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**MA THESIS**

School closures in Norway and The Netherlands  
during the Covid-19 pandemic

A comparative case study on policy decision making  
during a transboundary crisis

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## **Preface**

Writing this master thesis this last year would not have been possible without the help of my teachers and fellow students at the University of Bergen. Particularly, I would like to thank my thesis supervisor Kari Tove Elvbakken for her unfaltering guidance and support during this period. In addition, I would like to thank Svein Michelsen, who supervised my bachelor thesis in 2021, for his encouraging remarks, and Zuzana Murdoch and Martina Vukasovic, who taught in several courses I attended, for their enthusiasm and helpful insights. The last few years, I followed an adjusted program in order to combine my studies with my work. This was made possible with the help of student counselor Cathrine Bustad Jensen and her predecessors, who I would like to thank as well. And finally, a special thanks to Jan, my wonderful 'samboer'.

## 1 Introduction

During the Covid-19 pandemic, many countries resorted to school closures as one of the crisis measures (OECD, 2020). This was seen as a severe, but effective and efficient measure to reduce contact between people and halting the spread of the virus. Immediately, its limitations were also addressed: schools closures were considered a threat to the equal opportunities for children. The quality of education would be lower than normal, thereby diminishing the chances of these children later in life (OECD, 2020; OVV, 2022b: 206-207).

To prevent or reduce this risk, many countries simultaneously introduced countermeasures, like a switch to online education and/or televised educational programs (OECD, 2020; Vincent-Lancrin et al, 2022: 23). Eventually, specific challenges came into view. Not only were children not performing as well as they usually did, particularly children from disadvantaged backgrounds were having a hard time (see, for example, OVV, 2022b: 206-207; Slob & Engelshoven, 2020: 6-7). Teachers struggled as well. Sometimes they had difficulty understanding the technology, they found it challenging to motivate their pupils online, and to get a grasp of how the children were doing (Udir, 2020: 27-28; IvO, 2021: 28). Furthermore, some schools (and some countries) didn't have a well-developed technical infrastructure, and children didn't always have access to the proper technology, making a successful switch to online education extra challenging (OECD, 2020).

The measure to close schools raises interesting questions about decision making by governments during a transboundary crisis. Decision making during a crisis is notoriously difficult: much information is (still) unknown or incoherent, while the need to act quickly is high (Boin et al, 2019: 79; Landau et al, 2014: 1322; Christensen et al, 2018: 2-3; NOU 2022:5, 43). How do governments nevertheless come to a decision like the (partial) closure of schools? Which actors are involved in the decision-making process? How are the decisions justified? And how is the legitimacy of the decisions upheld?

A lot of research has been done on decision making under normal circumstances. Knowledge on decision making during a transboundary crisis is less prevalent, although more and more is being published. However, the need for this knowledge is still high: governments are increasingly faced with transboundary crises, which puts pressure on normal decision-making procedures (Cabane & Lodge, 2018: 8; Boin & Lodge, 2016: 289; Lodge & Wegrich, 2014: 5).

This thesis aims to contribute to the knowledge base with the help of a historical-comparative case study. In this case study, the focus lies on two Western countries with

multiparty governments, Norway and The Netherlands. Like most governments around the world, the Norwegian and Dutch government chose to close schools and have them temporarily switch to online education when the pandemic started. This decision was re-considered several times afterwards. The two countries are quite similar with regard to the political context, the practical workings of the education system, and the crisis management structure. In these circumstances, one might expect that the decision making was similar as well, but this wasn't the case even though it might seem that way at face value.

In this thesis, a reconstruction is presented of what happened by comparing the two countries step by step, while proposing explanations for the main differences and similarities in decision making. Furthermore, the comparison is used to reflect on the possibilities and limitations of the central theoretical notions in this thesis.

The main research question of this thesis is:

How and why was the decision to close schools taken in both Norway and The Netherlands during the Covid-19 pandemic, and what can explain possible differences or similarities?

The focus lies on the decision to close (compulsory) schools, which was the most serious measure for the education sector during the pandemic. Because the measure was temporary, the decision to open schools is also taken into consideration. The time period runs from 1 March 2020 till 1 March 2022. The research question is divided into the following subquestions:

- a. What was the origin of the idea to temporarily close schools, and how did this idea evolve during the pandemic?
- b. Which actors made or influenced the decisions to close and subsequently open schools?
- c. How did the governments justify the specific decisions?
- d. How did the governments construct the legitimacy narrative, and did they succeed in upholding legitimacy of the decisions?

For each question, comparisons are made, after which factors which might explain similarities or differences are addressed.

### *Theoretical relevance*

This thesis aims to contribute to the understanding of policy decision making during a transboundary crisis. In particular, it focuses on how the justification and legitimacy of crisis measures depended on the institutional context during the Covid-19 pandemic. An extensive theoretical literature search was done in order to collect relevant insights for this thesis and also to position this thesis in the existing body of knowledge.<sup>1</sup>

Usually, research on public policy is concerned with routine processes of governance (Boin & Lodge, 2016: 289-290). But knowledge on policy decisions when a crisis or ‘exogenous shock’ occurs, is also of importance (see, for example, Bermeo & Bartels, 2014; Olsson & Xue, 2011; Gourevitch, 1986). Several academic journals focus exclusively on the topic of crisis management, like *Risks, Hazards & Crisis in Public Policy*, the *Journal of Contingencies & Crisis Management*, the *International Journal of Emergency Management*, and *Disasters*. Traditionally, much attention is paid to government responses during war time. However, many countries have in recent years moved from a military focus in their crisis management structure to an all-hazards approach (Lægreid & Rykkja, 2018: 344). This seems to correspond with the proliferation of the field of crisis and disaster studies over the past two decades (Wolbers et al, 2021: 374).

Many authors start with the broad notion of crisis management, which refers to all the actions a government undertakes to stop or limit the impact of a crisis (Christensen et al, 2018: 6). Some of the publications are quite normative in character: they describe how a crisis can be best prepared for and handled (see, for example, Boin et al, 2019; Heath & O’Hair, 2008). In these publications, authors often make a distinction between the different phases of a crisis, like sense-making of the situation, communication with the public, and the implementation of measures, followed by a description of how a government or leader should act in each phase. The publications offer sometimes very practical guidelines, loosely based on research insights.

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<sup>1</sup> For the literature searches, two databases were used: the university database Oria and the internet search engine Google Scholar. A variety of key terms was employed. The aim was to cast the net widely, and catch all the nuances which are used to identify the topic, but make the searches specific enough to make the result list manageable. Key term combinations were, for example, ‘policy decision\*’ AND crisis, ‘school closure\*’ AND pandemic, legitimacy AND crisis, and ‘policy decision\*’ AND pandemic AND (Norway OR Netherlands). The searches led to thousands of hits in both Oria and Google Scholar. Several sources were selected based on their relevance for this thesis and based on their quality. Quality was determined by the content, and also by seeing which publications authors themselves considered of particular interest to the field.



Other literature aims to describe and explain how crisis management is organized. Much of this literature consists of case studies; quantitative research is less prevalent. Some of the publications specifically focus on how the handling of a particular crisis can be explained in relationship to the institutional or political context (see, for example, Olsson & Xue, 2011; Lægreid & Rykkja, 2018). In *SARS from East to West*, a collection of mainly single case studies, for example, it becomes clear that the SARS virus could spread quickly after the first days it was detected in Hong Kong due to a lack of a formal warning system (Olsson & Xue, 2011: 229). In the descriptive literature, it's often emphasized that effective crisis management cannot be reduced to a technical matter, like having sufficient resources in place, but also depends on trust in the government and people's belief whether the government acts desirably (see, for example, Lægreid & Rykkja, 2018).

Literature on policy decision making during the Covid-19 pandemic makes clear that the pandemic was special in the sense that it was a transboundary crisis which hit countries around the world more or less at the same time. Because of this, the countries form interesting material for comparisons. Many countries took similar crisis measures, partly at the advice of the World Health Organization (WHO), but they also differed from each other in many respects (Greer et al, 2021: 615). Several publications address decision-making processes during the pandemic; few are cross-national studies (exceptions are, for example, Peralta-Santos et al, 2021; Lindblad et al, 2021). The publications usually focus on the first months of the pandemic, but this will likely change in the coming years (Kuipers et al, 2022: 302).

Some of these Covid-19 studies stand out as particularly interesting for this thesis, like 'Early lessons from Covid-19 response and shifts in authority: public trust, policy legitimacy, and political inclusion' (Bekker et al, 2020), which addresses the consequences of switching to a crisis management structure, and 'France's multidimensional Covid-19 response. Ad hoc committees and the sidelining of public health agencies' (Rozenblum, 2021), which focuses on the position of decision advisers during the pandemic. I will address the outcomes of these studies in the discussion part of this thesis.

Few Covid-19 studies focus specifically on crisis measures in the education sector. Only one seems of particular interest for this thesis: the qualitative study 'School lockdown? Comparative analyses of responses to the Covid-19 pandemic in European countries' (Lindblad et al, 2021). In the study, the focus is on the closures of primary schools during the first months of the pandemic in eight European countries: Denmark, Finland, Germany, Greece, Italy, Poland, Sweden, and Norway. One of the main findings is that governments argued for school closures by stressing the danger of infection, while they opened schools (or

kept them open) with reference to the schools' social function. I will address this finding in the discussion part of this thesis as well.

In contrast to other studies on policy decisions during the Covid-19 pandemic, this thesis will focus on a relatively long period of time, namely two years, which will make not only comparisons between the cases possible, but also within the cases. This can increase the understanding of how such a major decision like the closure of schools could evolve during the pandemic.

### *Societal relevance*

After such a serious crisis measure as school closings, it's important for a society as a whole to understand fully what actually happened, and how and why this decision took place. The school closures had a big impact on many children's lives (see, for example, Nøkleby et al, 2021; Andersen et al, 2021, Haelermans et al, 2022). It's not unlikely that many of these children will experience consequences of the measure for years to come. It's for these children that a careful study of the measure and its development can in the future be of particular value.

Extensive evaluation reports in both Norway and The Netherlands have been published. They describe and evaluate the governments' response to the pandemic, and give a thorough overview of the challenging situation the governments found themselves in. However, the reports do not offer a comparison with other countries, which can leave readers wondering if some decisions were specific for the country they live in, or whether these decisions could have been made in any similar country in the same situation. This thesis aims to provide this comparative perspective when it comes to the school closures in Norway and The Netherlands. The intention is not to evaluate whether one country performed better than the other, but to articulate how and why the governments of these two quite similar countries at times behaved differently.

Furthermore, this thesis can be of interest to all actors involved in policy decision making. As the world seems to be facing a growing number of transboundary challenges, like the ongoing climate crisis, the energy shortages as a result of the war in Ukraine, and the international refugee situation, the need for knowledge on decision making during a crisis is highly relevant (Cabane & Lodge, 2018: 8; Boin & Lodge, 2016: 289; Lodge & Wegrich, 2014: 5). Under normal circumstances reaching and justifying policy decisions can already be challenging, let alone during a transboundary crisis. Reflecting on how crisis policy decisions are actually being made, can hopefully contribute to the preparation of future crisis responses.

### *Methodology*

To answer the research question in this thesis, a historical-comparative case study is done with the help of a qualitative document analysis. A case study is a means to gain better insight in a specific phenomenon in light of existing theoretical ideas, while opening up for nuances which general models might not catch (Ryan, 2017: 284-285; Gerring, 2017: 22). The qualitative analysis doesn't allow for statistical generalizations, but can be a starting point for quantitative research at a later stage. One of the main advantages of doing a comparative case study instead of a single one is that it can shed light on underlying patterns which otherwise might have gone unnoticed.

The data sources for the qualitative document analysis consist of transcripts of public statements, national evaluation reports, transcripts of parliamentary debates, government documents (like official webpages, formal notices/letters), news articles, and research publications.

## 2 Background

In this thesis, Norway and The Netherlands are presented as quite similar countries. In which ways are they actually alike?

### 2.1 Societal and political context

Norway and The Netherlands are both well-developed welfare states with robust institutions (OECD, 2023a; OECD, 2023b). The Netherlands has a relatively large population (three times the size of Norway), but compared to other countries in the world, they are both quite small. They differ in their population density: 14/m<sup>2</sup> in Norway (5,4 million citizens) vs 421/m<sup>2</sup> The Netherlands (17,5 million citizens). Compared to other OECD countries, both Norway and The Netherlands have a high income equality and a low poverty rate (OECD, 2023c; OECD, 2023d). Unlike The Netherlands, Norway is not a member of the EU, but both are part of the Schengen Area (EC, 2023).

Both countries have adopted a multiparty system, and know a long political tradition of broad consensus seeking in making policy decisions. Both countries employ a decentralized government structure in many areas (Christensen & Lægneid, 2020b: 716; Pattyn et al, 2021: 593).

When the pandemic started, Norway had a right-center cabinet, consisting of a coalition of three political parties: Høyre, KrF, and Venstre (Regjeringen, 2022a; Henley, 2017a). This was a minority government, led by prime minister Erna Solberg (Høyre).

The government period is fixed. Every four years, elections are held for the Norwegian parliament (Stigen et al, 2022: 13; Stortinget, 2022a; Stortinget, 2023a). In September 2021, new elections took place, following this four-year set-up. This time, the social-democratic party (AP) won the most votes (Stortinget, 2023b; Henley, 2021a). On 14 October 2021, the new cabinet was inaugurated, consisting of a coalition of the AP and the center party SP (Regjeringen, 2021a). Again, this was a minority government, this time led by Jonas Gahr Støre (AP).

In Norway, members of the parliament ('Stortinget') represent not just a party, but a voting district as well (Stortinget, 2022a). The parliament consists of one chamber. Its main functions are approving the fiscal budget, supervising the government, and legislation. The cabinet consists of the prime minister and the ministers (Stigen et al: 2022: 13).

Usually, the cabinet takes initiative in creating new laws or policies (Stortinget, 2022b). When the cabinet wants new or adjusted legislation, it can have a draft made by the administration. In formulating the proposal the administration consults affected parties and specialists. After this, the proposal is discussed by a committee of the parliament.

Norway has, and had during the pandemic, both a Ministry of Education (Kunnskapsdepartementet) and a Ministry of Children and Family (Barne- og Familiedepartementet); the Ministry of Education has two ministers: one with a focus on compulsory education and childcare facilities, and the other on higher education and research (Regjeringen, 2023b).

The Netherlands had a right-center cabinet as well when the pandemic started, consisting of a coalition of four parties: VVD (conservative-liberal party), D66 (social-liberal party), CDA (Christian-democratic party), and the CU (Christian-progressive party) (Rijksoverheid, 2017; Henley, 2017b). This was a majority government, led by prime minister Mark Rutte (VVD).

In January 2021, the cabinet resigned after a child benefits scandal, which had been smoldering for several years (Rutte, 2021b; Henley, 2021b). In The Netherlands, a resignation usually implies that new elections are organized. However, general elections were planned on 17 March 2021 anyway, and it was decided to hold on to this date (Blokland, 2021). In the elections, the liberal-conservative party (VVD) won the most votes (Henley, 2021c). On 10 January 2022, after relatively long negotiations, the new cabinet was inaugurated, consisting of a coalition of the same four parties as in 2017 (Rijksoverheid, 2022c; Rijksoverheid, 2022d). Again, a majority government was formed, with Mark Rutte as prime minister. Usually, citizens vote every four years for the House of Representatives (Tweede Kamer der Staten-Generaal, 2022a). Together with the Senate ('Eerste Kamer'), the House of Representatives ('Tweede Kamer') forms the parliament ('Staten-Generaal'). The parliament has several functions, like approving the fiscal budget, supervising the government, and adopting laws. The cabinet consists of the prime minister, the ministers and the state secretaries.

As in Norway, the cabinet usually takes initiative in creating new laws or policies. When the cabinet wants new or adjusted legislation, it can have a draft made by the administration. In formulating the proposal the administration consults affected parties and specialists. After this, the proposal is discussed by a committee of the House of Representatives, in which each party is represented by a member who is familiar with the specific topic (Tweede Kamer der Staten-Generaal, 2022b).

