced
Healthcare	National Public Health Emergency Team (NPHET) put in place Covid-19 Plan drawn up Free, and online, GP consultations for Covid-19 Testing centres, contract tracing and analysis laboratories Increase in acute health care capacity, including contracting private hospitals and doctors Measures to increase the health labour force Securing adequate supplies of medicines and protection equipment Supports provided to nursing homes—increased access to PPE, more testing, staff screening, training for staff and support from the HSE
Social Welfare/Labour market	Covid-19 Pandemic Unemployment Payment (PUP) Temporary Wage Subsidy Scheme (TWSS) Enhanced Illness Benefit Extended allowances
Enterprise Supports	Loans to facilitate SME access to lower-cost finance, including Strategic Business Corporation of Ireland (SBCI) Funding; Credit Guarantee Scheme; Microfinance and Sustaining Enterprise Fund Tax deferrals Commercial rate waivers Business supports for financial planning, business continuity and online training Grants: Restart Fund for SMEs Temporary loan forbearance
Digital	Remote working for entire organisations Use of e-platforms in education Remote medical services and cloud-based 'tracking and sharing' of data
Education	Parents expected to home-school their children, with online support from teachers State exams cancelled
Childcare	Reimbursement of childcare providers' costs, including overheads Payment of childcare workers by the State Parents did not have to pay childcare costs to retain a place in closed centres
C&V	Establishment of Community Call, a State initiative, to link local and national government with the community and voluntary sectors in providing support to the most vulnerable €40m package of supports for community and voluntary organisations, charities and social enterprises.
Housing	Legislation banning evictions and rent increases in the private sector, initially for three months Mortgage payment breaks introduced for up to six months Acquisition of additional accommodation for homeless people New flexibility introduced to rent supplement to support those who lost employment
Policing	New (temporary) powers to restrict movement by the public

3.2 Enhanced Data and Behavioural Analytics

From the onset of the pandemic the State had a significant data and research resource which helped guide its decision-making and actions. This included:

- **Covid-19 datahub**: The datahub presented information based on official figures provided Health Protection Surveillance Centre (HPSC), the Health Services Executive (HSE) and the Department of Health. It provided datasets, charts and maps updated on an ongoing basis using the GeoHive platform, Ireland's Geospatial Data Hub.

- **Irish Epidemiological Modelling Advisory Group (IEMAG):** This was formed in March 2020 to provide statistical and mathematical modelling support and advice to the Chief Medical Officer and the National Public Health Emergency Team (NPHET). The purpose of the IEMAG was to gather evidence and monitor the epidemiological characteristics of the Covid-19 outbreak in Ireland and the pandemic internationally. It developed epidemiological models to forecast outbreaks, monitor the impact of public health interventions, and model probable scenarios for numbers of new cases over time. It also estimated the potential impact of Covid-19 on health services. In an ideal world such activity would have been subject to, and would perhaps have benefited from, a peer-review process but the trade-off with timeliness in an emergency is an obvious one.

- **Covid-19 Information Hub**: The Central Statistics Office (CSO) developed (and maintains) this hub to report on the changing state of aspects of Ireland's economy and society during the pandemic. It includes statistics from a broad range of sources including the CSO itself, the Central Bank of Ireland, government departments and bodies, and international sources.

- **Public Opinion**: Data on public opinion data was routinely collected and available to the Government from early in the pandemic. The Amárach public opinion survey first reported in May 2020, providing research findings based on surveys undertaken on behalf of the Department of Health. The survey gathered data from 2,400 adults on their opinions of mask-wearing, social distancing, their wellbeing, and Covid information and communications, etc.

In addition, the Department of Public Expenditure and Reform and IGEES, the Irish Government Economic and Evaluation Service, also provided valuable data and advice throughout the pandemic (see Box 3.1). There was also a significant volume of other pandemic-related research undertaken elsewhere in academia, think-tanks, by NGOs, and sectoral interest and advocacy groups etc.

As the pandemic progressed it became increasingly clear that there would be further value in carrying out systematic collection and analysis of (i) the large volume of data generated by mobility, transactions, and other everyday processes (i.e. big data), or (ii) regular data on the behaviour (as opposed to the *opinion*) of citizens during the crisis.[6] This information was seen as relevant to understanding the pandemic in Ireland, the impacts of restrictions, where supports were needed, and whether guidance, interventions, and supports were effective.

From the beginning of the pandemic, the Department of the Taoiseach had worked across government to help integrate data and insights relevant to management of Covid-19. The co-ordination of work on big data and behavioural research was seen as area where Department of the Taoiseach would take the lead.

[6] Neither the Strategic Emergency Management National Structures and Framework (prepared pre-pandemic), nor the National Action Plan in Response to Covid-19 published in March 2020 provided for such analysis. There was a Behavioural Change Subgroup of NPHET but this was stood down in August 2020. The National Action Plan did emphasise the value of epidemiological data, mathematical modelling, data from outbreaks abroad, and certain demographic and economic data. It also referred to facilitating the sharing of data to enable planning and delivery of essential services to individuals, and publishing regular high-frequency economic data.

Box 3.1: IGEES Data and Policy Support during the Pandemic

The Irish Government Economic and Evaluation Service (IGEES) played a central role in informing the Government's response to Covid-19. In the first instance, the Covid-19 National Public Health Emergency Team's work in the Department of Health included IGEES staff. They looked at measures of hospital capacity and helped to quantify the degree to which 'flattening the curve' had to be achieved to prevent exceeding the capacity of hospitals. IGEES staff working in the Department of Finance played a key role in identifying macroeconomic impacts and developing forecasts.

As the pandemic continued, IGEES staff members in the Department of Social Protection, Department of Finance, Revenue and the Department of Public Expenditure and Reform looked more specifically at labour market impacts across different sectors to establish which sectors would be worst hit and to determine what type of policies and supports were needed to offset these impacts. Such analysis supported the development and operation of the Pandemic Unemployment Payment (PUP) and the Employment Wage Subsidy Scheme (EWSS).

Sectoral impacts on the enterprise side were also appraised by IGEES staff in the Department of Finance, Revenue and the Department of Public Expenditure and Reform. This fed into the development of enterprise supports such as the commercial rates waiver, tax debt warehousing, and VAT reductions in highly affected sectors. Other enterprise supports assessed by IGEES were state-supported loan schemes such as the Future Growth Loan Scheme and the Covid-19 Credit Guarantee Scheme. Several of these analyses led to spending review papers published on the IGEES website. These papers were presented to various stakeholders and at internal strategic policy discussions. Overall, therefore, they contributed to the evidence base and broader discussion around policy development in these areas. IGEES staff also worked with the Department of Enterprise on the economic aspects of the phases of Ireland's Roadmap for Reopening in summer 2020.

More generally and throughout the pandemic, IGEES staff across Departments monitored the development of the pandemic in a variety of ways, in terms of key Covid-19 metrics, sectoral impacts, labour market impacts and wider societal impacts. The real-time monitoring of administrative data informed both the Irish public and deliberations across Departments on an appropriate and measured response to the pandemic. Given the cross-government nature of IGEES, both the staff and network supported a more joined-up approach to analysis of Covid supports and the drafting of government strategies such as the July Stimulus Package of 2020 and the National Economic Plan as part of the Programme for Government. Throughout this period, IGEES championed the work of the CSO and in particular the development of the National Data Infrastructure (NDI). The NDI improves the collection and availability of data relating to public services to establish a structured and integrated approach to data management in the public sector, creating an invaluable resource for IGEES work.

In addition, IGEES leaned on its strong working relationship with the Irish Government Statistical Service (IGSS) to facilitate increased interaction between statisticians and analysts within departments. When the CSO second statisticians to Departments, the Departments ensure that the work of the CSO-seconded staff and IGEES policy analysts is aligned, given their shared goal of supporting evidence-informed policymaking. These linkages supported the IGEES function during the pandemic..

3.2.1 The Need for a Broader Suite of Data

The Taoiseach told the Dáil in November 2020 that 'as Governments across the world continue to learn about the virus and how best to manage the complex interplay between measures and the economic and social impacts, it is vital that we ensure multiple data points contribute to knowledge and the nuancing of our approach'.[7]

The manifestation of this in Ireland was the initiation, after about seven and nine months respectively, into the pandemic, of a dedicated Covid data analytics programme in October 2020 and a behavioural research programme in January 2021.

From October 2020, the Department of the Taoiseach, working closely with the HSE and their contractors EY, and the NESC Secretariat, began drawing together current data outputs to maximise the insights that could be gained. This built on the existing activity across government, described above, to provide a central hub to better support the policy system in its response to the pandemic.

The stated objective of this additional Covid data analytics activity was to integrate data and insights across a variety of internal and external sources. Reassurances about data privacy and protection and appropriate data use were given, with the Taoiseach stating that the data used was aggregated and anonymised, and that the data analytics team did not process raw data.

The Covid data analytics activity focused on gathering, analysing, and using non-personal identifiable information ('non-PII' big data) as a way of helping improve decision-making. Such data related to mobility, traffic, footfall, air passenger data, consumption patterns, large events, and internet search trends. Approximately 36 discrete data assets were developed. This activity involved sourcing and using information from less usual sources, both public and private (e.g. local authority footfall data; Transport Infrastructure Ireland traffic data; Facebook mask-wearing survey data; Google internet search trend data).

This data and its analysis was on not on its own the basis of decisions. It was used alongside epidemiological data and wider information from national and international organisations, on issues like the nature and timing of restrictions. It was analysed and presented to senior officials in real-time (on a daily and weekly basis) and great care was taken to avoid any confusion of coincidence or correlation with causation.

This activity helped the public-policy system to simultaneously and better understand how the disease and the population were behaving, and the relationship between them. For example, the data analytics provided real-time data on traffic volumes to Government in mid-December 2020, suggesting that rising case numbers were not leading to reduced social activity. In another example, from early 2021, the national and county daily volume of internet searches for terms such as 'covid test', 'common cold', 'cough', and 'fever' provided value as potential early indicators, displaying a strong relationship to subsequent disease incidence rates, and increasing up to three weeks before a disease peak.

Taken together, the new analytics activity, with data often at LEA level, in daily snapshots or discussed at weekly briefings in the Department of the Taoiseach helped inform policymakers about how people were behaving, and link this to how the disease was behaving. The data analytics programme summarised the latest relevant international research and developments, and allowed consideration of regional or other patterns, the nature of outbreaks, and how people were responding to guidance, interventions, and messaging.

Access to real-time, detailed data was a significant development in meeting the policy challenge. It improved the understanding of how restrictions were working, and whether amendments appeared warranted or otherwise. The fact that the activity was sustained over seventy weeks speaks to the value attributed to it by the policy system.

[7] PQ 38792/20, 24 November 2020.

Finally, it is important to note that not all of the deliverables proposed at the outset of the data analytics work were realised. For example, one of the early elements of that research was the proposal to develop a Stay at Home Index. Responding to the pandemic meant at various points asking people to restrict their travel and to work from home. International research used aggregated mobile-phone data to quantify the impact of mobility restrictions on incidence of the disease, and suggested that mobility reduction flattened the number of cases and delayed the peak number (Zhao *et al.,* 2020).

Proposed by the consultants in October 2020, the Stay at Home Index would provide the policy system in Ireland with a measure of the number of people within an area and the number of these individuals who have travelled a specified distance, based on mobile phone data. The data would be aggregate (without any Personal Identifiable Information, PII) and be provided on a daily basis per electoral division (ED), indicating what proportion of people in an ED travelled more than 10km from their home on the previous day. It would thus help reveal how people were responding to public health guidance related to mobility, at any particular point in time.

Building the Stay at Home Index to its full potential depended on agreement between the consultants and other public bodies (Department of Health, CSO, OSI/GeoHive) regarding data access. Access to the information was via GeoHive and in map format, and access to the underlying LEA aggregate data for these maps would help align mobility data with other aggregate LEA-level analysis. In the end, the necessary arrangements could not be made, though the CSO began producing its own version, the Stay Local Index, in January 2021. This may be an example of the barriers to optimal data use in a crisis (explored in Section 4.5).

3.2.2 Deepening Approach to Behavioural Analytics

In January 2021 a separate behavioural analytics activity was established. Up to this point, the State did not have a robust source of data on actual behaviour (e.g. individual activities, when people left their homes, locations people visited, how many people met, for how long, health-related behaviours/mitigation, people's intentions, perceptions, plans, and expectations), despite the nature of transmission of the disease.

Consequently, the Social Activity Measure (SAM) was established- a behavioural study that records the public response to the risk of Covid-19 infection over time. SAM's development was a collaboration between the Department of the Taoiseach, the NESC Secretariat, and the ESRI's Behavioural Research Unit (BRU). The study collected data from 1,000 respondents every two weeks. It is an anonymous, interactive, online study that surveys people about their recent activity. The study offers insight into where and how risks of transmission arise. SAM's aim was to inform policy regarding the opening of parts of the economy and society, while keeping Covid-19 under control.

The insights generated by the new behavioural analytics activity complemented other data sources such as the Amárach public opinion survey (mentioned above) and the data analytics work described above. It is important to note that despite behavioural approaches often being considered synonymous with 'nudging' techniques, that is not what was developed. Behavioural analytics were employed for descriptive rather than normative purposes i.e. to help understand how people are actually behaving.

3.2.3 Core Benefits of Data and Behavioural Analytics

The primary benefit of this analytics work was to help ensure that the Government had a more complete picture of how people were responding, as well as their attitudes to restrictions, what was working well, and what might need to be adjusted at a given point in time. As well as informing policy and communications decisions relating to the Government's response to Covid-19, the results from the behavioural research (carried out in conjunction with the ESRI) were published fortnightly.