The Netherlands has, and had during the pandemic, a Ministry of Education with two ministers, a general one, who is also responsible for culture and research, and one specifically for compulsory education (Rijksoverheid, 2023c). The country doesn't have a separate ministry for children's and family issues.

Although both countries have a political tradition of broad consensus seeking, the political climate differs. Norway has seen few polarized political debates in recent decades, even though experts have expressed concerns that this might change (Jakobsen & Dæhlen, 2020). Polarization can make it more difficult to reach agreement on policy decisions than usual, and in addition stimulate a culture of 'we' versus 'them'. However, fierce polarization seems to be less of a threat compared to the situation in other countries, with Norway being a rather egalitarian nation with a long history of reducing economic differences and facilitating equal opportunities among its citizens.

Although The Netherlands also knows a relatively low level of economic inequality, the country has faced a gaining popularity of populist parties in the last two decades, starting with the election success of the Pim Fortuyn List (LPF) in 2002 (nine days after its leader Pim Fortuyn was murdered), and followed by the successes of the Party for Freedom (PVV) in 2010 and the Forum for Democracy (FVD) in 2019. In response to concerns about polarization, Dutch experts have emphasized that the multiparty system reduces political tensions due to the need for collaboration across party boundaries (Harteveld, 2021). However, the tone in political debates on sensitive issues is at times unnecessarily harsh, the majority of citizens feels, and experts have urged politicians to stay focused on the content of the debates (SCP, 2022).

## **2.2 Education system**

As in many countries in the world, children in Norway and The Netherlands have a constitutional right to education. This right is in line with the Declaration of Human Rights, which both countries signed in 1948. The declaration was a way for the countries to demonstrate their intent to uphold some basic standards, like accessibility by making (elementary) education free of charge and not differentiating on the grounds of gender, ethnicity, or religion (UN, 2022; §26). Norway and The Netherlands have developed their own distinctive education systems in order to give children their constitutional right. These systems are different on a structural level, but in practice show many similarities. Both the

Norwegian and the Dutch education system can be considered as highly institutionalized, meaning that their systems are well-developed and robust (OECD, 2022a).

At the base of the Norwegian school system lies the principle of the unitary school, ‘enhetsskole’ or ‘fellesskole’ (Thuen, 2017: 14-15, 92, 202). This principle prescribes that all children regardless of their gender, intelligence, living area, and social-economic background have access to the same education. The unitary school consists of primary and lower secondary education; after this, children have the right to continue with upper secondary school, which has two general levels (Udir, 2023a; Werler & Sivesind, 2007: 579). Part of the unitary school principle is that children living in the same area attend the same school in order to increase social cohesion (Udir, 2014). Some exceptions have been made in cases where this unintentionally led to ethnic segregation, as it did in Oslo (see, for example, Hansen, 2005: 4-5).

Public primary and lower secondary schools are owned by the municipality, which is obliged to offer at least one nearby school to parents, even if the population density in an area is low (Lovdata, 2022: §8-1; Udir, 2014). The municipality has formal responsibility for the school, and, for example, hires teachers and other school employees (Lovdata, 2022: §13-1). Upper secondary schools are owned by the counties, which are responsible among other things for education availability, the school buildings, school equipment, and also the hiring of staff (Lovdata, 2022: §13-2).

Norway mainly has public schools, together with a small (but slowly rising) number of so-called government-dependent private schools and almost no independent private schools (Udir, 2019; Musset, 2012: 10). Government-dependent private schools receive funding from the government, but have private owners. Some of these non-profit schools follow, for example, a specific didactic method, like Montessori schools, or have a religious signature. In total, there are approximately 2.800 schools for primary and secondary education in Norway (Udir, 2023b). Compulsory education is from age 6 till 16 (Thuen, 2017: 202). This spans primary and lower secondary education (grade 1-10). Since 1994, children have the right to three (free) additional years of schooling, so upper secondary education (Thuen, 2017: 192, 197).

Upper secondary consists of two general levels: ‘studieforberedende utdanning’ (pre-academic/-polytechnic training, 3 years) and ‘yrkesopplæring’ (vocational training, 3 years); each level has different sublevels (Udir, 2023a). Norway strives for inclusive education,

meaning that pupils with special needs are included in regular schools as much as possible (Udir, 2022f).

For a long time, the Norwegian education system could be seen as an example of the Nordic school model. The central idea was that schools should serve to realize the social goals of equality and national community (Werler & Sivesind, 2007: 574; Telhaug et al, 2006: 245; Antikainen, 2006: 230). In the 1970's, more focus was put on the pupil's individual emancipation (Telhaug et al: 245). From the 1980's onward, Norway's education system – like the education systems of many European countries – has been subjected to market principles as the result of globalization and the forward march of neo-liberalism (Hudson, 2007: 266; Antikainen, 2006: 237). The system has over the years become more decentralized and result-driven: local government and/or the schools themselves have more responsibility for the quality of education than before, while national tests have been introduced for writing, reading, mathematics, and English (Werler & Sivesind, 2007: 586; Hudson, 2007: 269, 277; Telhaug et al, 2006: 245-246). Because of changes like these, it can be debated if the Nordic model as such still exists (see, for example, Antikainen, 2006: 240). Some say that the current model should be understood as a combination of the Continental model, which puts relatively strong focus on social welfare and security, and the Anglo-Saxon model, which generally has a more liberal attitude to markets and competition (Telhaug et al, 2006: 278).

While the Norwegian education system has become decentralized and heterogeneous, the government has kept control through (further) developing curriculum standards and national testing. Regulation has shifted from being input-based to being output-based (Hudson, 2007: 268, 277).

The quality control of public schools is in the hands of the county governor (Statsforvalteren), who has responsibility for the follow-up of all national regulations which are relevant for the county. It regularly checks whether public schools in their county fulfill national quality criteria (Udir, 2022a). Every year, it reports its findings to the Norwegian Directorate for Education and Training (Utdanningsdirektoratet) (Udir, 2022b; Hudson, 2007: 273). The directorate falls under the Norwegian Ministry of Education, and is responsible for the implementation of education measures (Udir, 2023c).

The Netherlands has a highly diversified school system (Teelken, 1999: 284; Dijkgraaf et al, 2008: 2; van de Ven, 2007: 556). This is the result of two principles which lie at the system's



base: freedom of education, which is the freedom to found a school based on a specific religion or life ideology, and equal state funding for both public and private schools provided they meet certain criteria regarding curricula and organization. These principles are laid down in the Constitution (Nederlandse Grondwet, 2022).

The owners of the schools are the school boards. They make their own choices regarding pedagogics and teaching materials (the ‘how’ of education), as well as staff appointments (OECD, 2017: 18-19; Teelken, 1999: 284). Municipalities can decide, for example, the school location and the limit of parent tuitions, and also facilitate cooperation and knowledge-exchange between schools (OCW, 2020; Remie, 2018b; Welie & Scharff, 2019).

The majority of schools in The Netherlands consists of government-dependent private schools. These (non-profit) schools are financed in the same way as public schools. Like public schools, they can ask parents for a small financial contribution, but parents are not obliged to pay this (OECD, 2017: 18-19; Dijkgraaf et al, 2008: 2). In total, The Netherlands has approximately 7.500 schools for primary and secondary education, so almost three times as many as Norway (OCW, 2023).

Compulsory education is from age 5 till 16, but most parents put their children in school at age 4 (Rijksoverheid, 2022f; van de Ven, 2007: 556). After completing primary education (grade 1-8), pupils are approximately 12 years old, and receive a school advice for their level in secondary education. Secondary education has four general levels: ‘vwo’ (pre-academic training, 6 years), ‘havo’ (pre-polytechnic training, 5 years), ‘mavo/vmbo’ (vocational training, 4 years), and ‘praktijkschool’ (vocational training, 5 years) (OCO, 2021). The Netherlands has a long history of separate schools for children with special needs. Over the last few decades, regulations were adjusted several times in an attempt to give these children easier access to regular schools (Stellaard, 2023; Rijksoverheid, 2023a).

Having a strong social-democratic tradition on the one hand, and freedom of education on the other, The Dutch education system traditionally takes in a special place between the (more decentralized) Anglo-Saxon model and the (more centralized) Continental model (Karsten, 1999: 304). It’s an example of neither, and of both.

In the 1960’s and 1970’s, the idea of a malleable society became popular in The Netherlands. The dominant idea was that schools could be used to distribute knowledge equitably, and that particularly the opportunities for less-advantaged children could be improved (Karsten, 1999: 306). In the mid-1980’s, neo-liberalism gained ground in The

Netherlands as well, and more room was created for market principles in the public sector. As a result, the Dutch education system became even more decentralized, and the autonomy of schools was increased (Karsten, 1999: 303, 307). Nevertheless, the national government has kept control with output-based regulation: the country has developed curriculum standards and puts specific demands on national tests (which are developed by private test developers). As a result, schools have become more result-orientated, starting to focus more on improving pupil performances (Karsten, 1999: 308).

The Dutch Inspectorate of Education regularly checks whether schools meet national quality standards (Inspectie van het Onderwijs, 2022a; van de Ven, 2007: 560). The inspectorate has a mandate of the Ministry of Education, but works independently. In its annual reports on the quality of education in The Netherlands, it critically reflects on how the education system functioning and points out both positive and negative developments (OCO, 2021). It regularly publishes both quantitative and qualitative research on specific themes within education as well.

### **2.3 Crisis management structure**

As many countries, Norway and The Netherlands have been moving towards a national crisis organization that coordinates other central administrative bodies: instead of setting up a traditional, sector-based organization, an interdepartmental coordination center is created to take the lead in the case of a crisis (Lægreid & Rykkja, 2018: 344). In addition, both countries have chosen for a decentralized crisis structure, in which decision-making authority can be centralized if the situation requires this.

In the 1990's, the Norwegian legal framework for handling national crises was thoroughly revised. One of the changes was a shift of focus from war events to climate catastrophes and civilian crises (NOU 2021:6, 58). Furthermore, the legal framework for how infectious diseases should be prevented and controlled, was laid down in the national health and social preparedness act ('Lov om helsemessig og sosial beredskap'). One of the core principles of the general Norwegian crisis structure is to put formal decision making authority at the lowest level possible (NOU 2021:6, 56; Fimreite, 2014: 18). In the case of a health issue, municipalities first try to solve the situation themselves. If the situation gets too big to be handled sufficiently at the local level, authority shifts to the county level, and finally

institutions at the national level can take over. The county governor functions as a bridge between the municipalities and the state (NOU 2021:6, 62).

If a public health crisis occurs, the Minister of Health has formal responsibility on the level of the ministry for handling the crisis, and can request the Directorate of Health (Helsedirektoratet) to assist or take over some of the responsibilities (NOU 2021:6, 60). The Ministry of Justice and Public Security has overall responsibility for the handling of national crises as long as nothing else is arranged (NOU 2021:6, 60; Boin et al, 2018a: 372).

The Crisis Committee for Biological Events (Beredskapsutvalg mot biologiske hendelser, BUB), which formally falls under the Ministry of Health, coordinates the handling of any event which forms a threat to public health (Helsedirektoratet, 2021). Members of the BUB are representatives of different national institutes, including the Helsedirektorat and the Folkehelseinstitutt (FHI), the national institute for public health (Helsedirektoratet, 2021; NOU 2021:6, 61). Also included is the Directorate for Civil Protection (Direktorat for samfunnsikkerhet og beredskap, DSB), the national crisis center, which formally report to the Ministry of Justice and Public Safety; the DSB monitors risks and vulnerabilities in a wide range of areas, and supports the ministry with its overall coordinating role (Fimreite, 2014: 18; Førde et al, 2018: 34).

During a public health crisis, the collection of data is in the hands of the FHI. This government institute advises the Ministry of Health and gathers information about the health situation, while also providing assistance to institutions at the local and regional level (NOU 2021:6, 60). The FHI and Helsedirektorat are in turn advised by the Pandemic and Epidemic Committee (Pandemi- og Epidemikomiteé), a committee with health professionals which is activated before or during the outbreak of an infectious disease (NOU 2021:6, 62; FHI, 2018). The FHI is an established institution in Norway, with a history going back to the early 1900's when in most Western countries national public health institutes were set up in order to increase social hygiene and fight infectious diseases (Barona, 2019: 51, 96). The FHI is a member of the International Association of National Public Health Institutes, which main goal is to link and strengthen national public health institutes by sharing expertise and experiences (IANPHI, 2023). It also collaborates closely with the WHO, the UN organization which aims to promote health and coordinate the world's responses to health emergencies (FHI, 2023; WHO, 2023).

During a national crisis, the prime minister's office can organize special crisis meetings, where (a selection of) cabinet members discuss measures to control the situation (NOU 2021:6, 209; Førde et al, 2018: 33). A committee of senior administrative officials is

installed, the Kriseråd, which has as its main task to strengthen the central coordination of handling the crisis (NOU 2021:6, 218). This committee is supported by the lead ministry, one of the departments which is chosen to coordinate cooperation between ministries, while also informing the government (NOU 2021:6, 215; Regjeringen, 2023a). When a ministry is pointed out to fulfill the role of lead ministry, this doesn't change the constitutional responsibilities of the individual ministries (Regjeringen, 2023a).

The Dutch crisis structure shows many similarities to the Norwegian one. In The Netherlands, the prevention and control of infectious diseases has been a core task of the government since the 19<sup>th</sup> century (OVV, 2022a: 30). The legal framework for how this should be done, is laid down in the national public health act ('Wet publieke gezondheid'). The country has set up a decentralized system for handling crises. In the case of the control of infectious diseases, the law for public health determines that the administrative responsibility lies at the level of the municipalities (OVV, 2022a: 31; Boin et al, 2018b: 135). The municipalities are part of a safety region in which they collectively are responsible for the regional health care services (Gemeentelijke Gezondheidsdienst, GGD). In total, there are 25 safety regions (OVV, 2022a: 31). If a municipality cannot handle a situation, the mayor can turn to the safety region of which the municipality a part. If the safety region cannot handle the situation either, the national government takes over (Boin et al, 2018b: 135-136). In the case of a severe epidemic (a 'group A' epidemic), the Minister of Health is automatically put in charge (whereas municipalities have formal decision authority in the case of other types of diseases). The minister can instruct the safety regions and subsequently the municipalities to adopt and monitor specific measures (OVV, 2022a: 32).

During a public health crisis, the collection of the data is in the hands of the Rijksinstituut voor Volksgezondheid en Milieu (RIVM), the national institute for public health. The RIVM also activates the Outbreak Management Team (OMT), which consists of health specialists from different fields. This team advises the government about what should be done regarding the (potential) public health crisis (RIVM, 2022a; OVV, 2022a: 30). Like the FHI, the RIVM has a long history in the institutional set-up of the country (RIVM, 2023). It actively participates in international collaborations, including the WHO (RIVM, 2022b). The RIVM is a member of the International Association of National Public Health Institutes as well (IANPHI, 2023).

If an infectious disease gets the proportions of an epidemic, the Dutch Minister of Justice can activate the crisis structure, which enables the government to take measures on a

national level and act more swiftly than usual (OVV, 2022a: 34; Grapperhaus, 2020: 1-2). Overall coordination lies with the Nationaal Crisiscentrum (NCC), an interdepartmental coordination center which supports decision making and collects information on the national level. The ministries are responsible for how the decisions will be elaborated for their policy areas, and can take additional measures if they find this necessary (OVV, 2022a: 34, 119). Each ministry also has its own crisis center.

During a national crisis, cabinet members gather in special crisis meetings (Ministeriële Commissie Crisisbeheersing, MCCb), where they can decide on measures to prevent the further spread of the virus and control the negative impact on society. The MCCb is advised by a committee of senior administrative officials (Interdepartementale Commissie Crisisbeheersing, ICCb), and can ask others, like the OMT, for advice. Measures are captured in emergency ordinances (Grapperhaus, 2020:1-2; NCTV, 2016: 15; Rijksoverheid, 2020c).

#### **2.4 General response to the Covid-19 pandemic**

On 26 February 2020, the first person in Norway tested positive for the coronavirus (Kolberg et al, 2020). A day later, the same happened in The Netherlands (OVV, 2022a: 24). Both countries decided in the following weeks to switch to national crisis mode, which resulted in the centralization of decision-making authority and a simplification of the decision-making procedure in order to move more swiftly and efficiently. This was in line with what many countries around the world did during this time (Greer et al, 2021: 25; Bekker et al, 2020: 854).

Both governments took a wide range of temporary crisis measures in response to the situation. Over the course of two years, both preventive and reactive measures were formulated, evaluated and adjusted. The measures ranged from hygiene measures, quarantine rules, the request to work from home, the temporary closure of shops, to bans on big social gatherings, limitations of group sizes, and the (partial) closure of schools. In Norway, the national borders were immediately closed for all foreign travelers, and citizens were requested to stay at home as much as possible (NOU 2021:6, 139, 219). In The Netherlands, travel restrictions only applied to foreigners from ‘risk countries’, highly affected areas (Rijksoverheid, 2022a; OVV, 2022a: 77). The Dutch government also initiated an evening curfew several times during the pandemic (Rijksoverheid, 2021a).

After the first wave of infections seemed to be slowing down, in June and July 2020, some of the measures were eased. In August, the number of corona cases started to rise again

quickly, and both countries put new restrictions into place (Regjeringen.no, 2022a; Engbersen et al, 2021: 6). In the meantime, researchers collaborated on the development of vaccines against the coronavirus, and in November 2020 the first vaccine was brought to the market (Marsh, 2021). During the winter months, in December 2020 and January 2021, both Norway and The Netherlands started with their vaccination programs, for which the most vulnerable groups were being prioritized. Until then, Norway had experienced relatively few corona deaths. The country had the lowest number of corona deaths among European countries (NOU 2021:6, 26). The absolute number lay around 440 on 1 January 2021; the average per 100.000 citizens was approximately 8 (Johns Hopkins University, 2022b). In The Netherlands, the absolute number was around 11.625 at that time, with an average per 100.000 citizens of approximately 67 (Johns Hopkins University, 2022a).

In both countries, the infection rate slowed down again in the summer months of 2021. More and more people were getting vaccinated, and restrictions were being eased. However, at the beginning of the winter, infections rates became so high again that both the Norwegian and Dutch government decided to re-introduce crisis measures. At the beginning of 2022, the situation seemed under control again, and many of the measures were lifted (Regjeringen, 2022b; Rijksoverheid, 2022a).

## **2.5 Main similarities**

Norway and The Netherlands share some basic characteristics, which makes them of particular interest for a comparison to understand better how the decisions to close and subsequently open schools were taken during the pandemic. Both countries are well-developed welfare states with robust institutions. They both have a multiparty system, with a similar role for the parliament. Both countries had a right-center cabinet when the pandemic started (although this changed in Norway in October 2021).

Their education systems are built around the core idea that all children should have access to education. The governments control the education quality in a similar way, with national curriculum standards and regular reviews. And finally, both countries have a similar crisis structure, which both governments decided to activate when the pandemic started.

### **3 Theoretical framework**

To make the comparison between Norway and The Netherlands, and answer the main research question, a theoretical framework consisting of central concepts from literature is put into place. These central concepts are: ‘policy decision’, ‘actors’, ‘justification’, and ‘legitimacy’. These concepts are applied to a situation which was quite special: the Covid-19 pandemic. The pandemic was a public health crisis which crossed national boundaries and affected different policy domains, and was special in the sense that it hit almost every political system in the world almost simultaneously (Greer et al, 2021: 4).

#### **3.1 Crisis situation**

How does the pandemic differ from other types of crises? And how does a crisis situation like this complicate decision making? In literature on crisis management, a crisis is often defined as a phase of disorder in the development of a society; it’s a so-called ‘critical juncture’ in or a ‘serious threat’ to the life of a social system, a time when the system’s ability to function can no longer be taken for granted (Boin et al, 2019: 5; Wolbers et al, 2021: 372).

The starting point for analysis is often the distinction between man-made and natural crises (see, for example, Boin et al, 2019: 3; Fimreite et al, 2019: 13). A man-made crisis is, for example, a terrorist attack, while a natural crisis can be a hurricane, but also a pandemic. These categories can feel a bit arbitrary, since a natural crisis can also have a man-made component. The climate crisis illustrates the ambiguity well: it’s a natural disaster, but the result of human activity. Some researchers prefer a distinction between intended and non-intended crises (see, for example, Læg Reid & Rykkja, 2018: 346-347). An intended crisis is, for example, a terrorist attack (someone meant this to happen), while an example of a non-intended crisis is an accidental power plant explosion.

A crisis usually comes as a ‘rude surprise’, as some put it (Boin et al, 2019: 3). Even though it might immediately be clear what is at stake, there is uncertainty about the nature of the crisis and what a good response would look like. However, some crises are easier to handle than others, because it’s known that they could happen. For instance, countries with a lot of volcanic activity are aware that an eruption could take place; it’s not so much a matter of what will happen, but more of when and where. These types of crises are often referred to as ‘known unknowns’ (Boin et al, 2019: 8). A pandemic is usually understood as a known unknown. Infectious diseases are maybe as old as humankind. It’s not a surprise that some

(have the potential to) develop into a pandemic, even though it can still come as a shock (Rodal, 2022; OVV, 2022a: 98).

Preparation for a crisis is not possible when it comes to ‘unknown unknowns’, unpredictable events which can surprise in various ways. They are unique events in the sense that they defy conventional ways of handling crises (Boin et al, 2019: 8). However, it could be argued that all crises consist of both known unknowns and unknown unknowns: some parts can be prepared for, while others cannot. Each crisis requires therefore some ability to improvise and independent thinking, as several authors stress (see, for example, Christensen & Lægreid, 2020: 716; Boin & Lodge, 2016: 292).

In recent years, scholars of public administration have focused more on ‘wicked issues’, complex wholes of problems that cut across multiple policy domains, with a high variety of conflicting interests, and which are therefore more challenging to manage than ‘ordinary’ policy issues (Noordegraaf et al, 2017: 391; Christensen et al, 2018: 2-3; Fimreite et al, 2019: 22). If a crisis has the characteristics of a wicked issue, it’s by definition a transboundary crisis. An example is the climate crisis, which covers a wide range of interrelated problems for which there is no simple solution. Transboundary crises ‘challenge the structures of nation states that were built for more classical threats’ (Olsson & Zhong, 2011: 227).

The Covid-19 pandemic can also clearly be understood as a transboundary crisis: the crisis crossed national boundaries and affected different policy domains (Greer et al, 2021: 4). Some authors make a distinction between ‘regular’ wicked issues and ‘extremely complex’ or ‘super wicked’ issues (Noordegraaf et al, 2017: 390; Auld et al, 2021: 707). This last type of wicked issues is even more difficult to get under control. They ‘go beyond borders and boundaries, as they are situated in transnational spaces, with overlapping jurisdictions, interlinked policy spheres, fuzzy or ambivalent ethical standards, and much contestation, threat, aggression, emotion and fear, as well as time pressure’ (Noordegraaf et al, 2017: 392). Even though it can be debated whether this distinction is theoretically sustainable, it does illustrate that an increase in complexity can make a crisis more challenging to handle. This is also emphasized by Lægreid & Rykkja: ‘The most demanding crises are those that transcend administrative levels, sectors and ministerial areas and at the same time are unique, ambiguous, complex and involve a lot of uncertainty about who should be involved and what they should do’ (2018: 6).



Some transboundary crises, like the pandemic, are cascading crises as well: in a cascading crisis one subsystem leads to disruptions in another one (Boin et al, 2019: 8; Olsson & Zhong, 2011: 227). A well-known example is the triple disaster in Fukushima in 2011, where a sea earthquake simultaneously led to a tsunami and a nuclear accident (Pescaroli et al, 2018: 159). The cascading effect can also be the result of intervention measures. During the pandemic, for example, measures for preventing the healthcare system to collapse made other domains, like the education sector and the economy, vulnerable.

Even though the description ‘cascading crisis’ suggests that one event takes place after the other, this might not be so clear in reality: the distinction between cause and consequence can become blurry. For example, a sea-earthquake might cause a tsunami which then overflows a city; the cause of the flood can then be either the sea-earthquake or the tsunami (Pescaroli et al, 2018). This blurring of boundaries can make it extra difficult to reconstruct after the crisis what actually happened and to evaluate whether the response was adequate (Noordegraaf et al, 2017: 390).

Furthermore, a distinction can be made between a ‘fast-burning crisis’ and a ‘long-shadow crisis’ (Boin et al, 2019: 103; Boin & Lodge, 2016: 293). The first one refers to crises which are solved effectively in a relatively short period, like a train crash or a single volcano eruption. The impact might be very high and people might not easily forget the event; nevertheless, there is a sense of ‘closure’, a feeling that the event lies in the past once the crisis is solved (Boin et al, 2019: 104). In the case of a long-shadow crisis this is different: questions about why the crisis was handled in a specific way, for example, keep coming to the surface; real answers are not provided, legal proceedings never seem to end (Boin et al, 2019: 105). Transboundary crises can also be put into this last category: because of their wide scope and complexity, they have a tendency to keep returning to the political agenda. Sometimes, parts of these crises get solved, or in specific parts of the world, as in the case of the AIDS epidemic. The AIDS epidemic came under control in Western countries, while remaining a public health crisis in several African nations (Boin et al, 2019: 106). Something similar seems to happen with the Covid-19 pandemic. At the end of 2022, for example, many countries had returned to a sense of normalcy, while some countries like China were still holding on to severe measures in order to keep control over the situation (Mallapaty, 2023).

Crises put special demands on governments: decision makers are required to respond quickly while much about the situation and the best way to respond is unclear. More factors than usual are still unknown, and the time to consult different stakeholders is limited (Boin et al, 2019: 7,

79; Christensen et al, 2018: 2; Landau et al, 2014: 1322). As a result, governments might struggle more than usual to reach agreement on what is the right course to follow.

The uncertainty about the situation concerns different aspects which are closely interrelated (Ongaro, 2020: 56-57; Hansson, 1996: 369). First of all, there is uncertainty about what the threat consists of. Is the explosion the result of a terrorist attack or was it 'just' an accident? Is the spreading illness a serious threat to public health or is it rather a mild virus which we don't need to be very concerned about? In literature on crisis management, this period is usually referred to as the 'sense making' phase (Boin et al, 2019: 15). During this phase, much depends on the availability of 'analytical capacity': the ability to collect and analyze information and make assessments based on these analyses (Christensen et al, 2018: 7). Emphasis will be put on collecting as much reliable information as possible in order to reduce the uncertainty and make stronger decisions.

To prevent that the decision-making process becomes paralyzed by the uncertainty, decision makers will need to strike a balance somehow between choosing a course of action and taking the uncertainty of the situation into account. In this case, decision making might appear to be anything but a rational process. Decision makers need to weigh different interests against each other without really knowing if or how these interests are affected. The unclarity about the nature of the crisis spills over to the actual decisions: as long as it is unclear what is happening, it's impossible to know which measures are a solution to the threat which the country is facing (Ongaro, 2020: 56-57). Whatever decision makers decide to do, it might not be adequate.

Furthermore, it's uncertain what the actual effects of the measures will be. Decisions contain assumptions about how people will behave. But since the situation is out of the ordinary, no or limited knowledge is available (yet) on whether these assumptions are correct. For example, a government might decide to close off roads in order to prevent people from entering a hazardous area, but instead of staying away people might choose alternative routes to cross the area and thereby actually heighten the possibility of accidents.

The more complex a crisis is, the more difficult it can be to make adequate policy decisions and also to measure the possible effects of these decisions. Particularly during a transboundary crisis, it's less obvious what needs to be prioritized, and how the different measures will play out. Decision makers will experience that they need to facilitate cross-boundary cooperation and knowledge exchange more actively than during a more ordinary crisis: handling transboundary crises requires that leaders can bring together different

stakeholders and stimulate collective understanding despite different backgrounds, authors stress (Noordegraaf et al, 2017: 392).

As long as the uncertainty persists, the analytical capacity is of importance. Decision makers are not out of the woods once the crisis is clearly identified, they need to reflect on their approach continuously and adjust the crisis measures as new insights come in. The longer a crisis takes, the more important this ‘intracrisis’ learning is. Intracrisis learning is usually challenging due to the limited time frame, restrictions on analytical capacity, and political pressure (Monyhan, 2009: 189).

Intracrisis learning can be contrasted with ‘intercrisis learning’. Whereas the former refers to the (deliberate) improvement of specific measures while the crisis is unfolding, the latter is about making improvements for future crisis responses (Monyhan, 2009: 189). Intercrisis learning can come in the form of an (independent) evaluation and subsequent discussions in the parliament in which it’s assessed what worked and what should be done differently if a similar situation occurred in the future (Coombs, 2008: 114). Once a crisis is over, it becomes of interest to see how policy decisions came about, who was involved, how the decisions were justified, and whether they were legitimate.

### **3.2 Policy decision**

Policies are the means by which governments try to rule (Goodin et al, 2006: 3). Decision making takes place in a complex whole of regulations, a variety of actors, and conflicting interests and values (Powell & DiMaggio, 1991: 2-3; Scott & Davis, 2007: 59-60). A policy decision is dependent on the institutional context in which it’s made: the structural, political, ideological and cultural foundations of a country determine which alternatives are considered and how the decision is formulated. This can be described as ‘path dependency’, the idea that events or choices from the past, determine the available options in the future (Mahoney & Schensul, 2006: 454; Guy Peters et al, 2005: 1276). Path dependency might at times be quite obvious, for example, when a government chooses to work with specific technology which excludes other ways of working, but it can also be difficult to detect as these events or choices may be more abstract or are located ‘in the quite distant past’ (Mahoney & Schensul, 2006: 455).

Structural elements in the decision-making process, like formal rules and routines, are usually ‘loosely coupled’, meaning that they can, but don’t necessarily lead to specific outcomes. Instead, policy decisions might be made, but not implemented, or they are implemented, but have unintended consequences (Meyer & Rowan, 1977: 343). Put

differently, decision making can be a rather open-ended process in which actors nevertheless make decisions with the intention to reach a goal.

This institutional approach is usually contrasted with the instrumental view or ‘rational system perspective’. In this view, a policy measure is the rational outcome of a decision-making process. Rationality should in this context be understood in a narrow sense, as technical or functional rationality: a government has no other choice than to make particular decisions based on the specific goals and resources it has (Scott & Davis, 2007: 35; see also below). The rational system perspective is idealistic in nature: it presupposes a world in which all options for policy solutions and their different outcomes are known. Specific situations more or less force actors into a specific direction: taking everything into consideration, there will only be one option that can be the rational choice. In real life, this type of rational decision making will never occur, critics have repeatedly stressed (see, for example, Simon, 1976). And in the case of a transboundary crisis, even less so. However, that doesn’t mean that the rational system perspective is totally useless (see below).

Policy decisions can take on a wide variety of forms. A policy decision can be quite specific, like the decision to build a bridge, or more abstract, like the decision to support children with a disadvantaged background. It can initially seem to have a simple goal (like getting the bridge built), but turn out to be difficult to specify and realize, due to disagreement on the function of the bridge, the location, permits, and so on. The more complex the goal, the more difficult it will be to formulate a good decision, let alone specify and realize it.

Complexity of goals is common in the public sector: many goals are formulated in an abstract way, and usually contain a multitude of subgoals (Rainey & Jung, 2010: 34; Mohr, 1973: 472). For example, the Ministry of Education in Norway currently has three ‘main goals’: all shall participate in society, all have the competencies they themselves and the society needs, and society has access to the latest knowledge (Regjeringen, 2022c). These goals all have subgoals, and these again are subdivided into different domains, like primary and secondary education. Because of the complexity of goals, policy decision making can take a long time. The decision makers will need to somehow weigh the different objectives against each other in terms of their relative importance, and prioritize one goal over the other (Simon, 1976: 6).

As careful consideration of different possibilities is challenged during a crisis due to a lack of time and information, this raises the question how the institutional context in these

circumstances nevertheless shapes the final policy decisions. Decision makers don't need to start from scratch, but where do they start, and how do they proceed?