A second benefit of the analytics activity was its contribution to counteracting misinformation (or disinformation, where the act is intentional). Ireland is a signatory of the WHO's *Cross-Regional Statement on 'Infodemic' in the Context of Covid-19*. Infodemic is the word used by the Secretary General of the United Nations to describe the presence of too much information, including false or misleading information in digital and physical environments during a disease outbreak. An infodemic causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in

health authorities and undermines the public health response. The cross-regional statement refers to the crucial need, created by the pandemic, for access to reliable and science-based information to counter the spread of disinformation (see Box 3.2).

Box 3.2: Excerpts from Selected Readings on Mis/Disinformation Online

- Around the world, disinformation is spreading and becoming a more complex trend based on emerging techniques of deception. The Covid-19 pandemic has intensified the problem. It also compounds disinformation's threat to international human rights as non-democratic regimes make use of the pandemic to crack down on political opposition. Civil society is being mobilised around the world to fight against disinformation and often does so through a primary focus on building democratic capacity at the local level (Colomina *et al.,* 2021).
- An assessment of 3,446 students' ability to evaluate digital sources on the open internet found 52 percent of students believed a grainy (fake) video, two-thirds could not tell the difference between news stories and ads, and 96 percent did not consider why ties between a climate-change website and the fossil-fuel industry might lessen that website's credibility (Breakstone *et al.,* 2019).
- Analysis of a sample of anti-vaccine content that was shared or posted on Facebook and Twitter a total of 812,000 times between 1 February and 16 March 2021 shows that 65 per cent of the anti-vaccine content was attributable to a dozen individuals with social media accounts with large numbers of followers (CCDH, 2021).
- A £50m 'predict the winner' competition in the UK was a data-harvesting initiative run for the Vote Leave campaign for Brexit. To enter the competition, fans had to input their name, address, email and telephone number, and also how they intended to vote in the Brexit referendum. The point was to gather data from people who usually ignore politics. The odds of winning the £50m prize were estimated as one in 9.2 quintillion (a billion billion) ((House of Commons, 2019).
- 'Disinformation is certainly a real concern, but it also allows us to pretend that all the country's problems can be solved by better algorithms and terms of service… The path toward solving the disinformation problem should go toward broadening access to education and fixing income inequality instead of trying to persuade tech companies to remove a few notorious accounts. The focus should be not so much on how Big Tech acts but more on trying to create a resilient public that can spot truly harmful disinformation' (Kang, 2022a).
- If filters could identify, say, 20 per cent of bad information and label it, researchers find, that readers are more likely to assume that the unlabelled 80 per cent of disinformation is trustworthy. Finland has become one of the world's leaders in disinformation education (Kang, 2022b).
- Companies should review their business models and states should recalibrate their responses to disinformation, enhancing the role of free, independent and diverse media, investing in media and digital literacy, empowering individuals and rebuilding public trust (UN Human Rights Council, 2021).

The HSE provided advice and sources to warn of, identify and counteract misinformation or 'fake news', information that is completely false, not fully accurate or not supported by experts. Fake news can include false or misleading information about behaviour across society that can hinder the public health response by undermining the collective effort required to tackle a pandemic.

Ireland's *National Action Plan for Covid-19* stressed the need to fight the virus through the adoption of particular individual and collective behaviours. Many individuals act in the wider interest and against their own, often co-operating conditionally on the basis of reciprocity (FitzGerald, 2020). During the pandemic, the public's adherence to public health guidance and restrictions was of extreme importance, and much attention has been placed on the role of communication tools to inform citizens and build up trust (Schenkel and Lima, 2021). If the public get a sense that

significant numbers of others are not complying with public health guidance, their commitment to those measures can be weakened, compliance with guidance falls, and disease incidence can be higher than would otherwise be the case.

The Executive Director of WHO's Health Emergencies Programme Director Dr Mike Ryan said the world needed a vaccine against misinformation, urging social science researchers to come forward in this regard (Barua *et al.,* 2020). The behavioural analytics activity initiated by the Department of the Taoiseach contributed in this regard.

Specifically, SAM provided empirical and robust data on individual behaviours and illustrated that the overwhelming majority of citizens supported public health measures and took steps, many difficult, to protect not only themselves but those around them. By publishing such data every two weeks from January 2021, the State deployed behavioural science to generate widely-available reliable and science-based information to counter misinformation or disinformation.

A third benefit of the behavioural analytics activity was its contribution to challenging views which gained traction intermittently during the pandemic. For example, SAM was useful in helping combat myths about who was and was not complying, especially in helping at various points to combat incorrect perceptions that certain cohorts were largely responsible for spreading infection. Those arguments were quite prevalent at times, but largely disappeared once data from SAM was published.

Another view which surfaced at times during the pandemic was that individuals were well able to assess risk under uncertainty. Throughout the Covid emergency, policymakers had to consider how well individuals themselves could accurately assess the risk of certain activities, versus the necessity for restrictions on gatherings, movement, to be put in place, some with legal sanction. A central understanding in behavioural science is that judging risk is difficult and that people can often rely on mental short-cuts (heuristic thinking), can be influenced by the way options are presented (framing effects), and can place more weight on losses than on gains of equivalent size (loss/gain asymmetry) (Kahneman and Tversky, 1984).

In the winter of 2020, before the behavioural analytics activity and SAM were underway, the idea that people generally could make sound judgements about risk under uncertainty gained some prominence in policy discourse.[8] The Covid-19 guidelines put in place in November saw a steep increase in mobility, a peak in the percentage of people moving beyond 10km from home, levels of socialisation reach those seen in the summer (if not pre-pandemic), and an increase in the average number of close contacts per confirmed case from below 3.3 to almost 5. When coupled with the arrival of a new and more transmissible variant of the disease, levels of infection and illness rose sharply. The data analytics activity described in Section 3.2.1 provided some evidence to the Government in December that the rise in case numbers was not leading to reduced social activity. This aided decision-making at that time.

Once the behavioural analytics activity and SAM got underway in January 2021, more comprehensive, representative empirical data from Ireland was available that affirmed the point already well understood in behavioural science that, under uncertainty, individuals are often not able to adequately assess and manage risk. For example, SAM showed that, at points during the pandemic when disease incidence spiked (e.g. November 2021), change in behaviour by the population was modest; there was no reduction in the number of locations people visited, in the number of people met, or in the number of close contacts people had. There was no increase in self-reported or observed compliance.

SAM also revealed that, at certain stages during the emergency, people thought that mask-wearing, keeping distance and hand hygiene made little if any difference to the risk of infection. The behavioural analytics research showed that there was a discrepancy between the locations people viewed as being most risky, and locations where outbreaks were most likely. It suggested the presence of some element of 'stranger danger' whereby people judged themselves to be at lower risk at locations where they were more likely to know the other people there (e.g. in homes vs. on public transport). Findings from October 2021 showed that some people believed that going to church reduced their risk of infection, compared to staying at home.

[8] For example, as part of a longer statement in November 2020, the WHO Director Dr Mike Ryan said that people were smart and managed calculated risks all the time. The point was restated in the Taoiseach's speech announcing changes to restrictions on 27 November 2020 when he said that 'we are smart people, we can process information and each of us knows how to manage risk'.

Taken together, the behavioural analytics activity showed that judging risk was an imperfect exercise for many people, and thus was an approach to be relied on only after careful assessment of empirical data.

Finally, behavioural analytics helped remind the policy system that how data is framed really matters. For example, in the political sphere (and many others), a majority of over 50 per cent is very significant and often all that matters (e.g. a Dáil vote). In some cases, a 40 per cent share might be the target (e.g. a general election). In other instances, being the largest share, even if a low proportion (say 30 per cent) is a welcome result (e.g. in opinion polls). The Social Activity Measure provided an important working example of how the framing and interpretation of data for policy needs careful consideration.

For example, in February 2021 Ireland was in the strictest Level 5+ lockdown. SAM revealed that 25 per cent of people had a close contact outside of their household on the previous day.[9] On the one hand, this could be interpreted as 75 per cent of people assessing risk appropriately, and being suitably careful as a result. Non-pharmaceutical interventions (NPIs), overall policy, and communications effort could be deemed to be working well. Yet, 25 per cent, despite being a low proportion, was equivalent to around 850,000 people, a large absolute number of people undertaking risky behaviour in a pandemic scenario. In this instance, in the context of a highly transmissible disease where 'every contact counts', SAM helped adjust how, in an emergency, decision-makers comprehend proportions of a population versus the absolute number.

3.2.4 Conclusion

The additional data analytics activity from October 2020 and the behavioural research work from January 2021 contributed greatly to public policy development and monitoring. They built on the existing activity across government, but provided a central hub for a wider range of information and data to inform policy. Data privacy and protection, and appropriate data use were paramount from the outset.

The activities helped the State to gather, analyse and use big data and empirical aggregate data on public behaviour as opposed to public opinion. This provided decision-makers with an improved evidence-based view of the relationship between how the population were behaving and how the disease was behaving. Such evidence made a contribution to counteracting fake news and any erroneous idea that, under uncertainty, individuals were well placed to judge and manage risk.

The WHO's review of pandemic preparedness internationally concluded that the failure of most countries to respond to the pandemic during February 2020 was a combination of two things: not sufficiently appreciating the threat, and not knowing how to respond (IPPPR, 2021). It is clear from international experiences of disasters and emergencies that key public policy decision-makers must have access to the greatest possible range of reliable information and data, as early as is practicable, and have the analytical capacity to maximise its value.

Ireland's experience bolsters these views and brings to the fore the role and value of data and behavioural analytics, and data separate from the main area of concern (in this case, epidemiology). With the benefit of hindsight, moments in the pandemic can be identified where an idea gained traction that contributed to an undesired policy outcome. The weight given to the notion that individuals could judge and manage risk accurately, in the winter of 2020, provides one example.

Had the behavioural analytics research been underway prior to this, there would have been empirical, national representative data from Ireland which would have at least challenged that view.

Chapter 4 considers the potential role of data and behavioural analytics in a number of key areas of public policy, including climate action, housing and public service delivery.

[9] Close-contact interactions are defined as those likely to have lasted for longer than 15 minutes without a 2m distance being maintained at all times, or that took place indoors for longer than two hours in a space that was not well ventilated.

3.3 New, Engaged Problem-Solving Structures

One particular challenge across the world has been the application or otherwise of pre-existing emergency management plans and structures in the face of an unprecedented emergency, the scope of which had not been anticipated when those plans were written.

Ireland had both a *strategic emergency management framework* and a *national risk assessment* process, which provided the institutional context for response structures installed when the pandemic arose. Had they been followed, the Department of Health would have been Lead Department for crisis response, but alternative structures were put in place – e.g. the Senior Officials Group/Cabinet Committee on Covid-19, the Crisis Communications Group, National Public Health Emergency Team, the Covid-19 Oversight Group, the National Action Plan on Covid, the structures for the Community Call programme, and institutional arrangements for data and behavioural analytics.

These custom-made structures embodied the important shift to a new approach to problem-solving and anticipatory work during the pandemic. Before exploring that shift, the strategic emergency management framework and the national risk assessment process are described briefly below.

3.3.1 Strategic Emergency Management National Structures and Framework

The first key national strategy for Ireland's preparedness and emergency response is the *Strategic Emergency Management National Structures and Framework* (the SEM framework). The development of the SEM framework is overseen by the Government Task Force on Emergency Planning, chaired by the Minister for Defence, with senior representatives from all Departments and agencies.

The Task Force is supported by the Office of Emergency Planning and its purpose is to coordinate and oversee the emergency management policy and activities of all Departments and agencies under its aegis. The SEM framework was approved by the Government in July 2017, with a stated purpose to 'set out the national arrangements for the delivery of effective emergency management... It is designed to enhance the protection, support and welfare of the public in times of emergency, by ensuring that fit-for-purpose national structures and procedures are in place to deal with a broad spectrum of emergencies, whether of internal or external origin. These arrangements are also designed to enhance national resilience so that disruption to the functioning of society and the economy is minimised'. There is also a section on risk management and definitions, and an outline of the national risk assessment process. The document also contains a section on recovery and provisions for a review during this phase.

The SEM framework includes a specific focus on potential civil emergencies. Hazards identified by individual Departments are collated and sorted into four risk classifications: *natural*, *transportation*, *technological* and *civil*. Following intense consideration and consultation, hazards are plotted on a category-specific risk matrix, which is then used to produce a consolidated overall National Risk Matrix (NRM). The NRM process provides the basis for emergency management and is a tool for determining appropriate priorities for mitigation measures and/or the development of emergency plans.

The possibility of a pandemic has featured in the two most recent National Risk Matrixes and, although the likelihood of one occurring had risen to the level of highest possibility in 2020 (when the pandemic was already in progress), it is valuable to reflect on whether it would have been possible for the State, including the health services, to have shown more preparedness as the pandemic unfolded (see Section 3.3.4 below).

Turning to 'structures' specifically, the SEM framework provides a substantial description of how an emergency response should be organised nationally. It includes guidance to Departments on what kind of provisions should be made in their annual business plans and includes practical arrangement and preparedness steps. It further outlines the format for interaction with the political system in relation to approvals, briefings and routine Oireachtas business.

A central feature of the Framework is the prescribing of a Lead Department Model. It mentions some fifty potential emergencies and, for each of those, a Lead Department is specified. There are also support roles specified for each instance. Although the Task Force is responsible for the oversight and coordination of national-level emergency

management, it is the relevant Lead Department which is responsible for the response to an actual emergency on a national level.

According to the Framework, it is the responsibility of the Lead Department to co-ordinate the response across government and it should do this by assuming the chair of the National Emergency Co-ordination Group. In a real-life situation, the framework sets this convening of the Co-ordination Group as a starting point of sorts, with the Lead Department then responsible for developing further specific response plans.