A lot has been written about what makes decision making during a crisis difficult; plus, much literature is available on how leaders should respond (see, for example, Boin et al, 2019; Coombs, 2008). But how does the decision in the end come about, and how is it adjusted over time? Particularly during a long-shadow crisis, this last question becomes of interest: how does the decision evolve as parts of the crisis get solved, while other parts continue to need political attention?

### **3.3 Actors**

In democratic countries, policy decision making usually involves a wide variety of actors. A general distinction can be made between decision makers, like government officials, and decision advisers, like expert bodies (universities, research institutes), businesses, and other interest groups, but also internal advisers, like policy officials (Beyers et al, 2008: 1106; Christensen, 2023: 602).

Decision makers have formal decision-making authority, which has its origin in legislation and regulatory systems, also referred to as 'legal authority'. Max Weber famously distinguished legal authority from traditional authority, which is based on cultural-historical relationships, and from charismatic authority, which arises when someone has power over others due to personal qualities (Weber, 1979: 91). In addition to Weber's categories, professional authority is often named. This type refers to authority which arises from specific knowledge, like medical or economic expertise (see, for example, Abbott, 1988: 1-2; Hirst, 1982: 174). Based on their formal decision-making authority, decision makers can formulate the measures which need to be implemented. Because the legal authority is prescribed and made explicit, it provides stability and predictability.

However, the significance of legal authority is relative: decision-making authority 'on paper' is meaningless as long as one doesn't actually influence behavior (Meyer & Rowan, 1977: 342; Simon, 1976: 125). To make a policy measure work, decision makers in democracies need more, like broad consensus among stakeholders and a wide public support. In order to achieve this, government officials will among other things regularly interact with interest groups.

Decision advisers try to influence decisions in the sense that they share their preferences for specific choices through formal or informal exchanges (Beyers et al, 2008:

1106; Christensen, 2023: 602). They do not seek decision-making power themselves. Some of them will purposely try to uphold a neutral position, like research institutes and universities.

During a crisis, the structure for formal decision-making authority is often adjusted: decision-making authority shifts from democratic institutions to temporary executive arrangements. This also happened in many countries during the Covid-19 pandemic (Bekker et al, 2020: 854). The shift is meant to enable decision makers to operate more quickly, since the formal requirements for broad consensus seeking are reduced. However, as different policy domains are involved, this isn't necessarily a simple change, as several studies on crisis management illustrate (see, for example, Førde et al, 2018: 37).

The result of the adjustment is generally a more technocratic approach: decision makers will lean more on knowledge of expert bodies than usual in coming to their decisions (Bekker et al, 2020: 854). Technocratic government can be defined as 'a form of power in which decision over the allocation of values are made by experts or technical elites based on their knowledge, independently and in the long-term interest of the whole of society' (Caramani, 2020: 3).

Technocracy is often opposed to representative democracy: the more technocratic a government becomes, the less democratic it is (Bickerton & Accetti, 2017: 187). In this view, technocracy is something negative since it reduces the power of citizens. However, the juxtaposition is simplistic, several authors emphasize. Instead of a deterioration of democratic government, expertise can actually enhance democratic decision making by pointing out the common good and giving insight in how society evolves (Caramani, 2020: 3). Populist politicians often argue for getting rid of or reducing technocratic government, but it would make more sense to look for ways in which expertise and representative democracy can be best combined, several authors emphasize (see, for example, Moore, 2021: 554). During a transboundary crisis, when the structure for formal decision-making changes, the relationship between technocracy and representative democracy becomes of particular interest.

### **3.4 Justification of decisions**

In any representative democracy, a government, which is elected by the public, has to justify its decisions sooner or later. Usually, it does so by informing the people, formally and informally, of what is happening and why, discussing several alternatives, and evaluating past choices and behavior (Schillemans, 2008: 177). The government gives a specific interpretation of what is going on, and how it wants to or will act. The explanation of why the

government will act in a particular way, is dependent on how the situation is identified and interpreted (Landau et al, 2014: 1322). For example, if a crisis is identified as a serious threat to public health, then this should be reflected in the actual measures.

The justification of policy decisions can follow different ways of reasoning or ‘logics’ (Rommetvedt, 2006: 193). A general distinction can be made between the logic of consequences and the logic of appropriateness, as, for example, outlined in the work of Scott and Davis. The logic of consequences is typical for the rational system perspective. It’s often described as ‘rule following’: if one has certain goals, one should choose a certain action, since that would lead to the desired outcome in the most efficient way (Scott & Davis, 2007: 36-37; March & Simon, 1993: 8; Christensen et al, 2017: 14; Fimreite et al, 2019: 29). In a closed system, a decision maker would never have to doubt the next course of action.

In reality, following a logic of consequences is more challenging: actors neither have knowledge of all alternatives available to them nor are they aware of all the possible consequences a specific decision might have. Instead, their behavior will always be characterized by ‘bounded rationality’: decisions are not only made with limited time, but also with limited cognitive ability in relation to the tasks at hand (Scott & Davis, 2007: 55; Christensen & Læg Reid, 2004: 681). Since decision makers will often only be aware of some of the possible choice alternatives and their consequences, they will strive for a satisfactory solution rather than an optimal one (Scott & Davis, 2007: 53; Simon, 1976: xxviii; Fimreite et al, 2019: 37).

An alternative to the logic of consequences is the logic of appropriateness. The logic of appropriateness is about choosing actions which are fitting considering the circumstances: actors make decisions which are not just sensible in light of available facts, but which also have a base in (an often tacit understanding of) norms and values (March & Olsen, 2006: 690; March & Simon, 1993: 8; Christensen et al, 2017: 54). Instead of focusing on making satisfactory decisions, decision makers strive for appropriate decisions.

The values and norms are not necessarily *good* values and norms; the logic of appropriateness can, for example, be recognized in the justification of atrocities like ethnic cleansing or blood feuds (March & Olsen, 2006: 690). In other words, like the logic of consequences, the logic of appropriateness doesn’t necessarily imply moral behavior.

Usually, the specific logic of decision making will be reflected in the arguments a decision maker uses in the justification for a decision. Following a logic of consequences implies that arguments reflect a specific instrumental goal. For example, a decision maker might say that the government will build a bridge in order to increase the efficiency of the

traffic infrastructure. Following a logic of appropriateness entails that the arguments (also) refer to a value or norm. In that case, a decision maker might emphasize the societal benefit of building a bridge, and for example, say that the government will build a bridge because it's important for social cohesion and integration.

The two types of logics do not need to be diametrically opposed, even though it might not be immediately clear how they can fit into a single theoretical framework (March & Olsen, 2006: 702; March & Olsen, 1998: 952-953). Any decision will likely contain elements of each. Rather than to assume that one of the logics has to be dominant, it might be more fruitful to consider them as complementary, and to ask how they are related to each other in different circumstances. However, that appears to be easier said than done, and the relation between the two logics has been much debated (March & Olsen, 1998: 952-953; Rommetvedt, 2006: 195).

Several suggestions have been made for how the relationship between the logics should be understood. One of them is that a clear logic dominates a more unclear logic: as it becomes difficult, for example, to follow the logic of consequences due to a lack of information, the logic of appropriateness 'takes over' (March & Olsen, 1998: 952). Another suggestion is that one of the logics is used for the main decision, while the other is used for refinements. While the one logic establishes the 'fundamental constraints' for the decision, the other is used to fine-tune those constraints (March & Olsen, 1998: 953). Yet another one is that one logic is actually a special case of the other: for example, it can be seen as appropriate to make choices based on consequences (March & Olsen, 1998: 953).

During a transboundary crisis, one might expect that the logic of consequences will be difficult to follow: a logic of consequences is most easily followed when dealing with routine situations, authors have often stressed (March & Olsen, 2006: 692). The logic of consequences will be put under pressure by the lack of (reliable) information during the transboundary crisis. However, the logic of appropriateness might also be difficult to uphold as long as it's uncertain what the threat actually consists of and which fundamental values and norms should be prioritized. The question how these two logics are related (if they are related) becomes therefore of particular interest during a transboundary crisis.

### **3.5 Legitimacy**

The justification of a decision is closely related to its legitimacy: if a decision is well argued for, it's more likely that it will receive public support. Here, legitimacy is understood as a



‘generalized perception or assumption that the actions of an entity are desirable, proper or appropriate within some socially constructed system of norms, values, beliefs and definitions’ (Suchman, 1995: 574). In other words, legitimacy is not (solely) dependent on the legal authority of an ‘entity’, but (rather) on the perception of the general public that the entity behaves well.

Legitimacy is usually not affected by a specific incident: it’s ‘generalized’ in the sense that it lasts over time. Even though public perception can fluctuate, legitimacy will usually have a resilience which goes beyond the day-to-day struggles a government might deal with.

The ‘object’ of legitimacy can differ. Even though the often-used definition above focuses on the legitimacy of ‘actions’, a distinction can be made between the legitimacy of decisions, decision-making processes, and/or leading actors (Christensen et al, 2018: 7-8). Citizens can, for example, support a government and its decisions, while being skeptical of the way in which these decisions are made.

The legitimacy of one object can influence the other. For example, if a government makes bad decisions time and again, then eventually it can influence the trust in the government as a whole as well. Similarly: if decisions are constantly being taken in an undemocratic way, the public might eventually lose trust in their political leaders (see also figure 1, which is based on the distinctions made in Christensen et al, 2018).

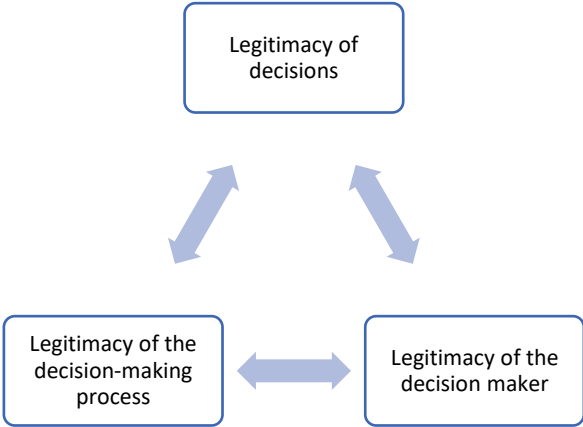


Figure 1: The legitimacy of one object can influence the other, and vice versa.

Legitimacy will always need some kind of maintenance, like a wooden house regularly needs to be repainted in order to stay intact. This maintenance takes place with help of the ‘legitimacy narrative’, the story in which the government explains and discusses what is happening, which actions are taken, and why (Landau et al, 2014: 1322; Zürn, 2018: 70).

This narrative is not a one-way street, but has an open character: it can be understood as a continuous dialogue between actors with different beliefs and interpretations (Landau et al, 2014: 1326). In this dialogue, multiple ideas and interpretations are competing with each other: actors can have very different opinions on how the situation should be understood, if the decisions are truly the right ones, which adjustments are necessary, and so on (Landau et al, 2014: 1322; Zürn, 2018: 70). Some even speak of ‘ritual communication’ when it comes to the legitimacy narrative, a partly symbolic enterprise that is meant to unite people and create a sense of community; the aim of the legitimacy narrative in this view is not so much to exert control and steer people’s behavior in a specific direction, but ‘to hold together a community over time’: the narrative is a reminder to everyone of the main societal challenges and how society as a whole has a responsibility to deal with them (Falkheimer, 2021: 4). In the legitimacy narrative, some actors will have a more prominent voice than others. In the world today, expert bodies generally have a strong presence, even though it can be difficult to determine how much influence they actually have on the final decisions (Christensen, 2023: 601).

The competition of ideas and interpretations can be seen as a healthy part of the political decision-making process (Christensen & Lægreid, 2005: 487-488; Landau et al, 2014: 1323). It’s what pushes the narrative forwards. The competing ideas can help to get a better, more focused understanding of the situation at hand and the decisions which need to be taken. However, the dynamic nature of the legitimacy narrative can also have downsides. The alternative interpretations can become so strong that they start to undermine the authority of the decision makers (Zürn, 2018: 70; Falkheimer, 2020: 3). This can, for example, happen when conspiracy theories about the government are promoted by extremist parties. These alternative (or ‘delegitimizing’) interpretations can be so radically different from the interpretations in the general debate that a normal dialogue might no longer be an option (Falkheimer, 2020: 3).

During a transboundary crisis, the legitimacy narrative becomes of particular importance. As decision makers have to deal with more uncertainty than usual, they will also have to use more time to explain what they are doing and why (Boin et al, 2019: 79; Landau et al, 2014: 1322). Constantly, they will need to review the narrative in light of new insights and changing interests, thereby aligning it with public expectations and concerns (Landau et al, 2014: 1322; Lægreid & Rykkja, 2018: 3; Christensen & Lægreid, 2020b: 725). But how do they actually deal with the alternative interpretations during this time? Due to the time pressure and the

uncertainty surrounding the situation, it might be difficult to uphold the open, dialogical character of the legitimacy narrative. How will they nevertheless attempt to make sure that the general public puts its trust in them?

The price can be high if decision makers don't succeed in maintaining legitimacy: crisis measures are likely not to be implemented and followed as well as intended when a government is faced with a lack of public trust and support (Christensen et al, 2018: 2; Lægreid & Rykkja, 2018: 352). However, despite the best intentions and the greatest efforts, there is no guarantee that a government actually gets the public trust it needs. Public trust depends on a variety of factors, among them personal experiences with public services, education level, and knowledge of politics (Christensen & Lægreid, 2005: 504-507). Trying to uphold or restore legitimacy is one thing, actually getting it is another.

## **4 Methodology**

### **4.1 Research design**

The aim of this study is to get a better understanding of how the Norwegian and Dutch government reached, justified, and legitimized the decisions to close and subsequently open schools during the Covid-19 pandemic. The main research question of this thesis is:

How and why was the decision to close schools taken in both Norway and The Netherlands during the Covid-19 pandemic, and what can explain possible differences or similarities?

To answer this question, a historical-comparative case study is done with the help of qualitative document analysis. Two cases were selected in which the phenomenon (decision making during a transboundary crisis) can be observed over some period of time: this comparison makes it possible to explain how the decision to close schools was made at one specific moment in history, as well as how decision making evolved over time in both Norway and The Netherlands. Because the decision was temporary and made more than once, also the decision to re-open schools or keep them open is included. The focus lies on schools for compulsory education, so primary and secondary schools, which also includes schools for special education. Not included are childcare facilities and (non-compulsory) tertiary education. Even though crisis measures in the education sector were often extended to childcare facilities in both countries, these facilities are formally not part of the education system.

One of the advantages of the comparative case study is that it can shed light on a phenomenon that might have stayed unnoticed in a single case study. Here, a case is understood as ‘a spatially delimited phenomenon (a unit) observed at a single point in time or over some period of time’ (Gerring, 2006: 18). Although some aspect of a phenomenon might not be remarkable to begin with, it can become of importance once the aspect manifests itself differently in another case.

Another advantage of the comparative case study is that the cases cannot only be compared to each other (between-case comparison), but that the phenomenon can also be traced within each case: phase 2 can be compared to phase 1, phase 3 with phase 2, and so on.

This within-case comparison is sometimes referred to as ‘process tracing’ (see, for example, George & Bennett, 2005: 178-179, 205; Vromen, 2017: 244; Ryan, 2017: 286). The aim is to establish a ‘chain’ of causes and effects (George & Bennett, 2005: 206; Anders, 2013: 33). By combining between-case and within-case comparison, it becomes possible to pinpoint possible causes for why some differences or similarities occur (Mahoney & Larkin Terrie, 2009: 412).

Process tracing can sometimes feel as a ‘positivist exercise’, in which pinpointing causes is prioritized over interpretation and understanding (Vromen, 2017: 244). Describing carefully what happened and why is not the same as determining what caused it, critics stress. However, process tracing can help to reduce the so-called problem of indeterminacy: even though it might not be possible to eliminate all potential rival explanations, process tracing can be a useful tool for understanding better how a phenomenon evolved (George & Bennett, 2005: 207). Process tracing forces one to order and link observations in a sensible way, thereby weighing different explanations against each other. As such, it can clear the path for statistical research: possible relationships between variables might come into view, thereby offering a starting point for quantitative studies (George & Bennett, 2005: 207).

## **4.2 Case selection**

In a comparative case study design, the cases ideally resemble each other in all respects but one (George & Bennett, 2005: 151). In reality, however, such complete control appears impossible to achieve. A way out is to accept that imperfection in comparative case studies is inevitable, but can nevertheless be reduced to a minimum by arguing carefully how the comparison of cases can be of interest (George & Bennett, 2005: 164).

For this study, two countries are selected to take a closer look at decision making during the pandemic: Norway and The Netherlands. The governments of both countries responded with school closures at the beginning of the pandemic like most countries in the world (OECD, 2020). They are so-called typical cases, and are not expected to deviate much from existing theory on policy decisions. Instead, they are chosen with an interest in interpreting a phenomenon in light of existing theoretical ideas, while opening up for nuances which general models might not catch (see also Ryan, 2017: 284-285; Gerring, 2017: 22).

The criteria for case selection are determined by the aim of the study: to gain a better understanding of decision making during a transboundary crisis. The countries are quite similar when it comes to their political context, the practical workings of their education system, and their crisis management structure (see Chapter 2). In light of this, one would

expect that the justification and legitimization of the decisions to close and subsequently open schools will also be similar. But that is actually not the case. The countries show several differences when it comes to these decisions. Because of this, the countries are especially interesting when trying to find out more about how decision making during a transboundary crisis can play out, and why it does so in a particular way.

This type of case selection can be described as ‘selection by similarity’ or the ‘most similar, different outcome’ strategy (MSDO): the cases are alike in many respects apart from the dependent variable (Ebbinghaus, 2005: 141; Ryan, 2017: 279). Possible differences in independent variables cannot be interpreted as causal factors: based on a study like this, no inferences on causal relationships can be made (Haverland & Yanow, 2012: 404; Della Porte & Keating, 2008: 202; Grønmo, 2017: 134-135). However, a particular aim is to reach ‘analytical generalizations’, which might take the form of corroborating, modifying, or rejecting theoretical concepts or ideas as well suggesting new ones (Yin, 2014: 21, 40-41). Furthermore, the study can offer possible explanations for what happened, and function as a source of inspiration for quantitative research in the future.

A common complaint against case studies is that selection which is partly or completely based on the dependent variable, steers the research in a specific direction, which would be a sin in quantitative research (Mahoney & Larkin Terrie, 2009: 414-415; Ebbinghaus, 2005: 143-144; George & Benett, 2005: 22-23). However, the aim of this study is not to make any statistical generalizations, so the so-called outcome bias (or ‘selection bias’) is not considered a serious threat here. The case selection does raise another issue: the number of variables encountered during the study is large. This quantity endangers an insightful comparison: all the ‘buts’ and ‘ifs’ might overshadow any concluding remarks (see also Ebbinghaus, 2005: 142). Selection by similarity reduces this risk, but cannot solve it.

The temporal boundaries of the cases are set by the duration of the activation of the crisis structure. The crisis structure was in both countries activated in March 2020, and adjusted along the way: a clear end point is lacking. Nevertheless, in both countries there’s a return to ‘normalcy’ in February-March 2022, when most of the general crisis measures were lifted. At that time, all schools in both countries were open again as well. It can be argued that the pandemic is not over yet, at the beginning of 2023, at least not fully, and that the processes of decision making are still going on. However, based on the context knowledge of Norway and The Netherlands, as well as for practical reasons, the time frame in this study spans from March 2020 till March 2022.

### 4.3 Method

The comparison between the countries is done with the help of a qualitative document analysis, which means that documents (which can be textual sources, but also video or audio material) are used to answer the research question (Yin, 2014: 105-107; Grønmo, 2017: 134-135). This type of analysis requires careful interpretation and critical reflection: documents need to be read and understood before they can be used for a meaningful comparison (Vromen, 2017: 250). This presupposes knowledge of both the Norwegian and Dutch language and culture, and this I have. To ensure a consistent between-case comparison, similar types of documents on school closures and their subsequent openings were selected from both countries. For example, from both countries independent evaluation reports were available and used (accidentally two per country).

Both so-called primary and secondary data sources were used for the analysis. Documents which reflect a position of an actor, without any analysis, are considered a primary source, while documents that do include an analysis, like research reports, are secondary ones (Vromen, 2017: 24). In this thesis, primary source documents are, for example, the press conference footage and government notices, whereas the evaluation reports are some of the secondary data sources (see table 1; in appendix 2, a full overview of the specific data sources can be found).

	<b>Norway</b>	<b>The Netherlands</b>
<b>Primary data</b>	Press conferences (coded) Parliamentary debates National crisis plans Government notices/websites	Press conferences (coded) Parliamentary debates National crisis plans Government notices/websites
<b>Secondary data</b>	Independent evaluation reports Research publications Newspaper articles	Independent evaluation reports Research publications Newspaper articles

Table 1: Overview of primary and secondary data sources used for the comparative case study

In both countries, several hundred press conferences took place in the period from March 2020 till March 2022. A selection was made of the press conferences in which the school

closures and their subsequent openings were addressed, either briefly or extensively. In neither country, the press conferences could be filtered with search terms, and the selection was made with the help of other data sources which refer to dates or periods in which the decisions were announced or discussed. In addition, Google searches were done in order to check whether relevant press conferences were missed. Sometimes official transcripts were available, other times I made them myself.

A selection was made of all the parliamentary debates as well. Again, the focus was on school closures and their subsequent openings during the pandemic. In both countries, it was possible to filter the hundreds of parliamentary meetings from this period with search terms. This resulted in a selection which included debates in which the decisions were only mentioned briefly, but also debates where a school closure was one of the main discussion topics of the meeting. Of all the selected parliamentary debates, official transcripts were available.

From both countries, the most recent and relevant crisis plans were selected, which included a Norwegian crisis plan specifically for pandemics from 2014. The government notices/websites, newspaper articles, and additional research publications were mainly used to check whether earlier impressions were correct or not, and to describe findings in more detail. An exception is the existing research which was used to answer the second part of the question on legitimacy. This research consisted mainly of polling results from different research institutes, which couldn't be directly compared, but could nevertheless give a general impression of what happened.

All the data in this thesis come from publicly available sources. I translated the citations in this thesis myself when the data were not in English.

An alternative and/or addition to the documents could have been qualitative interviews with relevant actors. This would have given the possibility to ask follow-up questions when, for example, documents were unclear. Data from interviews would also have limitations, however. One of them would be that the interviews would concern decisions made over almost three years ago until March 2022: respondents might have a disturbed recollection of this (often hectic) period in time. Plus, their memory might have been affected by events following the decisions, like critical reflections in newspapers, comments by colleagues and/or formal evaluations. Because of these limitations, but also for practical reasons, qualitative interviews were not included in this study. Fortunately, many relevant actors were



already interviewed by the evaluation committees or made public statements. Some of the responses are used in the analysis.

**4.4 Operationalization**

The main research question was divided into the following subquestions:

- a. What was the origin of the idea to temporarily close schools, and how did this idea evolve during the pandemic?
- b. Which actors made or influenced the decisions to close and subsequently open schools?
- c. How did the governments justify the specific decisions?
- d. How did the governments construct the legitimacy narrative, and did they succeed in upholding legitimacy of the decisions?

In order to make comparisons over time for each question, a timeline was created (appendix 1). The timeline distinguishes between decisions for the education sectors and other relevant events during the pandemic in both Norway and The Netherlands in order to gain a clear overview. The period was divided into three phases, each one starting at a time when a national school closure was being considered again due to a rise of infections. Because both countries experienced a rise of infections at almost similar times, these phases run parallel.

The division of the period in phases allowed for a comparison between the cases, while the cases could also be compared internally. In total, the analysis contains seven points of comparison: three between-case comparisons, and two within-case comparisons per case (see figure 2).

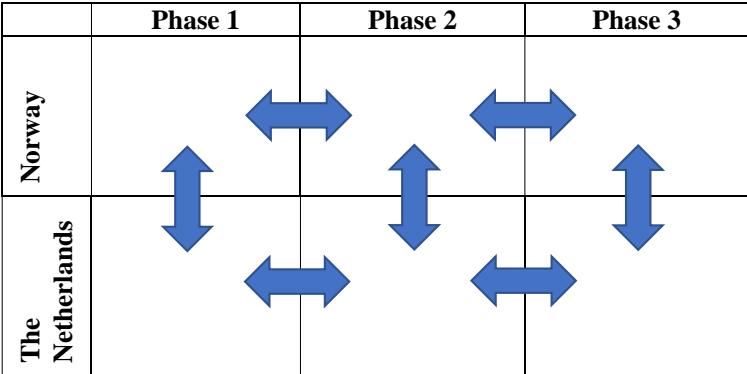


Figure 2: Points of comparison for the comparative case study

For each subquestion, the theoretical concepts were operationalized, which means that they were made understandable in terms of empirical observations (Frandsen & Johansen, 2020: 722). To make it possible to answer the subquestions, the following additional choices were made:

- To answer question a, the origin of the idea was reconstructed by looking at the structural, historical, societal, and international context. The evolution of the idea was retraced by focusing on intracrisis learning (the adjustment of measures during the crisis). The following data sources were used: *national crisis plans*, the *evaluation reports*, (transcripts of) the *press conferences*, (transcripts of) the *parliamentary debates*, *existing research* and *government notices* (see appendix 2 for a full overview of the specific documents). Similar documents were read alongside each other in order to identify the main similarities and differences. The documents were not coded (however, the transcripts of the press conferences were coded for question c).
- To answer question b, the analysis focused on the main decision makers and advisory bodies. To understand how these actors influenced the decisions, an overview was made of the central (documented) exchanges leading up to the decisions, and the role which was given to the advisers. Here, most data were collected from the *evaluation reports*, some *government notices*, and (transcripts of) the *parliamentary debates*. Also in this case, similar documents were read alongside each other in order to identify the main similarities and differences. The documents were not coded.
- To answer question c, the focus was on how decision makers argued for their decisions by looking at the specific arguments they used and their lines of reasoning. For this part, data were collected from (transcripts of) *press conferences* of both governments. In addition, the *parliamentary debates* were used as a check to see whether the impressions the press conferences give are accurate, and to provide additional context. The transcripts of the *press conferences* were coded: each argument was highlighted, and placed into a specific argument category. Of each argument it was noted who mentioned it. The following categories were used: ‘public health’, ‘children’s interest’, ‘teachers’ interest’, ‘economic interest’, ‘national safety’, ‘legal interest’, ‘practical interest’, and ‘other’. Initially, no distinction was made between valid or invalid arguments, true or false arguments, and so on – all were included. Eventually, a distinction was made between ‘general’ and ‘specific’ arguments in order to articulate differences between the cases better. General arguments have a

weaker factual base in comparison to specific arguments. Because of this, they can be more easily refuted (Karlsen, 2016: 42-43). In addition, ways of reasoning resembling ‘To reach goal x, the rational/satisfactory thing to do is to take measure y’ were categorized as a logic of consequences, while ways of reasoning which were like ‘This should be done, because of such-and-such values, norms, or ideals’ were categorized as representing a logic of appropriateness.

- To answer question d, the focus was on the legitimacy narrative, and on whether the decisions and the government itself actually were supported by the public. The legitimacy narrative was narrowed down to what political leaders said during the press conferences and related public statements. Particular attention was paid to delegitimizing forces, which are understood as alternative interpretations which question the legitimacy of the government, and are not, no longer, or not yet part of the mainstream public dialogue. The first part of the question was answered with the help of (the transcripts of) the *press conferences*, the *evaluation reports*, and *existing research*. The similar types of documents were studied alongside each other in order to identify the main similarities and differences. The second part of the question was answered with the help of *existing research* on public trust and support which was conducted during the pandemic. No documents were coded for question d.

#### **4.5 Data analysis**

The transcripts of the press conferences were analyzed after coding them, while the other documents were used as sources of information, and also to check whether impressions resulting from the coded transcripts and other data sources were accurate or not.

The coding of the transcripts of the press conferences took place manually. At times, codes were given based on implicit information, like arguments which referred to national safety without explicitly containing the words ‘national safety’. The coding of the different data fragments helped to get a detailed overview of differences and similarities between the two cases, and between the different periods within each case.

Throughout the research process, a ‘to and fro’ process was present, shifting between data collection and data analysis and also between data and theory, while sometimes adjusting the theoretical framework or operationalized definitions in order to make explicit specific characteristics of the data. This process took some time. It was, for example, not immediately clear which theoretical information about the different aspects of decision making was most essential for discussing the findings, and what could be left out. However, a focus on decision

making during a crisis was present from the start. In other words, rather than casting a wide net as would be common for a fully inductive approach, which sometimes is referred to as ‘grounded theory’, a more interpretive approach was used, with pre-existing (theoretical) ideas about the phenomenon (Vromen, 2017: 247; Grønmo, 2017: 283; Yin, 2014: 136-138; Allan, 2003: 1, 8-9).

#### **4.6 Quality of research**

In order to uphold construct validity in this study, several precautions were taken. First of all, the central theoretical concepts ‘policy decision’, ‘actor’, ‘justification’, and ‘legitimacy’ were defined and explained in relation to each other in Chapter 3. This clarification was meant to turn the theoretical notions into ‘systemized concepts’, thereby distinguishing them from so-called background concepts, which are undefined ideas or constellations of undefined ideas that form the backdrop of a theoretical framework (Adcock & Collier, 2001: 530-532). The clarification is a first step in preventing that confusion can arise about what is being analyzed later on. Secondly, the theoretical concepts were explicitly operationalized in 4.4: it was explained what would be done in order to answer each subquestion. By doing so, transparency was offered about what would be analyzed, and (implicitly) what would not. Not only it was made clear what the focus of each subquestion would be, but also which data would be used and in which way. One of the main intentions in doing so was to prevent that the descriptions would remain too general, which would undermine the construct or ‘measurement’ validity (Adcock & Collier, 2001: 528-530, 531, 534; Yin, 2014: 46-47).

The choices which were made in both stages, had consequences in the sense that some discrepancy between the theoretical descriptions and what was actually observed, could not be prevented. This is to some degree inevitable: not everything can be captured by the construct (‘construct underrepresentation’), while some things might be measured which are not relevant for the study (‘construct irrelevance’) (Kleven, 2007: 225). For example, the comparative case study leaves out informal exchanges between actors, like conversations and phone calls, even though these might have played an important role in how and why specific decisions were made. The construct underrepresents these informal exchanges.

At the same time, a lot of information was collected which is not used to answer any of the questions. Large parts of the evaluation reports deal, for example, with the organization of the national vaccination programs. Those parts are not used: the data are irrelevant for the thesis.

The findings do not only need to be valid, but reliable as well in the sense that they can be trusted (George & Bennett, 2005: 106; Grønmo, 2017: 249). A common risk when doing a case study is a lack of rigor and allowing subjective preferences to steer the findings (Yin, 2014: 20). In order to safeguard the trustworthiness of the findings, several precautions were taken. First of all, much effort was put into working transparently and systematically, like being clear about the origins of the data, and using a timeline to support a chronological ordering. Second of all, additional data sources were used to corroborate or adjust impressions from other data sources in order to reduce the risk of subjectivity. Thirdly, the data from both countries were consistently studied alongside each other in order to ensure an equal distribution of attention. This tactic was used to prevent that one case would become more dominant than the other in the data analysis and in the presentation of the findings.

A common strategy to ensure the trustworthiness of the findings even more is to have two or more different researchers analyze the data. For this study, that was not an option, mainly because I'm the only person working on this thesis. The data which were coded (the transcripts of the press conferences), could have been coded and categorized again after some months in order to check for consistency. However, it soon became clear that this would be a pointless exercise, having worked so closely with the material in the previous period: it was still very clear how the data were coded before, and the arguments were generally easy to categorize in light of the context in which they were named. A longer time interval might have made such an extra check for consistency meaningful, but since that interval would have exceeded the time available for this thesis, this was not an option.