3.3.2 National Risk Assessment

The second key national strategy for Ireland's preparedness and emergency response is the National Risk Assessment. Risk assessments are focused both on identifying risks and on preparedness to deal with high-impact events that might occur.

Risk assessments are conducted on several different levels and in different areas of public administration. Individual Departments do their own risk assessments and prepare their own risk registers as part of their annual business planning processes. Other actors, such as the Central Bank of Ireland and the Irish Fiscal Advisory Council, conduct specific risk assessments focused on economic risks. Risk assessments vary in nature, depending on their origin. Departmental risk management is more likely to include concrete, specific and sometimes ongoing action items designed to mitigate specific (sectoral) risks. National risk assessments, in contrast, tend to either be focused on civic risk scenarios such as natural disasters or pandemics and the likelihood of their occurrence, or take a more strategic focus, zoning in on risks which affect wider society, the economy and national wellbeing.

The National Risk Assessment (NRA) was introduced after the financial crisis in 2008, with the first version published in 2014. Each year, a Steering Group, chaired by the Department of the Taoiseach and including other Departments and agencies produces a draft list of strategic risks facing the country. Risks are categorised based on the approach used by the World Economic Forum in its *Global Risks Report*. These risk categories are *geopolitical*, *economic*, *social*, *environmental* and *technological*.

The NRA process is designed to help ensure a wide-ranging consideration of the risks that Ireland may face, to avoid potential groupthink, and to enable consultation and inputs across the range of stakeholders. The draft NRA is submitted for extensive public consultation before being published. This document takes a high-level view of strategic risks facing the country, contains a narrative explaining the identified risks and situates them in a wider context.

The current *National Risk Assessment 2021/2022 – Overview of Strategic Risks*, reflects on the (ongoing) pandemic. It also notes the cyberattack on the HSE during the pandemic as a clear example of the cumulative nature of risk. The previous NRA was published in 2019. The current assessment gives a comprehensive overview of how much the world has changed over recent years, including how Brexit, the pandemic, and other factors have increased many of the risks identified in 2019. The pandemic has had a profound effect on most aspects of life, and, for example 'social cohesion' and 'supply of housing' are two strategic risk areas identified as being negatively affected. In light of the pandemic's substantial impact on the public finances and the economy, the risk assessment for 2021/2022 includes 'economic scarring' as a new strategic risk – i.e. the potential long-term negative impact that has been experienced both by individuals, and also by many businesses, many of which might not recover.

Overall, the NRA is a comprehensive document. The NRA process strives to aid both the identification of risks and our preparedness for them, with the former being perhaps its most valuable role. The risks identified, and the many related scenarios, illustrate the complexity, linkages and overlaps facing the policy system. In terms of risk identification, the NRA's risk scenarios provide ample material to aid policymaking in a range of areas, and create discussion and awareness around the main risks threatening society, the economy and ultimately the wellbeing of citizens. In relation to our preparedness, mitigation measures are to be found in the political and policy sphere, and thus our preparedness is perhaps an outcome of a more gradual and medium-term process.

3.3.3 New Response Structures for the Pandemic

Emergency Management Structures

As outlined above, Ireland had both a strategic emergency management framework and a national risk assessment process in place when the pandemic began. Had the SEM framework been stringently followed at the outset of the pandemic, it would have fallen to the Minister for Health to convene the National Emergency Co-ordination Group, and for his Department to assume the role of Lead Department, as prescribed in the plan.[10] However, due to the scope of the pandemic and its potential effects on all aspects of society, it was soon clear that Covid could not be viewed exclusively as a health emergency.

The National Public Health Emergency Team for Covid-19 (NPHET) was established on 27 January 2020, chaired by the Chief Medical Officer in the Department of Health, to lead a public health response to the pandemic. Throughout the pandemic, NPHET has provided direction, guidance and expert advice to the public, and to the Government specifically on how to contain the spread of the virus. With regular, televised press briefings, NPHET arguably became the public face of the State's policy response to Covid-19.

Within days of the first confirmed case of Covid-19 in Ireland on 29 February 2020, the Cabinet Committee, Senior Officials Group, and Crisis Communications Group, all chaired by the Department of the Taoiseach, had been established. These structures would assess impacts and oversee the response to the pandemic. The key role to be played by the centre of government was evident in NPHET's letter to the Minister for Health on 12 March 2020 where it referred to a range of Covid-related measures approved by the Cabinet Committee three days earlier.

As the pandemic unfolded, the cross-governmental governance structure was adjusted. For example, a Covid-19 Oversight Group was established, chaired by the Secretary to the Government, to provide advice to the Government on strategic and social policy responses, in the context of public health advice.

Some criticism has been levelled in Ireland's case for the perceived lack of adherence to the pre-existing emergency management frameworks (O'Toole, 2020). The questioning of Ireland's approach relates to a perceived 'top-down, command-and-control approach that is utterly at odds with what is supposed to be State policy' (*ibid.*). The argument is that, as mentioned above, a Lead Department – in this instance, the Department of Health – should have been responsible for the co-ordinating the whole-of-government response, but instead it was a traditional governance structure, a Cabinet Committee, operating alongside NPHET, which undertook this role. The charge is then that, *inter alia*, this undermines ministerial accountability, and creates a bottleneck in decision-making where everything has to feed into and out of the Department of the Taoiseach. In turn, this system may be overwhelmed and suffer from 'tunnel vision' or lack of important representation.

The evidence from the international experience suggests, however, that a less rigid approach is appropriate in an emergency, and the need for flexibility and continuous updating of emergency planning has much support in the literature. A number of principles for emergency planning are outlined by Alexander (2016): '… emergency planning should not be restricted to the formulation of a permanent plan, but should also be conducted on a forward basis during an emergency situation by planning the imminent strategic, tactical and operational responses' (OECD, 2020; OECD, 2022; Janssen *et al.,* 2010; Lai, 2018). This is most evident in Ireland with the preparation and publication of the National Action Plan on Covid (see below).

Furthermore, the SEM framework includes the following provision:

> *In a serious or complex emergency, it may be necessary to seek Government approval for proposed response measures. Responsibility for bringing matters requiring such approval to Government rests with the Minister of the relevant Lead Government Department. If the ongoing situation warrants, the Government or Taoiseach may decide to establish a Cabinet Committee.*

[10] The Strategic Emergency Management National Structures and Framework (p.40) names the Department of Health as Lead Government Department in the case of 'Pandemic Influenza and Other Public Health Emergencies'.

The SEM framework also notes that the Department of the Taoiseach has the lead responsibility for convening the Cabinet in the event of an emergency requiring a Government meeting.

Another significant development was the National Action Plan on Covid published in March 2020 by the Department of Taoiseach (Government of Ireland, 2020). This was the core document setting out the details of what was known at that point about the developing pandemic and how the Government intended to prioritise and implement actions in response to unfolding events.

Even at that early stage of the pandemic, the potential scale and cross-cutting nature of its effects on society were obvious. The National Action Plan reflects this:

> *In response to the unprecedented speed of the spread of Covid-19 globally, concurrently there has been rapid and intensive cross-Government preparation and planning to deliver a whole-of-society response in seeking to combat the disease. This is culminating in an extensive range of joined-up concerted actions and mobilisation of resources across Government and society. Importantly, public health measures are the lynchpin of this Action Plan.*

The National Action Plan was an operational document, setting out the governance arrangements and some detail around disease modelling. It outlines a wide-ranging Action Framework, with 16 elements dealing with many different sectors in society. In relation to the health sector, the focus is on hospital services and expanding critical, physical capacity. The document also details the provision of clinical community hubs to support the Covid effort, and includes substantial sections on the healthcare workforce.

The Action Plan on Covid makes no explicit mention of the strategic emergency management structures and arrangements as set out in the SEM framework. While this omission may seem logical in the context of the more operational nature of the Action Plan, it is still notable that the link was not made. In many ways the Action Plan reflects many of the requirements stipulated in the SEM framework.

For example, the SEM framework states that the Lead Department is obliged to develop specific response plans and to co-ordinate the response across government. The Action Plan appears to do just that, accepting that the role of Lead Department in this case was quickly if not immediately assumed by the Department of the Taoiseach rather than, as specified in the SEM framework, the Department of Health.

'Community Call' Structures

The new responsive and engaged structures for the Community Call programme also represent a clear example of a significant shift (see Box 3.3). Community Call demonstrates the importance of centralised decision-making alongside decentralised implementation, dispersed capable leadership and well-functioning links. and the need for effective co-ordination, where key organisations and their staff know and trust each other in advance.

In this case, the Senior Officials Group and the Government played a leadership role in deciding that local authorities would be the best organisations to provide leadership at local level for all Community Call work. The city and county councils then had the authority to call together and co-ordinate a range of organisations. At all times a degree of flexibility was given to organisations to decide how to respond under Community Call, thus showing examples of centralised leadership and decentralised implementation (or dispersed leadership).

The co-ordinating aspects of Community Call were very useful for a crisis, with structures set up to co-ordinate both horizontally and vertically, from the very local level right up to the Cabinet Committee on Covid-19 (see Figure 3.1).

Each local authority set up a helpline which those in need of support could contact. When a call was received, a local authority member of staff logged it and the details of the support needed on a specially created ICT system, and then passed the details on to a member of a community and voluntary group (and sometimes to other local authority staff, or the gardaí), to provide the support. Typically, the volunteers did shopping and food and medicine delivery to the person seeking support. This was assisted by grocery companies and pharmacies.

Box 3.3: The Community Call Programme

Community Call was a support mechanism set up on in March 2020 to help provide food, medicines, fuel and other services to those aged over 70 and the medically vulnerable, who were asked to remain indoors for two months from 27 March to 15 May 2020. The support was provided by community and voluntary groups working with state organisations (e.g. the HSE, Department of Social Protection, Garda, An Post), and with assistance from private companies. It was co-ordinated by local authority staff.

Community Call helped identify people who really needed help, and of whom agencies were unaware (McGauran, 2021). The coalition of statutory, voluntary and community organisations working together enabled a much wider net to be cast than would usually be the case. Local community, advocacy, and voluntary groups played a key role in identifying vulnerable people in their community who might need support during the lockdowns. A number of local authority interviewees stressed how these vulnerable people could not have been identified without such local knowledge. Several garda stations had a register of vulnerable people whom gardaí were able to check in on, and link to Community Call services if necessary. An Post was another organisation which let many vulnerable people know about Community Call support.

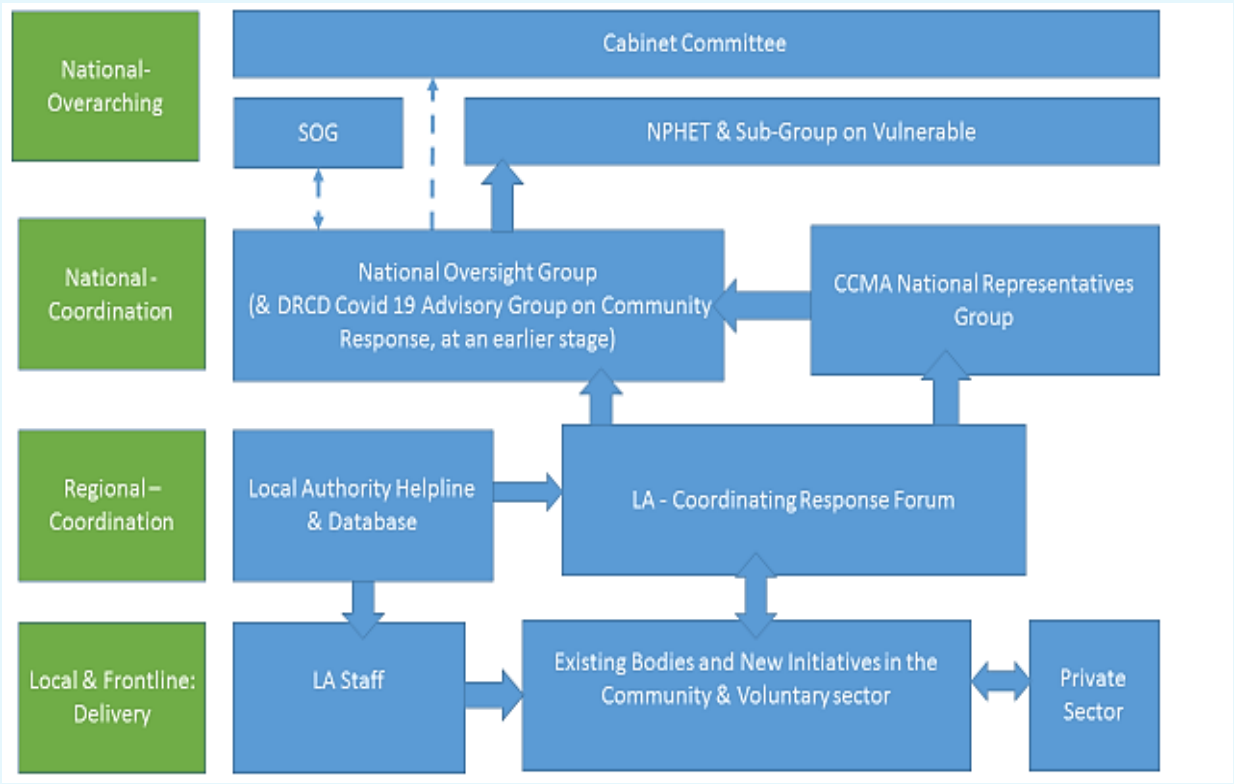
Local authorities were able to proactively telephone older people who were on their databases, for example through the Age Friendly county forums. Age Friendly networks have been established in Ireland since 2007, building on an initiative begun by the WHO. The Irish network has been expanded and invested in strategically since, providing a useful network and source of information to draw on during the pandemic. A small number of counties were able to get contact information for all over 70-year-olds in the county from the HSE, and contact them. This enabled these counties to be more proactive in reaching out.

Vulnerable people were also able to proactively contact Community Call. It was publicised nationally through both traditional and social media. A range of local communication methods were also used. The local authorities, along with Public Participation Networks (PPNs) and other neighbourhood groups, set up information campaigns to let the public know how to access the available supports. This included leaflet drops organised by PPNs and residents' committees, leaflets being included in all prescription bags in local chemists, slots on local radio, and interviews with 'cocooning ambassadors', etc. There was one telephone number in each local authority area and one national phone number, providing a central, easily communicated mechanism for those needing support to access it.

The ICT systems set up by local authorities (and other organisations) recorded and mapped those seeking support and the organisations that could provide it, and facilitated information-sharing key to co-ordinating the entire response. Data from these systems, on the number of requests for assistance and the numbers responded to, was reported from each local authority to the Department of Housing, Local Government and Planning each evening.[11] This facilitated oversight of the programme at national level.

[11] This was less frequent as 2020 continued and the need for Community Call supports declined.

Figure 3.1: Institutional Structures and Arrangements for Community Call



Each local authority also set up a forum, chaired by the chief executive, the members of which were the key organisations involved in providing support at local level. Many organisations were represented on the forum – e.g. statutory organisations such as the HSE, the Community Welfare Service and An Garda Síochána; volunteer centres, local development companies, and community and voluntary groups; and other stakeholders (e.g. churches, local authority elected members, depending on the county). The forums met weekly during the initial phases, and were a key mechanism of sharing information locally and helping to allocate tasks to the right organisations (see Section 3.5 also).

The local authority forums and helplines were set up following a range of responses at community and national level. These included supports provided by both new and existing voluntary groups (e.g. the GAA), and through government supports. The latter included extra resources to Volunteer Ireland, to encourage volunteers to sign up with them, and to Alone, for a helpline with extended hours. Government funding also established the Covid-19 Community outreach programme, which set up a network of Community Champions, with one in most local authority areas. Individuals or organisations needing or offering help, were encouraged to contact the Community Champions, who could help link them to those offering support.

However, over time, it became clear that the supports being put in place were being duplicated, while it was not always clear that supports covered all areas. It was also reported that concerns were emerging about the safety, of both vulnerable people and volunteers. For example, some of the new groups being set up, while well-intentioned, hard-working, and providing a range of supports, had no experience of working with vulnerable people, and were not all aware of the need for Garda vetting, insurance, data protection and safeguarding of both the vulnerable and volunteers.

It became apparent that a strong co-ordinator was necessary to draw this work together, provide consistent communication, and ensure no gaps in provision as well as good governance and safeguarding procedures. These concerns, along with a growing realisation of how dependent the medically vulnerable were on others for help getting food and medicines, led the Government (after discussion among the Senior Officials Group on Covid-19) to decide that the supports needed to be co-ordinated at state level.

Therefore, the Minister for Housing, Planning and Local Government wrote to all local authority chief executives instructing them to set up the helplines and forums immediately in all local authorities. There were also a number of groups operating as co-ordinating and problem-solving bodies above the local authority forum. First, the CCMA (City and County Managers) set up a National Representatives Group to provide the national representatives of community and voluntary groups involved in Community Call with a means of directly raising and solving issues arising at local level. Above this, a National Oversight Group was established to co-ordinate work across government departments and agencies, and, importantly, to provide a means of addressing problems and issues that arose and could not be solved at regional and local levels.

The National Representatives Group referred issues which they could not resolve to the National Oversight Group, which in turn reported to the Senior Officials Group. At this national level, there were also links to the NPHET Vulnerable People Subgroup and to the Cabinet Committee on Covid-19.

Co-ordination was also evident at the frontline of Community Call, with the mapping of calls and of services available allowing local authorities to see if any areas lacked services and if services were being duplicated – key problems which arise when responding to emergencies. The regular meetings of the associated forums also contributed to this.

The extent to which organisations taking part in Community Call 'knew' and trusted each other in advance varied considerably. Some statutory bodies had worked together before, and some with community or voluntary organisations, while some of the latter were working with the other groups for the first time. Some local authorities had kept staff and processes from RAPID and other earlier community development and co-ordination processes, and were able to draw on the relationships and skills of these staff to quickly set up an effective response in local areas during Community Call.

The role of the local authority as 'honest broker' supported trust in the programme. Local authorities were trusted by both the organisations taking part, and importantly, the older and medically vulnerable people seeking support through the helplines. The organisations on the forums were also likely to be trusted as they were known well locally and many were part of a national infrastructure.

Finally, the work of Community Call also highlights that strong connections to the vulnerable are valuable in times of crisis and beyond. Where the State is connected to services and users, its awareness, options and capacities are improved.

In contrast, arguably a lack of connection and communication between private sector nursing home providers and the State is one factor which may have contributed to unpreparedness and confusion around the response in those settings. The NPHET Vulnerable People Subgroup did not include representation from the private nursing home sector. This received attention in the media and in public debate. The relevant report commissioned by the Minister for Health includes a specific reference to this issue: 'Many respondents felt that the nursing home sector should have been included on NPHET or a subgroup thereof in the planning and management of Covid-19 in Ireland' (Covid-19 Nursing Homes Expert Panel, 2020: 79). That report found that connections between the HSE and private nursing homes had improved, and submissions to the Expert Panel emphasised the importance of this continuing into the future.

Data Analysis Structures

Finally, it is instructive that the institutional arrangements around the data and behavioural analytics capability established in Ireland during the pandemic also evolved over time. While the initial scope of the data analytics research proposal was quite broad in terms of the actors to be involved, ultimately the activity was close to the policy centre. In one sense, these additional data analytics research arrangements provided the centre with a research capability and wider source of information which it could direct and interact with, alongside wider research and the health-focussed arrangements.

3.3.4 Conclusion

The Strategic Emergency Management and Structures framework highlights the critical need for flexibility and the importance of tailoring structures to the scale of the challenge being faced. This is a crisis-time framework which presents lessons for ongoing (non-crisis) public policy development. Rather than pursuing the SEM-prescribed Lead Department model, a dedicated Senior Officials Group/Cabinet Committee, Crisis Communications Group, NPHET and the Covid-19 Oversight Group were deemed necessary and thus established. The *National Action Plan on Covid-19* published in March 2020 set out the detailed public response to the crisis, based on the information available at that point.

Next, the Community Call programme exemplified the value of creating new, responsive and engaged structures, gathering granular data, co-ordinated from the centre. Finally, the development of enhanced data and behavioural analytics revealed how important it is that the data arrangements and flows of responsible line Departments or agencies are sufficient to meet the needs of the full public policy system. (Chapter 4 develops these ideas further).

Turning for a moment to the overarching issue of national emergency planning, Ireland's processes are aimed at the *identification* of risks and our *preparedness* for them. More success can be seen in relation to the first of these tasks, as our preparedness is a function of the more gradual and medium-term political and policy process. The risk of a pandemic featured in both the strategic emergency management framework and the national risk assessment, but it would be difficult to conclude that this has had a significant impact on that political and policy process and hence, on general preparedness.

This prompts calls to make Ireland's emergency planning and risk assessment processes more robust, more precisely calibrated to risk, and more effective in driving a following-through in the political and policy process, in response to identified risks. This could include engagement in a strategic foresight exercise as part of a European Commission initiative, for example. However, a pandemic is just one example of a 'black elephant' event (discussed in Chapter 2) – i.e. a known looming risk that no-one wants to talk about – and Ireland is not alone in preparing incompletely for such events. There remains a question about the capacity of the public administration system, broadly conceived, to take on board a wide panoply of risks (including black-elephant events), and to actively and adequately respond.

Taking a risk management view, including consideration of impact, probability, and limited available resources (and, as proposed here, 'vulnerability' – see Sections 2.2 and 4.2), still leads to questions as to the usefulness of that approach when the crisis actually arrives. Preparedness, with honed and practised emergency planning, is unquestionably important but absolute preparedness is elusive (if not impossible to achieve). Lack of capacity would render it virtually impossible for any public administration to have absolute preparedness for all the scenarios identified in national risk assessments and there are always going to be many unknowns, particularly in relation to high-impact events such as a pandemic.

It only became fully apparent what responses were needed as the Covid-19 pandemic unfolded. For example, the State quickly adjusted the illness benefit scheme to help ensure lower-paid workers availed of the benefit rather than disregard symptoms and go into work.[12] All of this strengthens the argument for a flexible and agile response, perhaps as a substitute for absolute preparedness (see Section 2.3).

[12] Under the enhanced scheme, a worker could apply immediately for an Enhanced Illness Benefit payment of €350 per week (compared with the normal Illness Benefit rate of €208) if they were told to self-isolate or restrict their movements by a doctor, in line with public health guidance.

3.4 Comprehensive Economic Safeguards

In its report, '*Addressing Employment Vulnerability as Part of a Just Transition in Ireland*' (NESC, 2020), the Council highlighted the need for the State's economic development agencies to provide effective and appropriate supports to viable but vulnerable firms across all sectors of the economy, as part of making sure that the transition to a low-carbon and digital Ireland is just.

The supports introduced during the Covid-19 emergency not only reaffirm but extend the validity of this policy principle, as these schemes were introduced to specifically protect 'viable but vulnerable firms', employment and incomes – an attempt to ensure a *just pandemic* to the greatest extent possible. Moreover, these comprehensive economic safeguards exemplified how stakeholder networks and experts play a key role in shaping, implementing and championing a crucial public policy.

The sheer scale and scope of the economic crisis associated with the global pandemic created a context in which numerous enterprises across the whole economy transitioned rapidly into viable but vulnerable firms. This included enterprises whose capacity to trade and maintain employment levels was curtailed either completely or partially as a result of the necessary public health restrictions introduced by the Government. It was envisaged that the labour market would bear the brunt of this rapid and sharp economic contraction, and employment was projected to fall by 217,000 or 9.3 per cent over the course of 2020, with a concomitant rise in the level of unemployment.

The outbreak of the Covid-19 pandemic led to unparalleled disruption in the Irish labour market (Bambrick, 2022; Keane *et al.,* 2021). With a large proportion of the economy and businesses forced to close in early March 2020 due to public health restrictions, the adjusted unemployment estimate reached 30.5 per cent, the highest level in the history of the State. It was accepted that the combination of the pandemic and the public health measures introduced to manage and contain the spread of the disease were a threat to the trading and employment capacity of otherwise viable enterprises across the entire economy.

Consequently, since March 2020 over €10.5bn has been provided to protect employment, prevent business closures and retain productive capacity (e.g. €7.85bn via the EWSS at the time of writing, and €2.8bn via the TWSS). A reduced rate of Employers' PRSI of 0.5% also applied to wages paid which were eligible for the EWSS. In addition, the most recent estimated cost of the Pandemic Unemployment Payment (PUP) is €9.1bn (see Box 3.4).

Another important strand of income support was the introduction of the Enhanced Illness Benefit for Covid-19 whereby the traditional waiting period of six days before payment was abolished for those who had contracted Covid-19 or were required to self-isolate, and the rate of illness benefit was increased from €208 to €350 per week. In total, approximately €48bn was made available in 2020, 2021 and 2022 for Covid-related expenditure. The wage support scheme was effective and an appropriate and equitable response, in part because it combined universalism – it was technically open to all private sector companies – with an eligibility criteria that ensured it was targeted at those firms and sectors most affected by the pandemic and the associated economic restrictions. It has also been a sustained form of support in that, since the outbreak of the crisis, firms have been supported without any time restrictions for as long as they met the qualifying criteria.

Box 3.4: The Pandemic Unemployment Payment (PUP)

The Government swiftly introduced the PUP as a 'temporary measure' to cushion the negative impact of pandemic-induced job losses on individuals and households. Although originally expected to be in place for just 12 weeks, the PUP only ended on the 29 March 2022.

The design of the PUP was shaped to ensure adequacy, speed and universality of coverage. Individuals who had lost all of their employment or trading income due to the pandemic received a flat-rate social welfare payment of €350 per week, which was considerably more generous than the payments under Jobseeker's Benefit (JSB) or Jobseeker's Allowance (JSA). The need to ensure that the level of payment was sufficient to offset the financial consequences of so many individuals being displaced from work as a result of government-mandated health restrictions underpinned this willingness to provide a higher level of payment (Bambrick, 2022). This payment rate was subsequently amended to ensure closer alignment with prior earnings, and additional changes in October 2020 introduced a four-tier payment structure (Keane *et al.,* 2021).

Secondly, the fact that the first payments were made within two weeks of the scheme being designed and endorsed represents a truly extraordinary turnaround (Bambrick, 2022). The use of an online registration facility and user-friendly documentation; the emphasis on facilitating access rather than proving eligibility, and the redeployment of additional staff to the task of processing claims and payments all contributed to the speed with which this key policy response was introduced. Finally, the PUP represented a universal form of income support as no social insurance contribution history was required to claim it (unlike the JSB) and the payment was not subject to a means test, as is the case with the non-contributory JSA (Keane *et al.,* 2021; Thomas, 2020). This ensured that it effectively applied to all workers – employees and self-employed, permanent and temporary, part-time and full-time – who had lost their employment or trading income as a result of Covid-19.