#### **4.7 Ethical considerations**

The number of ethical questions and dilemma's attached to this thesis are limited, partly because no interviews were held, so no privacy concerns. Nevertheless, continuous ethical reflection is part of a normal research process, and one should be careful not to reduce this to an administrative task, as many stress (see, for example, Bos, 2020: 229; Fujii, 2012: 717). To objectify this, a checklist was filled out (appendix 4).

Mainly a possible 'familiarity bias' could be of ethical concern. Undertaking research in a familiar setting can endanger the quality of the research: one might lack critical distance, and fail to see alternative viewpoints (Hanson, 1994: 940). I wonder whether this applies to me: I'm originally from The Netherlands, but have been living in Norway the last few years. Based on my background, one could say that I'm more familiar with the Dutch context, even though my familiarity with the Norwegian context is also obvious. I guess that ideally one

would have an equal amount of familiarity with both cases in a comparative case study; complete unfamiliarity with both cases doesn't sound realistic, nor desirable.

To prevent that any disbalance in familiarity would influence the selection and interpretation of data, I've consciously picked similar data sources from both countries, and exposed them to the same questions and criteria. In this way, the risk of a familiarity bias was kept as small as possible, I think. In another research context, an alternative solution might have been to work together with someone with a different distribution of familiarity. However, a collaborative study in which each case is undertaken by a different researcher, can be more challenging to structure and focus (George & Bennett, 2005: 71).

## 5 Findings

### 5.1 Origin and evolution of the idea to close schools

Norway and The Netherlands experienced a rise of Covid-19 infections at similar times, during the spring of 2020, the winter of 2020, and the winter of 2021. During each phase of the pandemic, the governments decided to temporarily close schools, or made decisions with which they indirectly, but knowingly did so. The school closures in each phase are presented in table 2. The table is based on the timeline, which can be found in appendix 1. The timeline offers an overview of the main events in both countries during the pandemic, and in particular in the education sector.

	<b>Phase 1: Spring 2020</b>	<b>Phase 2: Winter 2020</b>	<b>Phase 3: Winter 2021</b>
<b>Norway</b>	National school closure	Red level for lower and upper secondary schools	Red level for upper secondary schools
<b>The Netherlands</b>	National school closure	National school closure	National school closure

Table 2: National school closures during different phases of the pandemic in Norway and The Netherlands

Norway had one national closure of all compulsory schools, starting on 12 March 2020 (NOU 2021:6, 360; Udir, 2020: 12). Grades 1-4 opened again on 27 April 2020; grades 5-10 and secondary schools followed two weeks later, on 11 May 2020 (NOU 2021: 360). During the closure, schools had to facilitate distance learning as much as they could; children of parents in ‘crucial professions’, like healthcare, the police or public transportation, could continue going to the school premises (NOU 2021:6, 359; Udir, 2020: 26). Schools were encouraged to also keep their doors open for children with special needs, although it took some time before it was figured out how this should be organized (P NO, 24 March 2020; Stortinget, 6 May 2020).

The Norwegian government introduced a ‘traffic light model’ (*Trafikklysmodellen*) for schools a few weeks later, at the end of May (P NO, 27 May 2020). The model consisted of three levels at which schools could operate, where each level represented specific measures. The general idea behind the traffic light model was to reduce physical contact between people in accordance with the severity of the situation, and make it possible for local authorities to adjust the level to local circumstances (NOU 2022:5, 354, 363).

The measures differed slightly per school level, but the general idea was always the same: the ‘red’ level is the most severe, and entails among other things that schools have to work with reduced pupil groups and limit contact with other groups as much as possible; the ‘yellow’ level no longer includes the requirement to work in smaller groups, while the ‘green’ level means only the general hygiene recommendations are in force (Udir, 2022c; Udir, 2022d; Udir, 2022e; Udir, 2020: 14; NOU 2022:5, 354).

The Norwegian government initiated the red level twice on a national level. The first time was on 3 January 2021 for all lower and upper secondary schools (NOU 2021:6, 51; NOU 2022:5, 112, 353, 358); this decision was adjusted to the yellow level on 23 March 2021 (NOU 2022:5, 27). The second time was on 16 December 2021 for all upper secondary schools (P NO 13 December 2021). This lasted until 15 January 2021 (P NO 13 January 2022).

For the periods that the Norwegian schools were partially or completely open, special hygiene guidelines were formulated (NOU 2021:6, 362). These guidelines were updated several times. Overall, the guidelines were less strict than the directives for the general public (NOU 2022:5, 357).

Even though the Norwegian government consistently stated that the ‘red level’ for schools didn’t mean a school closure, it was aware that the measure might – and often did – imply a partial school closure: in reality, many pupils stayed at home when their schools were at the red level, because the schools didn’t have enough teachers or rooms to fulfill all the demands (NOU 2022:5, 354).<sup>2</sup> The first time the red level was set, approximately 25% of the schools for lower and upper secondary education were (partially) closed, but there were large regional differences, with Oslo topping the list with 60% (FHI, 2021: 39). The second time, the percentages were lower, since fewer schools were involved. In addition, school owners could autonomously decide to set the red level or close a school, which was registered by the county (Bufdir, 2020b: 15).

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<sup>2</sup> On 3 January 2021, the Norwegian Minister of Education, Guri Melby, stated: ‘Lower and upper secondary schools shall be run at the red level. This doesn’t mean closed schools, but one does have to uphold distance requirements and fewer pupils can have contact with each other (...) In some places this will mean there will be some online education.’ (P NO 3 January 2021). On 7 December 2021, the new minister of education, Tonje Brenna, who is installed a few weeks earlier, said: ‘We set the red level for upper secondary education. This doesn’t mean that the schools will close. It means distance requirements, smaller groups and some more digital teaching.’ (P NO 7 December 2021). This construction sometimes led to inherently contradictory statements in the Norwegian parliament. On 19 January 2021, Ingvild Kjerkol of the opposition party Arbeiderpartiet, said, for example: ‘[The red level] doesn’t mean closed schools, but it does mean more learning at home and less [school] attendance.’ (Stortinget, 19 January 2021).



Despite these data, the Norwegian evaluation concludes that there was no sufficient systematic overview of how many pupils, nationally and regionally/locally, had to stay at home as a result of the national switch to the red level during the second and third phase (NOU 2022:5, 391, 454).<sup>3</sup>

The Netherlands had three national school closures throughout the pandemic. The first one started on 16 March 2020, so just a few days later than the Norwegian one (Rijksoverheid, 2020a; IvO, 2021: 13). During the closures, schools had to facilitate distance learning as much as possible; children of parents in crucial professions could continue coming to the school premises. As in Norway, there was initially some unclarity about what should happen with children in a vulnerable position, a diverse group, ranging from pupils with physical or mental disabilities to children in abusive households. Despite general agreement among ministers, members of parliaments, municipalities, school representatives, and other actors that these children should be exempted from the national measure, clear regulations were not immediately in place (Tweede Kamer, 1 April 2020).

On 11 May, primary schools were opened again, but with reduced groups: pupils went to school half of the time until 8 June 2020 (IvO, 2021: 14; Rijksoverheid, 2022a). All needed to uphold a distance of 1,5 meters (which was the general standard in The Netherlands). Both primary and secondary schools for special education were completely re-opened on 11 May (OVV, 2022a: 69; IvO, 2021: 14; Rijksoverheid, 2022a). On 2 June 2020, secondary schools were partially re-opened, with pupils coming to the school premises a few times a week (IvO, 2021: 14; Rijksoverheid, 2022a). The distance requirement was dropped for all school levels on 1 July (IvO, 2021: 15; Rijksoverheid, 2022a).

The second school closure started on 14 December 2020, and lasted until 8 February 2021 for primary schools (Rijksoverheid, 2022a). Secondary schools were re-opened partially on 2 March; on 31 May, they opened again completely (Rijksoverheid, 2022a; OVV, 2022b: 58, 201).

On 18 December 2021, the third national school closure took place (Rijksoverheid, 2022a). This one lasted until 10 January 2022 for both primary and secondary schools.

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<sup>3</sup> In its second report, the Norwegian evaluation committee wrote the following: ‘The committee finds it surprising that no institutions seem to have an overview of the total impact of the measures on children in the different municipalities or school districts (...) The counties have much information, but it’s not systematized or made available for analysis. Because of this, there is no one that can answer the question how many pupils were affected by the repeated school closures, the red level, or quarantined groups (...) When crisis measures last over almost two years, it should have been possible to enable such analyses. That would have provided a background for a more knowledge-based discussion on the adjustment of measures.’ (NOU 2022:5, 391).

Like during the first two closures, the schools had to facilitate online learning as much as they could; children of parents in crucial professions could continue going to the school premises (Rijksoverheid, 2020a).

Outside the national school closures, school boards could decide independently to close their gates or send a group home temporarily. In October 2020, a temporary national hotline was opened by the Dutch Inspectorate of Education where schools had to report these closures (*Meldpunt schoolsluiting*). A school closure should be a last resort, it was stressed, and the decision to close a school was to be based on RIVM guidelines and/or advice of local health institutions (Slob, 2020: 4; IvO, 2022c). Because of this hotline, data is available on local school closures and the motivation behind them. The hotline was closed on 1 May 2022 (IvO, 2022c).

In the periods that the Dutch schools were partially or completely open, general hygiene guidelines were followed. In addition, specific hygiene measures were formulated, which were adjusted over time, like the recommendation for pupils in secondary schools to test themselves for corona twice a week, or the encouragement for children with a cold (but who didn't feel sick) to stay at home (IvO, 2021: 15; Klumpenaar & Alonso, 2021).

In the combat of infectious diseases, measures like the reduction of social interaction and quarantining are common, and can be traced back to the mid-fifteenth century (Barona, 2019: 25). As long as it's unclear how a virus actually spreads (for example, by air or physical contact) and whom it affects (anyone who comes in contact with it or only particular groups), closing off social arenas like schools can seem sensible (though radical) together with other preventive measures. However, alternative strategies were also considered, like creating 'herd immunity', which means that people with a stronger health are exposed to the virus, after which they might be immune and can then form a protective ring around the people with a weaker health. But as long as it was unclear if people would actually become immune after a Covid-19 infection, this strategy didn't seem very appealing (le Loux, 2020; Aarnes, 2020).

The measure to close schools was widely used: when the Covid-19 pandemic started in March 2020, almost 190 countries chose for this temporary measure (OECD, 2020). In the first discussions on Covid-19 measures in Norway and The Netherlands, the option to nationally close schools was also quickly on the table (or on the whiteboard as a picture in the first Norwegian evaluation report illustrates; NOU 2021:6, 136). At that time, several school owners had already decided to close schools due to illness among employees (Rijksoverheid, 2022a; NOU 2021:6, 50).

Both countries stress in their national crisis plans from several years earlier the importance of slowing the spread of a possible virus by not just quarantining people who are sick, but also by taking preventive measures like limiting the accessibility to social venues (HOD, 2014: 41; ANV, 2016: 72). In the Norwegian plans, the closure of schools is explicitly named as an effective preventive measure (HOD, 2014: 61; HOD, 2019: 20).

However, the negative impact of school closures is also addressed in the national crisis plans. In the Dutch handbook, the consequences are even labeled as ‘catastrophic’: closing schools, together with other contact reducing measures, would entail a ‘maximal disruption’ of daily life (ANV, 2019: 27, 71). International organizations like the WHO, UNESCO, and UNICEF did also emphasize during this time that the continuation of education belonged at the forefront of decisions; a school closure should only be considered as a measure if no other was available (WHO, 2021: 3).

The severity of the measure can also be felt during the press conferences. Government officials in both countries repeatedly make clear that a decision to close schools will and should not be taken lightly (see, for example, P NO 24 March 2020; P NL 12 March 2020). Only an exceptional situation could justify such a measure (see 5.3).

The impact of school closures was extensively addressed throughout the pandemic in both countries. More and more research reports were published as the pandemic continued, which confirmed many of the initial suspicions about the negative consequences for the development of children. Early studies showed, for example, that almost all Dutch and Norwegian pupils learned less compared to their peers in previous cohorts (Nøkleby et al, 2021: 81; Andersen et al, 2021: 113; Haelermans et al, 2022: 9). Particularly children with low-educated parents were having difficulty keeping up, and scored lower than usual (Andersen et al, 2021: 113; Haelermans et al, 2022: 9).

During the pandemic, the number of teaching hours went down, a yearly national evaluation of education quality by the Dutch Inspectorate of Education showed; during the hours which were left, pupils were less active (IvO, 2021: 27). Large differences arose between schools: while some managed to switch to online education easily, others faced big technological challenges (IvO, 2021: 37). Both Norwegian and Dutch teachers made clear that they were not used to teaching online. Even though the majority of them worked hard to create a motivating learning environment online, teachers had difficulty taking into account individual needs and giving solid feedback (Udir, 2020: 27-28; IvO, 2021: 28). In the meantime, children struggled mentally as well: they found it more difficult to concentrate on

their school work, experienced more stress, and often felt lonely (Udir, 2020: 27; IvO, 2021: 21; IvO, 2022b: 29).

In The Netherlands, school employees expressed concern about pupils who had fallen of the radar; even when schools fully or partially opened again in the first phase, some of these pupils didn't show up (IvO, 2021: 28). A study on child molestation in the first year of the pandemic, showed that Dutch children in abusive households were struggling more than usual: children were more often alone with their parents who might be dealing with addiction problems or who experienced increased feelings of anxiety and frustration due to possible job loss (Vermeulen et al, 2021: 4). A similar study wasn't done in Norway, but researchers noted that Norwegian families generally experienced more stress and conflicts at home (Nøkleby et al, 2021: 76).

Maybe unsurprisingly, governments appeared to be eager to refine the measure as quickly as possible as the pandemic continued and new knowledge trickled in. The governments often discussed with different actors in the field how the crisis measures for the education sector could be specified in the face of new knowledge and experiences, they made clear during the parliamentary debates (see, for example, Stortinget, 20 May 2020; Stortinget, 27 May 2020; Tweede Kamer, 18 March 2020; Tweede Kamer, 1 April 2020; Tweede Kamer, 13 January 2021).

However, the cases differed in how the governments actually adjusted the measures. The most obvious adjustment of the measure in Norway was the distinction between primary and (lower and upper) secondary education, and the subsequent shift of focus to solely secondary education in the second and third phase. This option was also considered in The Netherlands (P NL 13 October 2020; Tweede Kamer, 15 December 2020). However, the situation worsened too quickly to use this insight in refining the measure: despite the small risk young children posed, open primary schools meant more physical movement in general, and could therefore contribute to a higher infection rate, the Dutch government argued. When parents dropped their kids off at school, many would want to talk to other parents and teachers, the prime minister said. All these additional social interactions are 'just too much at this time' (Tweede Kamer, 15 December 2020). So even though both governments appeared equally eager to refine the measure, the Dutch government didn't succeed in doing so due to a lack of time.

## 5.2 Role of the main actors

Before examining the justification of the decisions to (partially) close schools and subsequently open them in both countries, it's important to see who the main actors in the decision-making process were, and what they did. Which actors actually formulated and/or influenced the final decisions?

In both countries, the crisis structure was activated when the pandemic started in the beginning of March 2020. This changed the role of some of the main government actors. One of the main changes was that the structure enabled the governments to override local and regional decisions (NOU 2021:6, 207; NOU 2022:6, 45; OVV, 2022a: 45, 118).

In Norway, the decision to close schools in the first phase was made at the direction of the Helsedirektorat, which formally falls under the Ministry of Health (NOU 2021:6, 360).<sup>4</sup> In the Netherlands, this was done at the direction of the Minister of Health, who was put automatically in charge when the situation was acknowledged as a severe epidemic (OVV, 2022a: 119). In both countries, the Ministers of Education had the responsibility to take additional crisis measures for their domains if necessary (NOU 2021:6, 209; OVV, 2022: 119; NCTV, 2020). This is also something the ministers did: they adjusted, for example, the regulations for the national exams (OVV, 2022a: 119; see also appendix 1: Timeline).