From its inception, the numbers in receipt of the PUP fluctuated in accordance with the evolution of the crisis and the associated public health response. Having peaked at 600,000 in early May, the number of PUP claimants fell to 210,000 by late September as public health restrictions were eased and businesses were enabled to reopen (Brioscú *et al.,* 2021). The reintroduction of restrictions from late October (second lockdown) and a third lockdown after January 2021 saw the number of claimants rise again, peaking at 335,000 and 455,000 respectively. Subsequently the numbers of claimants declined gradually to a figure of 44,500 when the scheme formally ended. Bambrick (2022) estimates that approximately 880,000 workers were supported by the PUP at some stage over the two years of its existence.

The sectoral distribution of PUP has varied over time with the evolution of public health restrictions. At the peak of PUP claims the hospitality sector accounted for 22 per cent of the overall total with retail and construction the next two main sectors. The hospitality sector has been particularly reliant on the PUP, including during times of widespread easing of restrictions, indicating the degree to which its business and service model was curtailed by public health measures and social distancing guidelines. The universality of coverage and payment rates allied to the fact that the PUP was in place for two years ensured that it has been an expensive intervention, costing approximately €9.1 bn. At the same time it played a pivotal role in protecting workers from falling living standards while they were out of work due to the crisis. Interestingly the experience of the PUP has revived the policy dialogue around the benefits of introducing more pay-related welfare payments for those who have lost their jobs.

States must use resources efficiently and in a crisis every euro counts. In Ireland, the State responded to a rapidly evolving economic crisis in a swift and purposeful manner by developing these comprehensive economic safeguards for firms, employees, and households affected by the pandemic and related government actions (Thomas, 2020). Three key policy objectives were apparent in this intervention:

- The decision to develop and implement the Temporary Covid-19 Wage Subsidy Scheme (TWSS) and then the Employee Wage Subsidy Scheme (EWSS) was driven by the desire to protect employment and reduce labour-market exits by providing a direct financial subsidy designed to maintain the important relationship between the employee and their employer. International experience indicates that workers become more detached from the labour market as the duration of unemployment increases, and the scale and speed of the economic downturn meant that a considerable proportion of the workforce were vulnerable to the threat of unemployment. By maintaining this labour market link, the income support schemes aimed to minimise the potential permanent or scarring effects on labour-market participation caused by a deep economic shock.

- The TWSS, EWSS and Temporary Wage Subsidy Childcare Scheme (TWSCS) served to protect individual and household incomes which would generally fall in the context of a pervasive economic recession. Similarly, protecting 'incomes' had the potential to buttress aggregate domestic demand in the economy. In addition, preventing breaks in employment ensures that individuals can continue to accrue any entitlements associated with being in employment. Employment breaks can also weaken an individual's future capacity to access personal credit (e.g. a mortgage).

- These income supports were critical investments to maintain productive capacity in the economy, which otherwise would have been severely depleted. Specifically, enabling companies to retain staff ensured that they were in a better position to take advantage of upturns in economic activity as the scale of the health crisis diminished and public health restrictions were gradually eased. In addition to helping retain productive capacity, the subsidy scheme ensured that companies did not have to bear the financial and administrative costs associated with (re)hiring staff as economic conditions improved.

Stakeholder networks and experts had an important impact in shaping, implementing and championing these interventions. The rapid design and implementation of income supports (e.g. TWSS) was the product of intensive policy dialogue and collaboration between senior officials from the Departments of Finance and of Public Expenditure and Reform (DPER) and the Revenue Commissioners in conjunction with ongoing engagement with senior representatives from worker and employer representative organisations.

A similar level of collaboration between public officials and the social partners also characterised the development of the EWSS, though the timeframe for the design of this initiative was less challenging than that its predecessor. The involvement of the Revenue Commissioners facilitated the comparatively smooth and rapid rollout of the subsidy payments through the tax system, ensuring that employers and employees received the necessary financial supports with minimal delay.

In addition to the various income support schemes, worker and employer representative organisations were directly involved in the policy discussions relating to the introduction of the Covid-19 Illness Benefit and the Return to Work Protocol. This important shift to deep engagement on public policy resonates beyond the pandemic response, (Chapter 4 develops this point).

3.5 Empowered Communities and Voluntary Providers

3.5.1 The Voluntary Sector

The arrival of the pandemic was a shock and a challenge to the entire health system, and one which also saw a shift to deeper engagement and more effective collaboration between the State and the key actors. The Department of Health, HSE, NPHET, HIQA and various other public bodies were at the vanguard of the national response to Covid-19. The HSE in particular has been the lead body in overseeing the development and implementation of an evolving public health strategy, designed to control and prevent the spread of the pandemic and protect the health of the population.

Within this national response there was a concerted focus on adopting public health measures to protect the most vulnerable in society, in particular the elderly, individuals with complex and serious underlying health problems, people with disabilities, individuals experiencing homelessness, children in care, and those accessing social inclusion services.

The outbreak of Covid-19 and the introduction of the public health measures to control and prevent its spread had an unprecedented impact on public and voluntary organisations, their staff, service users and their families and carers, right across the health and social care sectors.

The voluntary sector is an integral and essential part of the overall public health system in Ireland. As noted in a NESC Secretariat Report (Thomas, 2021), although the State's role in the funding, delivery and regulation of health and social care services has expanded considerably over the last four decades, the voluntary sector's role has also continued to grow, in scale and scope.

The delivery of many of Ireland's core and essential health and personal social care services depends on the work of voluntary organisations. The voluntary sector currently provides approximately one-quarter of acute hospital services, and approximately two-thirds of services to people with disabilities (Independent Review Group, 2019). Over the last four decades, it has become increasingly dependent on state funding for service delivery.[13]

The national healthcare system responded to the pandemic in an innovative, flexible and collaborative manner. Research, commissioned by the Dialogue Forum with Voluntary Organisations and undertaken by NESC (Thomas, 2021), demonstrated that this crisis not only transformed the environment within which the State and voluntary actors operated but also critically underpinned the transition to a new and more productive relationship, characterised by a commitment to collective problem-solving, innovation and practical action. Although the overall national strategic response to Covid-19 was public sector-led, it has been a collaborative national effort involving all the constituent elements that make up Ireland's hybrid national healthcare system.

> *The voluntary health sector has worked extraordinarily well with us and this underscores for me the importance of building a new relationship with [voluntary health] organisations, grounded on mutual trust and respect. Our colleagues in community-based practice (GPs, pharmacists, dentists, and others) have also worked very closely with us, and already they are emerging as a driving force behind the shifting of care to the community. The commercial healthcare providers and private hospitals have also played their part in diversifying the pathways of care available to us in meeting patient need in a COVID-19 environment. (Paul Reid, HSE, 2021: 2)*

From the outset of the crisis, voluntary organisations across the health and social care system engaged in a remarkable degree of change management, in terms of both the scale and pace of change, as they sought to continue to provide services and supports to their clients and families and also contribute to the national health emergency response.

The emergence of a more collaborative and productive relationship between the State and the voluntary sectors was a significant shift in approach, an important feature of the national response to the crisis, and a key outcome of this shared experience. This partnership-style approach also served to provide tangible evidence of the mutual benefits – for the State, the voluntary sector and for citizens – that can be generated by this way of working. The Disability Federation

[13] In 2017, the State paid the voluntary sector approximately €3.3bn – nearly a quarter of the HSE's budget for that year – for services delivered.

of Ireland, for example, contends that the 'collaborative approach that has emerged in their sector effectively modelled the type of engagement advocated by the IRG report' (Disability Federation of Ireland, 2020).

The response of the State and voluntary sectors to the unprecedented public health emergency arguably represents a case study of the dynamic framework for building a stronger working relationship in action, in real time.

3.5.2 The Community Sector

The Community Call programme is another example of the important shift to deeper engagement and collaboration. As described in Chapter 2, the international experience urges governments to provide for the variety of resources needed to deliver the response (fiscal, buildings and staff, good procurement and logistics, technology etc), and also to involve the community, charity and private sectors to supplement the State's capacity. Community Call is an example of these lessons in practice in an Irish context (see Section 3.3 also).

The State provided many resources through Community Call. It provided personnel by calling in local authority staff and other public sector staff in the health, community and education sectors as well as the Garda Síochána. The State provided financial resources to Volunteer Ireland, Alone, the Covid-19 Community Outreach programme and the Covid-19 Emergency Fund.[14]

The State provided ongoing financial resources to many of the community and voluntary organisations that took part in Community Call. It provided technology through the use of helplines and ICT systems in local authorities.

The ICT systems were able to both record call details and map the locations of those seeking supports. Logistics support was provided, (e.g. through public sector staff redeployed to deliver food and other items) and through funding to charity organisations (such as Food Cloud) to source and distribute food. Logistics was also supported by the earlier state investment in developing Eircode. Eircode was used in all local authorities as the best way to identify the exact location of volunteers and those seeking support.

Some local development companies and volunteer centres felt that their skills and connections to volunteers and vulnerable communities could have been capitalised on to a greater extent during Community Call. They felt that greater communication about and visibility of their work and role in future would be useful to ensure that their skills are effectively harnessed. The speed with which Community Call was set up also meant that there was some lack of clarity as to what was wanted, and the roles of different stakeholders. For example, the role of elected representatives and of Community Champions was not always clear. In some areas, councillors were unhappy that they were not connected with the programme's structures. This is an important point to be considered in the context of any lessons for the future. In any consideration of a longer-term role for Community Call, the inclusion of democratically elected members needs to be considered. This would support democratic participation and accountability within the local authority structures.

In terms of involving the community and voluntary sectors to supplement the State's capacity in this crisis, many interviewees from the statutory sector for NESC's 2021 study on Community Call stressed that the programme simply would not have been able to deliver without the wholehearted and enthusiastic co-operation and collaboration of the community and voluntary sector, both at local level and nationally (McGauran, 2021).

Private sector companies, such as supermarkets and pharmacies, also played an important role; for example, one supermarket chain put aside a till in each shop for purchases made for those seeking support from the programme.

It is important to note that Covid-19 has had a negative impact on many community and voluntary organisations. Lockdown requirements meant that some services could not be provided. Funding, both fund-raised and service fees, was also lost due to events cancelled by lockdown requirements. There were new costs to abide by pandemic opening requirements. These financial pressures came on top of the decline in funding to community and voluntary groups prior to and during the financial crisis (Harvey, 2016).

[14] This provided €2.5m to community and voluntary groups delivering Covid-19 community supports.

All of these factors led to a decline in the support which can be provided by community and voluntary organisations, which has negative impacts on the communities they serve and creates problems for statutory service providers. In the long run, they need financial support to provide services to communities, and to be able to provide 'surge' response during a crisis.

This issue affects the services provided by the statutory sector also. Some services involving close contact were closed for health reasons, (e.g. for people with disabilities). In some cases, staff were deployed to other roles such as contact tracing. While this was a response to new needs, the long-term impacts on vulnerable groups of lack of service provision are likely to be negative. Better knowledge of who is vulnerable during a crisis, and of the impact of loss of services, helps to support 'intelligent redeployment'. Surge capacity also means greater capacity to provide existing as well as 'new' services required during a crisis.

3.5.3 Conclusion

The unprecedented level of collaboration between the State and the voluntary sectors during the pandemic is evidence of an important shift to new ways of working. The emergence of more productive relationships, in the context of what international experience tells us about vulnerability, etc, provides a number of guiding principles for public policy beyond the crisis. From the value of problem-solving deliberation to setting the objective of quality, people-centred services and solutions, the pandemic highlights the value of stronger relationships between State bodies and between the state and non-governmental actors/representative groups.

The pandemic response has already prompted moves to more lasting policy changes (e.g. Leaving Certificate reform, Short-Time Working support) while also prompting important questions for the public policy system. The Community Call programme is a prime example.

The new arrangements for co-operation under Community Call, the lessons for inter-agency support, the new outreach methods, the changes in work practices between statutory and community and voluntary groups, the implications for tendering processes, the use of granular data on user needs, and lessons on how organisations can be supported financially, all need careful consideration. The next chapter expands on these points.

Chapter 4

Lessons for Public Policy in Ireland

4.1 Introduction

The Covid-19 pandemic was a global health emergency which has had, and continues in many regions to have, profound impacts on people's lives and wellbeing. In Ireland the response to the crisis was swift, decisive and multi-faceted, and ensured that fewer people lost their lives. There will be assessments by others about the effectiveness of various measures taken, and this will help inform future decision-making. However, the Council believes that consideration of the response now can provide near-term lessons for the public policy system and its ways of working, particularly the processes and systems used to make decisions that affect citizens. Taken together, the preceding two chapters provide a foundation on which to build such lessons:

- First, the overview of international experience suggests four key characteristics of an effective response: understanding vulnerability more completely; leading decisively, flexibly and openly; communicating and co-ordinating effectively; and mobilising all necessary resources.
- Second, the actions taken during the crisis in Ireland suggest that great care has been taken to develop better data to understand vulnerability and to assess impacts of policy more generally. The actions also resulted in enormous mobilisation of resources (medical, financial, personnel, technology) underpinned by extensive engagement and collaboration with stakeholders, communities and the private sector. The need to act, review and revise, and communicate regularly, was also evident in the actions taken.

Building on that foundation, this chapter presents five lessons for public policy to enhance how Ireland addresses other policy issues, such as climate change, housing and the current cost-of-living crisis. These are:

- Vulnerability is complex and context specific.
- Stakeholder networks and experts shape outcomes.
- Real-time evidence transforms policymaking.
- Adapting the *policy world* to the *data world* takes great effort.
- Communication and trust are critical.

These lessons are explored below, along with suggestions on how thy might now be taken on board by the policy system.

4.2 Lesson One: Vulnerability is Complex and Context-specific

The outbreak of Covid-19 saw already vulnerable cohorts now vulnerable to a new crisis. It is evident from Ireland's experience that those who were already most reliant on the State for key services and supports suffered disproportionately due to the manner in which the crisis amplified structural inequalities in our system.