In both countries, the governments became more technocratic due to the activation of the crisis structure: the crisis structure made it easier to get cabinet decisions formally accepted by the parliament. In Norway, fewer representatives needed to be physically present for a vote, and a lower percentage was required to get a proposal accepted (NOU 2021:6, 249; Stortinget, 2022c). In addition, a temporary crisis law (*Koronaloven*) was accepted on 27 March 2020. This law enabled the government to take crisis measures without getting approval of the parliament first (Regjeringen, 2020a; NOU 2021:6, 50; Fossen et al, 2020). The law was in force until 27 May 2020, shortly after the government had declared that it had the situation under control (Stortinget, 2020; NOU 2021:6, 127).

In the Netherlands, the government initially issued emergency ordinances to handle the crisis. These ordinances didn't need the approval of the House of Representatives, although they had to be accounted for afterwards (NCTV, 2016: 15, 20). After approximately nine months, a special corona law was accepted, giving back influence to the House of

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<sup>4</sup> A day later, on 13 March 2020, the Ministry of Justice and Public Safety took over the role as lead ministry from the Ministry of Health. The Ministry of Justice and Public Safety kept this role throughout the pandemic (NOU 2021:6, 217).

Representatives and the Senate (Rijksoverheid, 2020b). This crisis law was prolonged several times, until May 2022, after which it was lifted (Rijksoverheid, 2023d).

Throughout the pandemic, the crisis structure stayed activated in both countries. In Norway, the formal set-up for decision making remained in place during the first two years (NOU 2022:5, 73). In The Netherlands, the government attempted to adjust some basic elements along the way in order to create more time for the government to address other pressing societal issues (OVV, 2022a: 37, 123). At the end of June 2020, some of the responsibility for handling the crisis was transferred to a new directorate, initially called Programma-DG Covid-19 (OVV, 2022a: 37, 123). The structure adjustment was more appropriate for the long-term situation the country is in, the Minister of Health explained (OVV, 2022a: 37, 123). With the new directorate, the safety regions lost a direct line to the cabinet. As the infection rates rose again in the summer, it became clear that the regions didn't manage to react swiftly enough, and in October 2020, parts of the national crisis structure were re-activated. In the spring of 2022, both the Dutch and Norwegian presented a long-term strategy for handling the pandemic (Rijksoverheid, 2022a; Regjeringen, 2022b).

### *Decision makers*

The national crisis structure guaranteed that the cabinet members, including the Ministers of Education, had a central position in the formal decision-making processes. But how was this legal authority actually put into practice?

In Norway, a central arena for discussing the crisis situation was the Covid-19 Committee (Regjeringens Covid-19-Utvalg, RCU). This government committee was installed alongside the regular cabinet meetings (NOU 2021:6, 211). Cabinet members participating frequently in the committee were: the prime minister, the Minister of Trade and Industry, the Minister of Agriculture and Food, the Minister of Finance, the Minister of Justice and Public Security, the Minister of Health, and the Minister of Foreign Affairs (NOU 2021:6, 212). In addition, some state secretaries and policy advisors were present (NOU 2021:6, 211). When necessary, ministers from other departments were invited to participate, like the Minister for Children and Families, and the Ministers of Education. In some of the meetings almost all of the ministries were represented (NOU 2021:6, 213).

Corona related issues were not exclusively discussed and decided on in the RCU, but also during the regular cabinet meetings. The choice to address an issue in one meeting rather than in another, was mainly pragmatically motivated, the prime minister explained to the Norwegian evaluation committee: whatever meeting took place first, was picked in order to

decide on an issue as quickly as possible (NOU 2021:6, 212-213). Because of this, one may wonder, as the evaluation committee did, why the government didn't simply decide to hold more cabinet meetings instead of introducing the RCU, particularly since the RCU often included almost all cabinet members (NOU 2021:6, 212). The prime minister explained that she thought it would take too much effort to gather all the cabinet members several times a week; additional meetings, for only those officials whose domains were under discussion, would be more effective (NOU 2021:6, 214).

In the Dutch case, it's difficult to get an overview of all the crisis meetings that took place, the Dutch evaluation committee emphasized: meetings were held on a daily basis, on different levels, involving a wide variety of actors (OVV, 2022a: 107). Nevertheless, some formal assemblies clearly stand out that played a role in the decisions for the education sector. At the start of the pandemic, the Ministeriële Commissie Covid-19 (MCC-19) was installed, in line with the crisis structure (OVV, 2022a: 37). Formally, the members of this committee consisted of all the cabinet members (Rijksoverheid, 2023b; OVV, 2022a: 119). Initially, only a selection of cabinet members actually took part in the MCC-19 meetings: the prime minister, the Minister of Justice, the Minister of Health, the Minister of Medical Care (who formally falls under the Minister of Health), the Minister of Internal Affairs, and the Minister of Foreign Affairs (OVV, 2022a: 120). Soon, in March 2020, it was decided to invite all the ministers whose policy domains were affected by the crisis, so also the Ministers of Education. Apart from the cabinet members, close advisors of the ministers participated, and also the (25) different safety regions were represented.

Since the MCC-19 was getting quite large very quickly, it was decided to also have a 'mini MCC-19', which was called the Torentjesoverleg. For this committee, the prime minister, the Minister of Justice, the Minister of Health, and the Minister of Medical Care, together with their advisers, convened several times a week in the prime minister's office ('het Torentje'). The participants discussed and prepared decisions for the 'big MCC-19' (OVV, 2022: 120).

Alongside the Torentjesoverleg, crisis meetings were organized in which initially the same people as in the Torentjesoverleg participated, plus the vice prime ministers and some policy advisers, but soon also other government officials (OVV, 2022a: 121). This assembly was known as the Catshuisoverleg, named after the location where the meetings took place ('het Catshuis'). The aim was to create extra room for discussion and reflection on crisis issues and the consequences for the future (OVV, 2022a: 121). However, according to the

Dutch evaluation report ‘several of the people involved’ experienced that the Catshuisoverleg changed the dynamics of the decision-making process: during the meetings, which took place on Sundays, measures were informally decided on, only to be formalized during the MCC-19 meetings on the following Monday or Tuesday. Because of this, ‘several ministers’ started to wonder whether they shouldn’t get a seat at the Catshuisoverleg rather than at the MCC-19 meetings in order to influence the final decisions (OVV, 2022a: 121).

Furthermore, information from the Catshuisoverleg was regularly leaked to the press, enabling actors without formal decision-making authority to express their views through different media outlets before decisions were formalized (OVV, 2022a: 121). These leakages were not a deliberate strategy, the prime minister stressed in a letter to the House of Representatives during the second phase of the pandemic: nobody liked that this was happening. Instead, the leakages caused irritation among the cabinet members, he wrote (Rutte, 2021a: 2).

Whether the leakages were deliberate or not, confusion arose in The Netherlands about the roles of the decision makers due to the adjustments of the crisis structure and the leakages, while in Norway there was no such confusion. A possible explanation is that the Norwegian crisis plan offered a simpler starting point for the government: while the Dutch government was faced with a set-up in which broad meetings with 25 safety regions took place, the Norwegian government only had meetings with the core of national government.

When the pandemic continued, and the first wave of infections slowed down, both the Norwegian and Dutch government increased formal decision making authority at the local level for stricter crisis measures in schools. In Norway, this was done with the earlier mentioned traffic light model, which enabled school owners (municipalities and counties) to scale up the national advice for schools if they thought this was necessary. In The Netherlands, the national hotline *Meldpunt schoolsluiting* was opened, where school owners (the school boards) could formally report their decision to (partially) close a school as a result of the crisis situation. In the meantime, other crisis measures stayed in place.

This formalization doesn’t only show a commitment of the governments to give back formal decision-making authority as soon as the situation allowed this. It also illustrates the long-lasting character of the pandemic: partly the crisis got solved, and the regular structures were restored, while other issues remained unresolved, and required further national attention.



### *Decision advisers*

In both Norway and The Netherlands, expert bodies received a prominent advisory role in the formal decision-making process. Other actors, like unions and employers' organizations, are less visible, but nevertheless play a role in how the decisions for the education sector were formulated and implemented (see below).

The two countries deployed expert advice in a similar way during the pandemic. Particularly health expert bodies were given a prominent advisory role when the crisis structure is activated. In Norway, the FHI and the government agency Helsedirektorat had a central advisory position throughout the pandemic (NOU 2022:5, 95, 452). In the Netherlands, key expert actors are the RIVM, the temporary expert committee OMT, and the regional health care services (OVV, 2022a: 104, 139; OVV, 2022b: 203). These actors are also frequently named in the press conferences in which the (partial) school closures are addressed (see, for example, P NO 11 May 2020; P NL 9 March 2020, P NL 15 March 2020).

Although one might expect that these actors have a strong preference for school closures in order to limit the spread of the virus, this is actually not the case. In The Netherlands, the public health institute explicitly advised against national school closures several times (OVV, 2022a: 49; OVV, 2022b: 203-204). And the OMT sketched the closing of schools as a final course of action: only as long as there was absolutely no other option available, and the measure was part of a broader crisis package, it could be a justifiable decision (OVV, 2022b: 208). In Norway, the FHI took into account the importance of open schools as well, and actually recommended to keep schools for secondary education open (albeit under strict conditions) in the second phase (NOU 2022:5, 357). Both governments often followed the advices for the education sector given by the public health institutes and other health expert bodies, but deviated from them several times (see, for example, NOU 2022:5, 359; OVV, 2022b: 205, 218).

Apart from public health experts, both governments gave room to education experts in the decision-making process as well, and several advisory committees were initiated, thereby formalizing their role. The education experts didn't necessarily have the same 'status' in the decision-making process. An example from Norway makes this particularly clear: while the FHI and Helsedirektorat had some disagreement about how severe the measures should be for the education sector in the third phase, and therefore slightly differed in their advice to the government, the government agencies Bufdir and Udir didn't even know about the final decisions until after they were announced publicly (NOU 2022:5: 358). Furthermore, in both

countries, education/youth expert bodies were never represented at the press conferences in contrast to the national institutes for public health.

However, the position of education experts in The Netherlands was different in the sense that they could act more independently. In Norway, not only are several expert bodies, like Bufdir and Udir, more integrated into the government structure than in The Netherlands, the expert bodies were also made part of a special (temporary) coordination committee for education and childcare centers which started on 2 April 2020. This committee was of particular importance for the final decisions on full or partial school closures, the authors of the evaluation report note (NOU 2022:5, 354). The committee was referred to several times during the parliamentary debates (see, for example, Stortinget, 24 April 2020; Stortinget, 6 May 2020; Stortinget, 5 October 2020).

The committee was a diverse group, consisting of representatives from the Directorate for Children, Youth and Family Affairs (Bufdir), the Directorate of Health (Helsedirektorat), the Directorate of Education (Udir), the Directorate of Integration and Diversity (IMDi), the Directorate of the Police (Politidirektoratet), the FHI, and the Labour and Welfare Administration (NAV). Also unions, volunteer organizations, and the ombudsman for children were asked to provide input (Stortinget, 6 May 2020). Bufdir acted as the committee's chair. The coordination committee focused specifically on children in a vulnerable situation, and it regularly published status reports, in which it consistently advised to keep facilities like schools open as much as possible (NOU 2022:5, 355; Regjeringen, 2022d). Also when the infection rose in the second phase, the committee advised against school closures since the effect on especially children in a vulnerable situation would be harmful (Bufdir, 2020a: 5).

Like the Norwegian government, the committee made a distinction between the red level and actual school closures. However, the committee used the first to explicitly refer to a partial school closure (with pupils/groups learning at home part of the time), and the latter to a full one (see, for example, Bufdir, 2020b: 6; Bufdir, 2020c: 5). The committee was dissolved on 28 February 2022, some weeks after all crisis measures were lifted (Regjeringen, 2022d).

The Netherlands didn't have a separate coordination committee as Norway did. Instead, the Inspectorate of Education regularly advised the Ministry of Education on the school closures (Slob, 2020: 1). The inspectorate also addressed the impact of the crisis measures extensively in its annual research reports on the quality of education in The Netherlands (IvO, 2020; IvO, 2021; IvO, 2022b). In addition, Oberon, an independent education research institute, was asked to provide monthly updates, starting in November

2020, on the effect of Covid-19 and the crisis measures on schools for compulsory education (Slob, 2020: 2). Even though Oberon didn't give specific policy advice, it did quantify the negative impact of, for example, the virus on school attendance.

A possible explanation for the fact that the education expert bodies had a less prominent role than the health institutes, is that the pandemic in both countries (and around the world) was first and foremost identified as a public health crisis. The fact that the education experts bodies nevertheless had a different position compared to the other country, might be the result of different ideas about how to best deal with the transboundary character of the crisis: while the Dutch government apparently thought it made sense to fall back on existing structures, Norway introduced a temporary interdisciplinary body.

Less visible in the data is the role of other interest groups (organizations for employers, teacher unions, parent organizations, and so on). In both countries, they are neither present in the blueprint the crisis plan provides nor explicitly mentioned in the press conferences. However, political leaders did have exchanges with these actors during the decision-making process, references in the parliamentary debates make clear (see, for example, Stortinget, 6 May 2020; Tweede Kamer, 1 April 2020). In Norway, several of these actors were involved in the activities of the temporary coordination committee. In The Netherlands, several of these actors were given a role in the fine-tuning of the measures, and, for example, collaborated on 'translating' the general measures provided for by the Ministry of Education into specific guidelines for different school types and education levels (OVV, 2022b: 212).

### **5.3 Justification of measures**

Compared to The Netherlands, there was little debate on the 'why' of the decisions to close and subsequently open schools in the Norwegian parliament. In Norway, the government and the members of parliament were generally in agreement that the situation actually was exceptional, and that a full or partial national school closure was therefore justified. In the first phase, a member of one of the main opposition parties even exclaimed how glad he was that all of them thought alike: it made it so much easier to get crisis measures like school closures accepted and implemented (Stortinget, 31 March 2020). Throughout the pandemic, much time was spent on discussing the practical and financial consequences of the crisis measures in the education sector (see, for example, Stortinget, 6 May 2020; Stortinget, 11 November 2020; Stortinget, 21 January 2021). This didn't change after a new government

was installed at the beginning of the third phase, and when the red level for secondary schools was announced.

In The Netherlands, things were different. Even though the government and the members of parliament initially showed to be generally in agreement that the situation was so exceptional that it justified a national school closure, this agreement dissolved over time. Particularly when the second national school closure was announced, and when the initial shock over the pandemic seemed to have worn off, it became clear that the acceptance of the measure to close schools was on shaky grounds. In the debates, members of opposition parties referred to both national and international research reports, like the WHO report which showed that children generally played a small role in spreading the virus, and that very few serious infections among young children took place (Tweede Kamer, 15 December 2020). By doing so, they pushed the government to give more specific arguments for the measure during the second and third phase than during the first phase. Just generally referring to the need to limit the spread of the virus, was no longer enough.

A possible explanation for the difference between Norway and The Netherlands was that members of the Norwegian parliament were not fully aware that the red level in reality could and would mean a partial school closure. Even though the coordination committee made clear in its reports that the red level should be understood as such, many might have been hesitant to acknowledge this fact as the government consistently denied this in public statements (see P NO 3 January 2021; P NO 7 December 2021). Furthermore, the parliament lacked information which made clear how many children were actually forced to stay at home as a result of the national switch to the red level. This was also pointed out by the Norwegian evaluation committee (NOU 2022:5, 391, 454). This lack of solid data will have made it challenging to formulate specific criticisms. In The Netherlands, there was no doubt about the meaning of the national decision to close schools. In addition, the members of parliament had access to information about the effects due to the work of different (relatively strongly positioned) education expert bodies.

Another or an additional possible explanation is that the Norwegian government throughout the pandemic was a minority government: the need to find consensus was high, while opposition parties in The Netherlands could be more openly critical since a majority of the parliament would support the crisis measures anyhow. Yet another or an additional possible explanation is that the members of the Norwegian parliament are under normal circumstances less inclined to critically question the basis for decisions, since the trust in

government is generally high; as the initial shock of the pandemic had worn off, they might have just returned to old routines.