> *The pandemic has also magnified the inequalities experienced by many vulnerable and disadvantaged communities such as the Irish Traveller community, the Roma community, migrants, those who are homeless, those living in Direct Provision and struggling with addiction. While less affected by the virus itself, the impact of the measures to protect society have had an enormous impact on children and young people, especially those that are vulnerable (Government of Ireland, 2021: 1).*

The Covid-19 crisis placed a spotlight on vulnerability and focused attention on what vulnerability means. The pandemic strengthened the argument for flexibility and agility, perhaps as a substitute for absolute preparedness. It brought to the surface the need to approach vulnerability in a nuanced way that captures the different ways risk affects different individuals or cohorts; the different types of vulnerabilities (known and hidden; or persistent or transient); the profound

impact of inequalities on magnifying vulnerability; the different reasons why people might be vulnerable, and the possibility of new cohorts or sets of enterprises becoming vulnerable during the course of a crisis.

International experience of emergencies, and the experience of the Irish State during Covid-19, makes it clear that states must work hard to identify the vulnerable and seek out hidden groups, and install policies to mitigate the variety of vulnerabilities revealed. In Cuba for example, data and information is gathered via risk mapping exercises. This includes pre-emptive national risk-mapping to identify vulnerable locations and groups, and to pinpoint key locations for assistance. Risk-mapping is also undertaken at some more local levels in Cuba and has been effective in identifying the vulnerable. In that instance, community risk-mapping is performed by doctors, local women's groups, etc in advance of hurricanes to identify who is vulnerable and may need help to evacuate, and what buildings are vulnerable (Thompson, 2004).

In addition, risk-mapping along with sourcing and use of data are important during an event. Once the emergency arises, relevant information must be collected from multiple sources, verified for accuracy and shared with responding organisations, in a short time-frame. The right amount of information must be delivered in a timely way (Janssen *et al.,* 2010).

In Ireland, considerable effort and resources were invested during the pandemic to address vulnerability. The experience of Community Call illustrates the effort required to respond to the complexity and context-specific, nuanced and, in many respects, hidden nature of vulnerability. It is, therefore, not surprising that hitherto unknown pockets of isolation and disadvantage came to light as a result of Community Call's processes and structures. Community Call has been described as a type of outreach, which not only identified new groups needing supports, but also new or hidden needs (McGauran, 2021). Some of this may have been because the service needs were identified by those looking for support, rather than by service providers. While mental health supports were expected to be needed under Community Call, food poverty and digital exclusion can be seen as vulnerabilities that were not as visible prior to Covid-19.

Importantly, the research by McGauran noted that the lack of data in mapped form made it more difficult to co-ordinate organisations taking part in the Community Call response. It suggested that it would be useful to consider which organisations should be responsible for ensuring up to date information was available in hard and soft-copy formats on existing services in each county.

4.2.1 Responding to Lesson One: Pinpointing and Managing Vulnerability

In its March 2020 report on economic transitions, the Council highlighted the importance of an enhanced system to improve the State's line-of-sight on vulnerability (NESC, 2020). Ireland's experience of Covid-19 over the last two years has reinforced the Council's view. The Council believes there is now a need to consider how vulnerability can be pinpointed and how the response can be mobilised. International and Irish experience suggests that hard work and discussion are required, and that this should focus on four areas:

- Supporting bottom-up work to pinpoint vulnerability;
- National co-ordination and targeting;
- Resourcing; and
- Pursuing immediate opportunities.

First, the role of bottom-up, local exercises, often driven by community groups and experts is critical to the process of pinpointing and revealing vulnerabilities. The ability to co-ordinate, learn from, use, and support this work to help target resources, needs closer examination within the Irish policy system.

Second, there is a need to consider how the more accurate, context specific information on vulnerability can be understood at national level. Risk/vulnerability-mapping exercises have been used in Cuba and also Thailand, for example.[15] The ambition is to identify vulnerable people, places, infrastructure, sectors, and processes.

It seems clear to the Council that for such a vulnerability-mapping exercise to be valuable, it should be ongoing, link with and support work at the community level, and see statutory, voluntary, and community organisations working together. It should also use the most granular data available, and be underpinned by robust (IT) infrastructure. Consideration should be given in Ireland to the potential role of such exercises and how this would align with existing work on preparedness, such as the National Risk Assessment.

Such a data-driven approach can also allow the State to be more proactive in delivering interventions, by providing support before a vulnerable individual or group has engaged with the State. It also seems likely that a dedicated process with clear ownership would be needed, to ensure actions are targeted and taken.

Third, it is also evident that responding to revealed vulnerabilities requires resources. In some countries efforts have focused on identifying resources in advance (fiscal, buildings and staff, good procurement and logistics, technology, etc) and in establishing buffer capacity (see Section 2.5). These resources, as the crisis has shown, are usually supplemented by the community, charity and private sectors.

The Council believes it prudent that the policy system take the time now to consider security of supply and to determine of whether and where excess capacity is needed and sensible. In carrying out this task, there must be a willingness to challenge the status quo in terms of cost-benefit analysis, value for money, efficiencies, etc, mindful of Ireland's experience of the pandemic.

Taken together – the examination of the role of local or sectoral work to pinpoint vulnerability, with national coordination and resourcing, can enhance policymaking, allow more targeting of supports to ensure that the most vulnerable receive them, and maximise the value of public investment (see Box 4.1).

Box 4.1: Examples of Targeting Supports at the Most Vulnerable

To mitigate the impact of the present cost of living crisis, the Government has provided for €200 to be credited to domestic electricity accounts. The support is not targeted *per se* in that it is delivered to all 2.25 million accounts, at a cost of €400m. (Specific arrangements are in place for customers using hardship prepay meters, around how they can receive the credit). The scheme does have the benefit of assisting the maximum number of people possible, as quickly as possible, and, because the credit is automatic, beneficiaries need not apply or take any action. At the same time, it is likely that a good proportion of the 2.25 million recipient accounts are not as in need of the credit as others.

Had it been possible to quickly target only those most in need, the value of the benefit to them could have been increased (i.e. >€200) for the same €400m in expenditure, or the cost to the State of providing €200 could have been lower, and the funds used elsewhere.

Furthermore, such targeting would have mitigated the disincentive impact of the credit, insofar as it may temper the motivation of homeowners and business owners to reduce their use of carbon-intensive energy.

[15] See the *Thai People Map and Analytics Platform* (TPMAP) – www.tpmap.in.th. TPMAP uses big data to assess vulnerability with reference to health, employment, income, education, and accessibility to public services.

Finally, there is also value in identifying and pursuing any immediate opportunities which encapsulate the lesson of pinpointing and managing vulnerability. Consideration should be given to whether such targeting could be facilitated quickly using a combination of (DSP/Revenue/HSE) data – for example – on households availing consistently of the maximum monthly Drugs Payment Scheme amount, receiving the Working Family Payment, availing of the Back to Work Enterprise Allowance, retaining a medical card despite being in work, not paying the Universal Social Charge (i.e. income below €13,000 per annum), not paying PRSI (i.e. earning between €38 and €352 per week), living in the private rental sector (in receipt of tax relief on rent), availing of the Single Person Child Carer Credit, or receiving other specific tax reliefs or credits (e.g. widowed persons, surviving civil partners, incapacitated child credit, blind person's tax credit, etc). There are, of course, important data access and privacy issues to be considered here (see Section 4.5).

Consideration should also be given to what non-state sources of data could be appropriately used to help with such a task. As noted by the OECD, Ireland is already using 'social media analytics to model welfare provision and has used predictive data analysis concerning the future needs of the country to support policy associated with Project Ireland 2040' (OECD, 2019). Given the sophisticated systems in place in Ireland, this concept will of course not be new; rather the pandemic is an opportunity to look again at what is possible and valuable in light of our experiences.

4.3 Lesson Two: Stakeholder Networks and Experts Shape Outcomes

The response to the crisis highlighted that the ability to understand and to tailor responses to citizens, sectors and enterprises or workers depended heavily on engaging with experts, stakeholders and representative groups, and indeed with citizens, through the use of surveys and other work.

Unsurprisingly, the public health response relied heavily on expert advice on epidemiology and overall population health. NPHET and its subgroups included additional expertise in specific areas such as health legislation, behavioural change, the private hospital sector, the voluntary sector, advocacy groups, and patient and public representatives. There was a stated willingness to expand membership as the need arose, and expertise was added along the way in some cases. In the education sector there was extensive stakeholder engagement in developing guidance for re-opening schools.

More broadly, the onset of the pandemic served as a catalyst for the emergence of constructive social dialogue on key policy issues. Decision-makers engaged with experts in a range of fields, employers, industry associations, trade unions and other stakeholders to help frame the guidance and rules, and to get greater clarity about costs (e.g. in relation to closing sectors and the rates of supports). This collaboration deepened as attention focused on safely re-opening the economy and society. For example, the Return to Work Safely Protocol was the product of a collaborative effort by the State, developed following discussion and agreement with the employer and worker representatives. The periodic updating of the protocol followed similar engagement. This deep engagement was valuable in achieving a common consensus, enabling all parties to take ownership of the protocol and to promote the guidance.

The shift to intense collaboration was also evident in relation to labour-market supports. Senior figures from both the worker and employer representative organisations were directly involved in the policy dialogue around the development of measures to protect vulnerable enterprises and employees.

The degree of deliberation and collaboration contributed to the effectiveness of unprecedented policy interventions and ensured that they were underpinned by a robust collective consensus, while stakeholders actively championed initiatives within their respective constituencies.

This social dialogue ensured that the income support measures, as well as the other crisis-related labour-market measures, were informed by the insights and knowledge of the labour-market parties. For example, following early feedback on the operation of the TWSS from worker and employer representative organisations (ICTU, 2020), the Government introduced a number of changes designed to remove anomalies and improve its effectiveness by encouraging greater levels of staff retention and strengthening the links between employers and employees (Department of Finance, 2020).

The Labour Employer Economic Forum (LEEF), whose role and effectiveness pre-crisis had been questioned by both ICTU and Ibec, emerged as a key arena for tripartite policy concertation. According to a DPER spokesperson, 'the Government has been actively engaging on Covid-19 issues with employer and employee representative organisations, including through the Labour Employment Economic Forum. This engagement will continue' (Higgins, 2020).

The State health system and voluntary sectors have become increasingly intertwined, forming a hybrid system of mutual interdependence between the two sectors. Therefore an important element of Ireland's response to persistent vulnerability is effective collaboration between the State and the voluntary sector.

In addition, the ability to identify and support vulnerable groups was a key feature of the Community Call initiative. Further, many private sector resources were drawn on to supplement the State's pandemic response. Thus the crisis illustrated the value of strong connections to the most vulnerable and the challenges which arise when these do not exist.

Overall, these deeper connections with stakeholders, sectors, communities and processes provided insights into what was needed and possible, provided early feedback, and highlighted areas for improvement.

4.3.1 Responding to Lesson Two: Staying Connected

The shift to a more networked response during the Covid-19 pandemic suggests that there would be merit in developing more robust social dialogue around the types of actions and measures required to achieve Ireland's ambitions in other areas. The pandemic has shown us that the State working with others can introduce new and radical measures, that people are capable of changing their behaviour impressively fast, and will demonstrate considerable flexibility and co-operation when facing a crisis. Ireland faces other emergencies (e.g. in climate and biodiversity) which also require urgent and collective action.

While a revived form of tripartite policy interaction was effective in dealing with labour-market issues during the crisis, the Council believes the type of societal consensus and trust necessary to drive climate action, for example, requires a more inclusive form of social dialogue (see Section 4.6 also).

There have already been some examples of maintaining effective engagement structures for community and voluntary sector involvement. Building on the experience of Community Call, the Government has established Community Response Forums in every local authority area to co-ordinate local responses to the Ukraine crisis. Such local forums worked effectively during the pandemic, and they are now tasked with enabling co-operation under the stewardship of a local authority. They are an example of supplementing state supports with community action, and ensuring effective communication, information-sharing and co-ordination. Opportunities to use these structures (or similar) in other appropriate policy areas should be sought.

As noted earlier, a readiness to take action is also required. The Council recommends that steps be taken in the public sector to engender the willingness to step in, the flexibility and the agility required, outside of crisis periods through more responsive and engaged problem-solving structures, co-ordinated from the centre.

Looking beyond the pandemic, to be more effective in solving key societal problems related to climate, the cost of living, housing, care services or the digital divide, the State needs to be deeply connected and involved in these critical areas – to monitor, regulate or provide (Mazzucato and Kattel, 2020). This will increase the State's awareness of, and capacities to address vulnerability, and increase its overall ability to tackle ongoing challenges.

4.4 Lesson Three: Real-time Evidence Transforms Policymaking

From the onset of the pandemic, it was recognised that the range of actions necessary to protect public health required a commitment to gather more detailed evidence. What was created during the pandemic was an enhanced capacity to gather, analyse and act on evidence. There was no presumption that the State knew best, or that individuals or companies knew best. Instead, the presumption was that what was needed was detailed, fine-grained information. This was used to inform policy and guide or even direct behaviour. There was also a presumption that the policy, guidance or rules were open to revision based on emerging data, the gathering of which was designed with a very specific purpose in mind.

This resulted in deep engagement and collaboration with a range of experts and stakeholders, and the development of new data and behavioural analytics activities. The networks which emerged provided evidence and insight – information that was complemented by a strong push to develop real-time detailed evidence.

Section 3.2 described the work on data and behavioural analytics. This was used to assist in the development of better regulations and guidance, and to help tailor and target supports. Alongside wider data and information, it also helped those affected by decisions and policy to become more informed and to make better decisions. The systematic use of empirical and behavioural data assisted policymakers to test ideas that came to the fore in policy discourse and scrutinise them to promote optimal outcomes through evidence-based policymaking. Information about behaviour, both from expert and stakeholder networks and data analysis, improved regulations, guidance and market supports. It helped citizens, stakeholders and communities to make better decisions. It also helped rebut misinformation and challenge dominant ideas. Armed with much better information and data, the State was able to develop better policy.

4.4.1 Responding to Lesson Three: Valuing Data and Evidence

Real-time evidence, when used alongside longer-dated or time-series evidence and data, can transform policymaking. Therefore, the Council believes that the data gathering, analysis and application which proved so necessary and useful to policymakers during the pandemic should be carefully evaluated to ascertain what should be modified and continued, what systems should be 'mothballed', and what activity can be ended entirely.

There are reasons for cautious optimism about the medium-term course of the pandemic in Ireland in light of our high vaccination rates, medical progress and reducing pressure on the health system. As restrictions are removed, the 'value' of Covid data and related behavioural analytics activity to the public policy system falls. Monitoring aggregate mobility, footfall and close contacts etc is less crucial as increased activity is permissible, necessary, encouraged and expected. In that sense, the resource cost of data and behavioural analytics activity to the State could remain, while the value to policymakers declines.

At the same time, the addition of data and behavioural analytics activity later into the crisis implies that some gap in our data knowledge and processes existed. New arrangements were necessary and made, with the policy centre's role supported via its own new research capacity providing additional, unmediated information. It may be that the data processes and flows of individual line Departments or agencies may be insufficient for collective understanding of complex policy problems.

In general, care is required in dismantling new, beneficial ways of working. It is clear to the Council that the systematic use of aggregate empirical and behavioural data in public policy has the potential to add enormous value in complex policy areas such as housing or climate action policy. In these areas, a similar forensic examination of people's behaviour in aggregate form, and their reactions in real-time to policy interventions would allow revisions and targeting of policy.

The potential of the Covid-19 behavioural analytics activity to inform wider policymaking in Ireland is evident in the most recent data. For example, that analysis shows that 24 per cent of workers who used public transport before the pandemic no longer do so, and that those who changed their mode of commute are more likely to be driving now rather than using public transport or engaging in active travel (SAM Wave 32, 19 to 26 April 2022).[16] Such detailed, real-time

[16] See https://www.gov.ie/en/collection/a7ee4-see-the-results-of-the-social-activity-measure-behavioural-study/# , accessed 10.04.22.

data which can inform climate action and sustainable transport policy is not available elsewhere, adding to the case to maintain such pandemic-era analytics to inform other policy areas.

The Council recommends that consideration be given to sustaining the real-time data and behavioural analytics capability and infrastructure that aided in the pandemic response for application in other areas of public policy – i.e. in areas where data and information on the nature of specific problems, or *ex ante* and *ex post* assessment of policy/funding impact and collective understanding, is vital – e.g. climate action, cost of living, housing, public sector reform, etc.

A concerted effort is needed to identify the precise public policy challenges where the characteristics of data and behavioural analytics can improve the quality of decision-making, and the decision-makers themselves must be aware of such opportunity and be willing to take advantage of it. Azzone (2018) provides some examples from Italy in the areas of climate action, social supports and housing policy (see Box 4.2).

Moves in this direction are evident in the Government's Roadmap published in August 2020, where it states: '… initiatives across Government have also utilised cross-sectoral data analytics and behavioural analysis to inform both policy decisions and public information and communications during the pandemic. The ongoing capacity to support these new approaches will also be important to support future planning, risk assessment and crisis management'.

To make more progress in this area, the Council believes Ireland should consider applying the advise of WHO's Independent Panel for Pandemic Preparedness and Response (IPPPR, 2021) for general preparedness activity, but adapted to shape our national data and behavioural analytics activity, to best support wider public policy. For example:

- maintain the political commitment to data and behavioural analytics to inform risk assessment and mapping, preparedness, and public policy more generally;
- include data and behavioural analytics in updated national preparedness plans and other key national policy documents, aligned to strategic national objectives;
- identify data and behavioural analytics requirements needed to underpin new and measurable targets for preparedness and response capacities, and wider public policy;
- invest in and co-ordinate data and behavioural analytics strategies that ensure timeliness, transparency, and accountability;
- establish a new system based on full transparency by all parties, using state-of-the-art digital tools and behavioural research, with appropriate protections of people's rights;
- conduct multi-sectoral active data and behavioural analytics simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, and accountability, and establish independent, impartial, and regular evaluation mechanisms;
- formalise periodic peer reviews of national data and behavioural analytics capability for preparedness and response, and to support public policy development, implementation and monitoring; and
- ensure that 'data and behavioural analytics capability' comes under the remit of anamed national coordinator/body, accountable to the highest levels of government, with the mandate to drive whole-of-government coordination of data and behavioural analytics for preparedness and response, and public policy more generally.[17]

[17] Adapted from the advice for general preparedness activity given by the WHO Independent Panel for Pandemic Preparedness and Responses (IPPPR, 2021).

Box 4.2: Examples of Data Analytics Use in Public Policy[18]

Climate Action

Data and behavioural analytics have been used to enable what might otherwise have been an unfeasible public policy. In this case, an estimate was required of the infrastructure needed for charging electric vehicles (EVs). Original estimates based on standard, economic assumptions and of 'average behaviours' forecasted a required investment of around €1bn, a sum deemed unsustainable and economically unjustified for either the state or the private sector, given the limited number of EVs on the road. As is the case with many infrastructure projects, there was a chicken and egg challenge: if charging infrastructure was not in place along main routes, the low number of EVs could be expected to persist, and low EV ownership discouraged private sector investment. However, by applying data analytics, policymakers could estimate how many people in each region would be interested in owning an EV, and likely daily usage (in kilometres). Analysis of demographic and personal mobility data from 8,000 municipalities produced a revised estimate of the investment required for charging infrastructure, which was around 20 per cent of the previous forecast. A private sector operator subsequently began the rollout of the EV charging network.

Social/Language Supports

Applying data analytics to aggregate communications information can provide early signals to policymakers that new or additional social supports are needed. The Urbanscope project in Milan is one example of such an approach. In Ireland, there is a strategy to ensure the provision of information in language-appropriate formats, and provide ongoing intercultural awareness training for all frontline staff, etc. O'Brien, Cadwell and Zajdel (2021) highlight a number of issues linked with multilingual communication in the pandemic which can serve as lessons to be derived for ongoing crisis preparedness. Even weak signals (e.g. an increase in the number of phone calls to a particular country or in the number of tweets written in a particular language) can alert public services to growth in a new community. Policymakers can then initiate further, more robust statistical analysis to determine if the weak signals are a true indication of a change which necessitates a shift in service provision, a change in investment or a policy redesign.

Housing Policy

The absence of detailed information on the condition of housing in particular areas can be a barrier to effective public policy design. In Italy, data analytics have assisted the state in targeting investment in homes. In that case, it was state funding to reduce vulnerability to earthquakes but a similar application seems obvious in relation to retrofit and similar programmes here. Prior to the use of data analytics, the policy of the Italian government was to give a tax deduction to homeowners to reinforce their houses. The value of the incentive was a proportion of cost of the work regardless of the location of the building, even though that influenced the vulnerability of the home. As a result the policy was suboptimal. It was underused in the most hazardous cities, where the value of the buildings was low. In other locations, public money was wasted as the homeowners would have been able to repay the cost of the work from the increased market value following the improvements. The *Casa Italia* data analytics exercise, based on the individual characteristics of over 18 million buildings, allowed the policy to be tailored. The analysis identified 550,000 more vulnerable buildings which qualified for a customised intervention where the first stage of the intervention, the diagnosis, was fully financed by government. That level of investment was sustainable for that limited number of buildings (3 per cent of the total), whereas it was not possible for a national scheme. The intention is to deepen the analysis to allow the scheme to be further customised to other characteristics of the building (e.g. higher funding when the building is adjacent to another, or on a road used by emergency vehicles) or of the owner (e.g. providing a straight grant as opposed to tax deduction for people who would find this a more attractive incentive).

[18] Based on Azzone (2018).

4.5 Lesson Four: Adapting the Policy World to the Data World Takes Great Effort

The international experience of crises and pandemics, and the analysis above, highlight the need for governments to recognise the vital role of information and data, and take appropriate action. Data analytics and digital tools, if carefully designed and managed, can transform monitoring and alert systems at very local levels, picking up early signals of potential problems or impacts, and provide real-time feedback on the impact of policy change. Notwithstanding the opportunities that the enhanced use of data and behavioural analytics offers public policy, the policy system must address some well-known challenges and risks.

Most obviously, there are governance risks and – in the context of public policy development – concerns about 'the scope and nature of data that authorities are allowed to collect from citizens' (Metzler and Heldrum, 2022). Concerns about data governance, privacy, access, confidentially and data-sharing are valid and important.

Questions also persist about the governance *of* technology use and governance *through* technology use (*ibid.*). The pandemic has brought elements of this debate into stark relief. The emergence of a societal threat shines a light on individual rights and responsibilities in both the 'real world' (e.g. restrictions on movement) and in the 'cyber world' (e.g. digital contact tracing). Ireland's Covid Tracker app was part of the HSE's contact tracing operation, using technology to anonymously log phones in close contact, the distance between phones, and the length of time phones are near each other. An examination of digital contact tracing apps developed in Austria and Norway illustrates how such software can become 'akin to a constitution that enshrine[s] understandings of good citizenship into technological design' (*ibid.*).

There are also concerns about how the use of data and behavioural analytics in public policy can affect how policy problems are perceived and addressed. For example, Edwards *et al.,* (2021), highlight the potential for their use to increase problematisation and technological solutionism. The argument is that the lure of big data, algorithmic tools, predictive risk modelling and technological fixes in public policy promotes a suboptimal problem-solving logic, one centred on fixing pre-set and taken-for-granted problems. The risk is that this technological solutionism reframes complex social issues as 'neatly defined problems with definite, computable solutions… if only the right algorithms are in place', and in doing so reduces or removes 'value', as 'technology is regarded as neutral or apolitical' (i*bid.*: 269).

Finally, data and signals must be verified and acted upon, and the data system and the linked public policy system need to be able to function at near instantaneous speed. The WHO's Independent Panel for Pandemic Preparedness and Response (IPPPR, 2021) describes this need, introducing the concept of two worlds operating at different speeds:

- There is the *deliberative world* of policy and governance, operating step-by-step, selective in its use of data. Data gathering and use in this world can be slow and local, with an emphasis on verification, and a reliance on tried and tested sources. Decision-makers in this world – especially political ones – seek certainty and predictive power.

- At the same time, there is the *data world* of information generation and sharing. In contrast to the deliberative world, it is fast-paced and involves large volumes of information that is constantly updated. Those operating in this world are more comfortable with unknown or more unusual sources of information such as (online) news, gossip, rumour and social media. Information comes at in instant and is near global in scope, and users are more tolerant of uncertainty and noise.

The above challenges and risks are additional to the other well-rehearsed issues with data management such as inaccuracies, errors and bias in the design of the data analytics and predictive modelling systems. Therefore, care must be taken regarding if and when data and behavioural analytics are appropriate, and appropriate for the public policy issue they are considered to help address.

4.5.1 Responding to Lesson Four: Being Data-ready

Overall, the response to the pandemic benefitted to a considerable extent on organised sourcing and practised use of data. This was used to improve the identification of issues and, support rapid responses, and for timely review of the impact of measures. Data was also used to help understand risks at various stages of the pandemic. It also provided an additional means of identifying and responding quickly to inaccurate and misleading information. The application of such processes to other policy challenges will undoubtedly be advantageous.

While noting these advantages, the Council is aware that there are governance, privacy, access, confidentially and data-sharing issues which must be prioritised and addressed with urgency.

Openness, transparency and communication are key to ensuring that the risks associated with adapting to the data world are addressed. The Council supports the promotion of inclusive representation, and engaging relevant stakeholders in actions to ensure public policy is informed by data and evidence. To reinforce trust, engagement must include vulnerable, underrepresented and or marginalised groups in open and inclusive consultation processes during the design, implementation and monitoring of data governance frameworks related to data access and sharing.

The OECD (2021) has published guidance on enhancing access to and sharing of data in light of pandemic experiences. The objective is *inter alia* to facilitate collaboration and harness new and existing data sources. This would not only help address global emergencies such as pandemics but also wider societal challenges, including environmental ones. The Council recommends that Ireland consider the OECD's advice that countries:

- empower and proactively engage all relevant stakeholders alongside broader efforts to increase the trustworthiness of the data ecosystem in advance of and throughout the establishment and implementation of policy measures for enhancing data access and sharing;
- adopt a strategic whole-of-government approach to data access and sharing to ensure that data access and sharing arrangements help effectively and efficiently meet specific societal, policy and legal objectives that are in the public interest;
- seek to maximise the benefits of measures for enhancing data access and sharing, while protecting individuals' and organisations' rights and taking into account other legitimate interests and objectives, alongside broader efforts to promote and enable a culture of responsibility for data governance throughout the data value cycle;
- provide coherent incentive mechanisms and promote conditions for the development and adoption of sustainable business models and markets for data access and sharing;
- further improve conditions for cross-border data access and sharing with trust;
- foster where appropriate the findability, accessibility, interoperability and reusability of data across organisations, including within and across the public and private sectors; and
- adopt measures to enhance the capacity of all stakeholders to effectively use data responsibly along the data value cycle.

Next, Ireland must ensure that the public policy system itself has fully adapted to the 'two worlds at different speeds' described above. While there is an understandable desire by those in the deliberative world of policy and governance for the comfort that comes with known, tried, tested and verified sources, policy development and outcomes can be enhanced by embracing aspects of the faster-paced data world of information generation and sharing. One solution to this challenge is increased openness to and use by the public policy system of a wider range of information and data. This of course should be progressed with care:

- First, we should not downplay the necessity to consider what kinds of information are needed, how it should be structured and formatted, how it can be rendered interoperable so that multiple datasets can converse with each other, and how this is done in a way compatible with data protection concerns and protocols.

- Second, we should not confuse *fast data* with *fast thinking*. Errors of judgement from biases are associated with the latter (Kahneman, 2011), but it is possible and perhaps desirable to combine the increased use of fast information with 'slow' thinking – i.e. enhanced, evidence-based deliberation of big data by the public policy system.

- Finally, data gathering must not lead to other challenges such as an unjustified administrative burden, or inadvertently putting pressure on frontline personnel (public, private, or NGO) in terms of asking for information from service users.

The value of establishing new, responsive and engaged structures, and gathering and using granular data was evident in the Community Call programme. Local authorities were generally unable to use HSE lists of those aged over 70 in each county, and so could not contact them to see if they needed assistance. Instead, they had to rely on incomplete lists of older people within the local authority, as well as leaflet drops and publicity through traditional and social media. The Council therefore suggest it would be useful to consider what systems can be set up to help data be shared between organisations when delivering emergency services, and what, if any, legal changes might be needed to facilitate this.

The Government has published an Open Data Strategy for 2017–2022 with a stated goal for Ireland to become a leader in open data and to create an environment where the economic, social and democratic benefits of open data are recognised and realised. Two core objectives of the strategy are (i) increasing the publication of high-value government data in open format, making it publicly available and freely reusable, and (ii) engaging with a broad community of stakeholders to promote its social and economic benefits and its reuse.

Building on this, the Council believes that OECD recommendations on the strategic use by the public service of data should be examined and progressed as necessary (van Ooijen *et al.,* 2019); for example, mainstreaming isolated efforts and practices (see Section 4.4.1) and equipping the public sector with the necessary governance mechanisms, technical means and skills, underpinned by the requisite legal, ethical and social frameworks.

In addition, the public policy system should address any culture of risk aversion, where the appropriate safeguards are in place, so that data can be shared and used to deliver a better evidence base and enhanced policy development and outcomes. Progress along these lines would mirror developments elsewhere.

The experience of the pandemic in the UK has prompted changes there; its National Data Strategy states: 'Our experience responding to the coronavirus pandemic has underlined the need for the public sector to move away from a culture of risk aversion towards a joined-up approach, where the presumption is that, with appropriate safeguards, data should be shared to drive better outcomes' (Edwards *et al.,* 2021).

Ireland's experience of aspects of the Covid data analytics programme suggest that something similar might be beneficial here. Two instances described above – the proposed Stay at Home Index for Ireland, and the ability of a small number of counties to get contact information for those over 70 from the HSE – speak to the importance of sharing data for better outcomes.

4.6 Lesson Five: Communication and Trust are Critical

The crucial role of communications and trust in public policy hardly needs reaffirmation, but the Council's analysis of international experience of crises demonstrates yet again just how essential they are. The value of a communications system capable of reaching the population, flowing between organisations, removing blindspots and encompassing timely feedback back to the centre, may be the most important lesson from the global examples.

Good communications are important long before the policy challenge arises, as they contribute to revealing vulnerability in advance. Section 2.2 recounted how vulnerability can be simultaneously 'known about' and 'hidden', because there are insufficient channels of communication to ensure this is brought to policymakers' attention such that a remedy is put in place (i.e. 'actionable intelligence').

When a policy challenge does emerge, the ability to share information within and between organisations to address it is key. Effective mechanisms need to be in place to allow the main policy actors to communicate effectively with each other and with leaders at a high level.

While policymaking is typically centralised, decentralised policy co-design and implementation are known to be required to meet our ongoing policy challenges. Communications and links must be effective and satisfy user needs. Civil society and business need to be able to communicate with state actors to gain the attention of policymakers and political leaders, to complete the evidence base, and make it local. Information should be digital. This means having the right processes, technology and protocols in place to share information. Overall, the capability of the public policy system to enable dialogue, listen, understand information and communicate effectively was of utmost importance in ensuring the success of the Covid-19 response. This also built trust.

Trust across society is the foundation for crisis response. Trust between the State and society helps mobilise individuals and groups to react and sustain their actions during a crisis. It gives people confidence that the sacrifices they make as individuals contribute to our collective wellbeing. It gives people confidence that the resources they contribute will be well used to deal with the crisis.

Trust supports the development of co-operative relationships, as organisations trust each other and trust the government (Wisner *et al.,* 2004; Thompson, 2004). The importance of trust can be seen during the pandemic, with organisations that trusted each other co-operating well (e.g. Community Call in Ireland), while the opposite was the case among groups that did not trust each other (some regional governments in Spain).

As outlined in Section 3.5, the pandemic saw the development of a renewed and more productive relationship between state and voluntary actors in the healthcare sector. Here again, communication and trust were key. The emphasis from the outset on transparency and an open exchange of information, combined with the capacity to address issues in a mutually beneficial manner, helped build higher levels of trust between the parties and reinforced their commitment to working in a more productive and collaborative manner. There is certainly a sense that, in addressing the pandemic in such a collaborative and effective manner, both sectors effectively earned the trust and respect of each other.

Overall, countries with high levels of trust, such as Ireland, had higher vaccination rates and lower death rates from Covid-19 than countries with lower levels of trust. Trust is bolstered by open and effective communications. Both will be important as public policy addresses post-pandemic challenges.

4.6.1 Responding to Lesson Five: Reaching Out and Building Trust

Steps were taken during the pandemic in Ireland to enhance communication and bolster trust, steps that could be beneficial as Ireland continues to be exposed to emergencies, and continues to respond to climate change and biodiversity loss. Within days of the first confirmed case of Covid-19 here, a dedicated Crisis Communications Group was established. The importance of reaching the entire population with accurate and helpful information was recognised immediately and action was taken to make it happen. The Council recommends that useful processes rolled out during the pandemic be identified and sustained.

Listening was equally important. Communications were informed by deep engagement with stakeholders and experts, and data and behavioural analytics work. All of this helped ensure that the Government had access to early signals, and had a more complete picture of how people were responding, as well as people's attitudes, what was working well, and what may need to be adjusted at a given point in time. The Council believes there is merit in considering how such structures and processes could assist with the managing other policy issues, such as the climate change/biodiversity emergency, housing and the current cost-of-living crisis.

The greater empowerment of communities and local organisations was enabled to a large extent by effective communications processes (see Section 3.5). However, there are opportunities to improve communication with local groups so that their connections to vulnerable communities and volunteers can be capitalised on to the greatest extent. Enhanced communication about and visibility of local-level work and roles would help ensure that their skills are effectively harnessed to address more policy challenges (e.g. climate/economic transitions). The Council has already called on government to introduce a new community-based mechanism for self-identifying and notifying of vulnerability, linked to the availability of additional support (NESC, 2020). The Council's 2020 work also shows how social dialogue is an effective mechanism for fostering trust and adopting a problem-solving approach to policy challenges (see Section 4.3 also). Policymakers must take steps to enhance their capacity to reach out, listen actively and communicate clearly.

The Council also notes that building trust across society involves making communications inclusive. O'Brien *et al.,* (2021) state that during the pandemic 'there is evidence of emerging good practice in relation to multilingual crisis communication. The HSE provided information in English, Irish, Irish Sign Language and at least 24 other languages. This content was provided via different formats, taking issues of literacy into account. Some good business practices relating to translation service provision were in evidence. The readability level of the English source text was such that it could be understood easily by 13-15-year-old students'. In addition, the Government has begun pilot projects on reaching those furthest from participation in decision-making processes. Four Local Community Development Committees have been selected to develop and test engagement strategies to support inclusive participation. The Council recommends that such good practice and successful pilot programmes be mainstreamed, maintained and continually enhanced across the policy/communication system (see Box 4.2).

Finally, trust is often viewed as a cultural phenomenon but this does not mean that it cannot be fostered and promoted through openness, clarity and, ultimately, social progress. Trust is usually higher in countries where governments deliver economic growth, create jobs, provide access to education and provide services in an easy and transparent manner. Good political performance on issues of security and corruption are also strongly associated with increasing trust. This is supported by an open society where citizens are able to debate and question government policies, and have a sense of making a difference in decision-making processes (Blind, 2006).

Such conditions are usually built over time. It is difficult to 'switch on' good levels of trust during a crisis. This shows the importance of ensuring that policy decisions work, and are seen to work, to generate, foster, and promote trust in government and institutions. The Council recommends that consideration be given to a dedicated programme to ensure policy decisions are seen to work, and sensitising citizens and organisations to the fact that policy shifts are inevitable along the way, as situations develop and the State learns.

Chapter 5

Conclusion: Towards Experimental Governance

The Council has reviewed international experience and examples of Ireland's response to the pandemic, and extracted important lessons for public policy. The policy system should look for opportunities to apply the lessons described in this report, as they can inform the response to immediate challenges as well as more medium-term policy development:

- Meeting the challenges of today would be aided by more targeting of supports, engagement with stakeholder networks and experts, application of real-time analytics, reaching out through more effective communications, and ensuring interventions are seen to deliver for society.

- In the medium term, as existing strategies are updated and new ones developed, policymakers should consider if and how pinpointing vulnerability, co-ordinated outreach, strong connections and collaboration, and flexible responses can reveal and mitigate vulnerability.

- Policymakers should maximise the use of social dialogue, experimental governance and experts to devise, shape, implement and champion policy interventions.

- The policy system must recognise that significant effort and resources are required to ensure policy is informed by fast-paced, big-data sources of information, and that significant challenges must be overcome.

- Communications and trust are central – not ancillary – aspects of public policymaking.

On the issue of trust, the Council believes that our emergence from two difficult years is an opportune moment to reflect on how the pandemic has shaped Irish society's perceptions of the role of the State in responding to crises, on which developments constitute 'true' emergencies in society's view, and on what this means for societal trust. The pandemic, the inflation crisis, the need to respond to the horrific war in Ukraine, the housing crisis and the climate/biodiversity emergencies are all extremely serious and require state interventions.

However, they differ in many respects – from the immediacy of their impact, to the life and death nature of their impact, to the level of consensus about what constitutes effective state action, etc. To a large extent, societal trust both underpins and is determined by the State's success in responding to major policy challenges. Ireland's experience of the pandemic has revealed the power of the State, but also its limitations. The State intervened to save lives and livelihoods, but other actors were required to inform, customise and deliver interventions (e.g. wage supports, Community Call).

In addition, the Council notes that the Covid-19 emergency illustrates the importance of a willingness to respond within the public policy system. Uncertainty and missteps cannot be eliminated, so the policy system must be flexible and open to changes, errors and course corrections. The Council believes that individuals and organisations across the policy system have to be willing and empowered to step up and step in when an emergency arises. Their preparation to do so happens outside of 'crisis time', and the skills and capabilities to do so must be continually fostered. The crisis has shown that these qualities are present in the policy system, but they must be ubiquitous.

Employing more responsive and engaged structures, co-ordinated from the centre, can provide the public policy system with much-needed flexibility and agility. Such an approach to problem-solving, evident in Ireland's response to the pandemic, resonates with what Charles Sabel calls *experimental governance*. Sabel has documented the effectiveness of experimental governance in a wide range of spheres, including the provision of social services, infrastructure projects, economic development and climate action. His work on climate action describes experimental governance in the following way:

> *A model of effective problem-solving in which participants acknowledge upfront the likelihood of false starts, given the fact that the best course of action is unknowable at the outset. These [models of effective problem-solving] encourage ground-level initiative by creating incentives for actors with detailed knowledge of mitigation problems to innovate, then converting the solutions into standards for all. But they also enable ground-level participation in decision-making to ensure that general measures are accountably contextualized to local need (Sabel and Victor, 2022 [forthcoming])*

The experimental governance approach acknowledges that those seeking to bring about change must confront, rather than assume away, practical economic, social and technological barriers. The greater the degree of change required – and in areas like climate action, there is a consensus that transformative change is needed – the greater the need to understand, confront and address barriers. As the Council's analysis shows, trust between government, citizens and stakeholders was critical during the crisis. Experimental governance both relies on trust and actively seeks to nurture it, through a commitment to evidence, open review and policy development based on experience. Further work is needed as to how this approach can be embedded in the policy system.

Overall, the Council's research reveals a substantial shift in ways of working in the policy system during the pandemic. Only time will tell whether the State's response to the crisis represented a truly profound and lasting shift. Were the actions evidence of a 'new paradigm' or was it more a case of 'needs must'? Over two years have passed and, as the pandemic continued, so did the State's supportive response. Interventions have been tailored and honed over that time, and the sense that such a level of intervention could be only short-lived has weakened. The ability of some of the interventions to address problems effectively has led to renewed consideration of which elements of the interventions to maintain. Some interventions work well in the longer term.

In the crisis, the State led decisively and openly but it also engaged in a very deep and meaningful way. This competency, which was so effective during the crisis, should be maintained and nurtured, particularly if, as seems evident, Ireland will continue to be exposed to emergencies, not least the need to respond to climate change and biodiversity loss. Responding to the lessons from the pandemic detailed in this Council report – around vulnerability, stakeholder-engagement, data and evidence, communications and trust – can inform more effective ways to tackle today's challenges and, to help build consensus around strategic and coherent responses, ones that avoid week-to-week or issue-by-issue approaches which can undermine Ireland's overall strategic national ambitions.

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