### *Logics of decision making*

Throughout the pandemic, the two governments followed both a logic of consequences and a logic of appropriateness in explaining the crisis measures for the education sector to the general public, the analysis of the press conferences show. The logic of consequences is, for example, reflected in a public statement by Hugo de Jonge, the Dutch Minister of Health, on 14 March 2020:

‘Let’s go back to the line of reasoning when it comes to the [crisis] measures for a minute. And that [reasoning] is that [we] want to limit the number of contacts. Limit the number of movements. Reduce the groups. That’s what has basically been behind [the measures] all the time.’

Here, a technical goal is mentioned as a justification: limiting the number of contacts, which in turn will limit the spread of the virus. The goal is technical in the sense that it can be seen as a means to achieve a higher goal, namely solving the crisis. Technical goals like these are frequently referred to throughout the pandemic in both countries (see appendix 3, table A). However, the logic of consequences can only be found to justify decisions as satisfactory, rather than optimal: from the start government officials point out the lack of time, resources, and analytical capacity. Norwegian prime minister Erna Solberg, for example, stated on 12 March 2020:

‘We implement these measures for those who have the biggest challenges if they get sick, but also to have capacity to help those who are sick and need health care independent of [Covid-19]. (...) We are doing this in a very short time, so there will be unanswered questions, practical solutions which are not quite in place yet, and measures which have to be adjusted along the way.’

A statement by the Dutch prime minister Mark Rutte underlined how the transboundary character of the crisis complicates a consequentialist way of reasoning. On 12 March 2020, he said:

‘[The government’s stance on schools] demonstrates how difficult it is to make all the considerations [concerning the situation] we are confronted with. Since each measure affects other areas. Each course of action comes with a price (...)’

Later on in the pandemic, when more became known about the virus and its impact on health, this precaution in public statements didn’t change. The Norwegian political leaders referred, for example, to the ‘sum’ of measures when defending their decisions, since they had no knowledge of the effects of individual measures (see, for example, P NO 7 April 2020). In The Netherlands, this was also repeatedly mentioned (OVV, 2022b: 226). Mark Rutte said during the press conference on 4 December 2020:

‘We presented some alternatives [for education measures] to the Outbreak Management Team: [we asked] what would you look at? Also to get a better understanding of what these different measures actually do, insofar as this can be modulated. [Modulation] is terribly difficult. It’s not as if you can say: if you do A, then this will exactly have this effect on the spread [of the virus].’

In short, the governments expressed the wish to reason as rationally as possible despite limitations in time, resources and/or analytical capacity.

At the same time, the government officials referred to national values and norms extensively in order to justify the course of action. The Norwegian government, for example, informed the public of – what can be described as – a ‘better safe than sorry’ approach after a short period of undecidedness in which some schools individually chose to close their doors. On 12 March 2020, Erna Solberg said after announcing the closure of schools and childcare facilities:

‘We are implementing these drastic measures now in the hope to stop the corona virus (...) If we respond rigorously now, we can ease up a bit later.’

This ‘better safe than sorry’ approach required a collective effort that might not be of advantage for each individual; some might have to make sacrifices without getting something in return. This is what Solberg called ‘dugnad’, a voluntary community effort which is common in Norwegian culture (P NO 12 March 2020). In other words, a logic of

appropriateness was followed: in light of Norwegian norms and values it was fitting to choose a ‘better safe than sorry’ approach.

The approach was different in The Netherlands, where the government initially decided not to close schools at the advice of experts (see also 5.2). It can be described as a ‘wait and see’ approach. On 13 March 2020, Rutte stated:

‘We are aware of the problems which can occur in schools [by not closing them] (...) We can’t ask the impossible. If that happens, if a school feels: now the impossible is being asked of us, I ask you on behalf of the crisis organization to pay attention to the pupils in their final year, and especially to look after the children of parents in the vital sectors.’

This ‘wait and see’ approach put the responsibility with local actors, in this case the school boards (this approach was also often referred to as the ‘intelligent lockdown’; Pattyn, 2021: 605). The approach required that actors reflected on the situation themselves, and made sensible decisions on their own.

This is an ability the Dutch people have, Rutte stressed. The Netherlands has always been a ‘nuchter landje’, a small, sober country; keeping one’s cool is part of the Dutch way of life (P NL 9 March 2020). Also in this case a logic of appropriateness appears: in light of Dutch culture it was fitting to choose a ‘wait and see’ approach. These initial government decisions didn’t mean that the leaders thought that Dutch culture had no room for solidarity, or that the Norwegians were unfamiliar with independent thinking. For example, in the same press conference Rutte spoke of The Netherlands as a ‘nuchter landje’, he also emphasized the importance of acting together (‘We can only do this if all 17 million of us are in’; P NL 9 March 2020). The governments just prioritized the national values differently in their reasoning. Despite using the same type of logic in a similar situation, the governments come to opposite decisions.

Some days later, on 15 March 2020, the Dutch Minister of Education Arie Slob announced the first national school closure after all. During the press conference, the question was raised why the government apparently changed course, and Slob explained that for many schools the situation had become unmanageable: many employees had called in sick, ‘a lot of discussion’ about safety was going on, and some parents had even pulled their children out of school (P NL 15 March 2020). In correspondence with the Norwegian approach, the Dutch minister stressed the importance of collective action:

‘[Keeping schools open became] so difficult that school leaders concluded: we cannot keep going on like this. At such a moment, it’s very important that together one draws a clear line (...).’

In sum, after a few days the national values in The Netherlands were prioritized differently, and the decision to not close schools was adjusted to closing schools after all. The type of logic of appropriateness had changed. Like the Norwegian government, the Dutch government stuck to the prioritization of solidarity in justifying the crisis measures in the education sector throughout the pandemic.

When restrictions were eased during the pandemic, the political leaders in both countries demonstrated a slight adjustment of the prioritization of values in their reasonings. Both the Norwegian and Dutch government switched to something which can be called a ‘still safe but more normal’ approach: even though the pandemic still required a collective effort, life should return to normal as much as possible. In Norway, political leaders emphasize the importance of normalcy, while making clear that the ‘*dugnad*’ is not over yet. On 7 April 2020, the Norwegian Minister of Education, Guri Melby, said, for example:

‘[The careful and gradual re-opening of schools] will without doubt be difficult for many, and I would like to use this occasion to express my gratitude to parents, teachers, and other school employees, who have been and still are part of the national *dugnad*. We might need to close schools again if the spread of the virus reaches a certain level (...) We will follow the situation closely.’

Also in The Netherlands, the importance of collectivity is emphasized when returning to a more normal situation. On 6 May 2020, Rutte said, for example:

‘Now that we have come here, we can make the following steps (...) Steps which will give everyone in our country the possibility again to look ahead and make plans. We do this as fast as we can, but not any faster than is sensible. Because caution now is better than having regrets afterwards (...) We can only unlock The Netherlands if everyone behaves sensibly and keeps following the rules for conduct.’



At the beginning of each new phase, the prioritization of values is changed back again in order to support a ‘better safe than sorry’ approach.

*Arguments for decisions*

Throughout the pandemic, both governments gave multiple reasons for closing schools or keeping them open during the press conferences. The reasons reflected different interests, like public health, children’s development, and national safety (see appendix 3 for a full overview of the specific reasons per phase and per country). The decision to fully or partially close schools was usually argued for by referring to public health (see table 3). In all instances, the measure was presented as part of a package of crisis measures. This package was usually argued for by referring to the pandemic as a threat to public health.

	Phase 1: Spring 2020		Phase 2: Winter 2020		Phase 3: Winter 2021	
	Closure	Opening	Closure	Opening	Closure	Opening
<b>Norway</b>	Public health National safety Other	Children’s interest Public health	Public health	Children’s interest	Public health	Children’s interest Public health
<b>The Netherlands</b>	Practical motivations National safety Other	Children’s interest Public health National safety Practical motivations Other	Public health Other	Children’s interest Parents’ interest Practical motivations	Public health	Children’s interest Public health

Table 3: Types of arguments used to close and subsequently open schools per phase and per country during the press conferences<sup>5</sup>

An exception was the initial argumentation for a national school closure in The Netherlands during the press conferences. At that time, the Dutch government still considered the threat of open schools to public health too small to justify such a decision, as expressed on 12 and 13 March 2020. However, during those first days, political leaders also made clear that they had difficulty wrapping their heads around what was happening. Therefore, it might also be that

<sup>5</sup> For the sake for clarity, the types of arguments used in The Netherland to keep schools open at the start of the pandemic are not included in the table. In appendix 4, a full overview of the types of arguments can be found.

during the press conference on 15 March, public health arguments were simply forgotten, or thought to be obvious, in explaining why a national school closure was necessary.

Both governments referred to the possibility of social unrest if schools stayed open. The fear and resistance among parents and school employees might become so big that keeping schools open was pointless. This argument is categorized as ‘National safety’. The Norwegian prime minister names this reason in response to a question of a journalist; the Dutch Minister of Education refers to it while emphasizing it’s not a primary reason (P NO 7 April 2020, P NL 15 March 2020).

In the category ‘Other’, one of the reasons named in favor of a national school closure is ‘to offer clarity’. This was something both governments mentioned in the beginning of the pandemic. Despite the high level of uncertainty, they apparently did view it as their task to take the lead and make decisions, which was also formalized during that time with the activation of the crisis structure.

Furthermore, a national school closure was described as a tool for making other crisis measures work better. At the beginning of the second phase, the Dutch Minister of Health mentioned that parents had continued going to their work place despite explicit requests to not do so (P NL 14 December 2020). A school closure would solve this, the minister argued.<sup>6</sup> During the public statements in both countries, no explicit references were made to the interests of children, parents or school employees in arguing in favor of the (partial) school closures. Neither legal nor economic reasons were ever explicitly named.

The reasons to open schools, or keep them open, are in both countries generally much more sector specific (see, for example, P NO 11 May 2020, P NO 18 February 2021, P NL 12 January 2021). The political leaders argued that open schools were good for the learning and social-emotional development of children, the infection rate in schools was low, children generally played a small role in spreading the virus, and so on.

The Dutch government mentioned the parents’ interest in keeping schools open once, in the second phase: parents were tired of having to combine working from home with taking

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<sup>6</sup> The statement led to surprised and angry reactions (OVV, 2022b: 209-210). During a parliamentary debate, opposition parties spoke of a ‘living ankle bracelet’ which children would turn into if the argument was taken seriously (Tweede Kamer, 15 December 2020). A few weeks later, the prime minister said that more people working from home can only be a side-effect and not a goal in itself of school closures (Tweede Kamer, 13 January 2021). The prime minister explained: ‘Isn’t it just a fact that we are again in a serious phase of the pandemic? At this time it just not possible to open schools. Not even if you do it in a smart way (...) [Schools for] primary education, if they open again, will increase the number of travel movements (...) This is something to consider when there is still a pretty high spread of the virus, [and something we have to weigh] against the enormous importance of open schools.’

care of their children, and needed some time to recover (P NL 12 January 2021). The Dutch government also motivated keeping schools open with practical reasons, at the end of both the first and the second phase: the (swift) organization of online education is seen as challenging (see, for example, P NL 4 December 2020, P NL 12 January 2021). This might refer to both technical and pedagogical/didactic challenges, but this isn't made explicit.

The Norwegian government never used practical obstacles as an argument to keep schools open during the press conferences. However, the government did address the difficulties schools were experiencing in implementing the measures for (partial) school closures, and, for example, explained how it intends to support school owners (see, for example, P NO 24 March 2020, P NO 11 May 2020).

In the category 'Other', two different arguments are included, namely 'Other countries open their schools as well', and 'Closing schools is just something one shouldn't do' (P NL 13 October 2020, P NL 4 December 2020). These reasons were only named in The Netherlands. Throughout the pandemic, no legal arguments were mentioned for keeping schools open.

The fact that reasons to close schools refer to the crisis situation, while reasons to open them are sector specific, might not be surprising. It makes sense that a severe measure (like school closures) is justified with reference to the exceptional situation, while the abolishment of that measure is explained by referring to life under normal circumstances.

Zooming in on the specific arguments, something interesting comes into view. In Norway, two of the arguments to keep schools open had a general character: frequently, 'the protection of children' and 'to enable children to live normally' were named as a justification of the measure (see, for example, P NO 7 April 2020, P NO 28 October 2020, P NO 7 December 2021). Such arguments are easy to put aside, since something like the protection of children is *always* important, not just when the access to education is under pressure.

In The Netherlands, 'the protection of children' and 'to enable children to live normally' were never mentioned in the press conferences as a justification for the decision to open schools, even though concerns for children in a vulnerable position were often expressed in the parliamentary debates throughout the pandemic (see, for example, Tweede Kamer, 18 March 2020; Tweede Kamer, 15 December 2020; Tweede Kamer, 15 December 2021). Instead, the Dutch government used only arguments which were relatively specific. The government said frequently that open schools were best for 'the learning and social-emotional development of children' (see, for example, P NL 26 November 2021, P NL 14 January

2022). This is an argument which has quite a strong factual base, and is therefore more difficult to refute. The use of the general arguments by the Norwegian government lasted throughout the pandemic (see table 4).

	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>
<b>Norway</b>	To protect children (gen.) To enable children to live normally (gen.) Learning and social-emotional development (spec.)	To protect children (gen.) Learning and social-emotional development (spec.)	To protect children (gen.) To enable children to live normally (gen.) Learning and social-emotional development (spec.)
<b>The Netherlands</b>	Learning and social-emotional development (spec.) To enable children to attend school physically (spec.)	Learning and social-emotional development (spec.)	Learning and social-emotional development (spec.)

Table 4: General and specific arguments in the category ‘Children’s interest’ to open schools or keep them open per phase and per country during the press conferences<sup>7</sup>

The general argument ‘to protect children’ was also used by the Norwegian government to justify strict crisis measures in other sectors. Guri Melby, for example, stated on 28 October 2020:

‘We have had many questions about why there are other rules for schools and childcare facilities (...) This is because the government has prioritized to protect children and youth from severe measures. We tighten measures in other parts of society in order to create a safe environment for children (...)’

As a result of the more specific arguments, the Dutch government had to make a bigger effort to explain why children were sometimes treated differently than adults. The Dutch government consistently gave arguments in reference to the pandemic as a health crisis. In the beginning of the first phase, on 13 March 2020, Rutte, for example, replied in answer to the

<sup>7</sup> For the sake of clarity, only the arguments in the category ‘Children’s interest’ are presented in the table. See appendix 4 for a full overview.

question why children could gather in large groups, while many parents had to avoid social contact as follows:

‘In contrast to a common flu, where it’s often children that contribute to transmission, this virus [is different]: the chance that a child will transmit [this virus] is very small.’

Also at the end of the first phase, on 13 October 2020, the public health aspect was used as a justification for having less strict measures in the education sector than in other sectors, this time by Hugo de Jonge:

‘[We keep the schools open] because we know that in that age group infections are very mild (...) Schools are not really the driving force behind the epidemic, that’s not something you can claim, I think.’

In short, both governments had less strict crisis measures for children than adults. However, the Norwegian government used a general argument in the justification of keeping schools open, while the Dutch government didn’t. A possible explanation for this difference is that the Norwegian government identified children as a high-risk group from early on (which is illustrated by the installation of the special coordination committee), and could therefore more easily present them as a group which needed special protection. Even though the Dutch government was made aware by several actors of the likely negative impact of crisis measures on children, particularly those in a vulnerable position, the primary focus lay on protecting people who might become seriously ill. Another or an additional possible explanation is that the Norwegian government was less pressured by the parliament to carefully argue for the measures in the education sector. It could ‘get away’ with general arguments more easily.

It might also have mattered that the Norwegian Ministers of Education had a more prominent role in the public justification of the measures than the ministers in The Netherlands. While the Norwegian ministers regularly shared the stage with the prime minister and explained decisions, it was seldom that one of the Dutch Ministers of Education was present during the public announcements. In the coded press conferences, only the Minister of Education Arie Slob appears, and he does so only once, on 15 March 2020, together with Bruno Bruins, the Minister of Medical Care. In all other instances, crisis measures for the education sector were publicly announced and explained by the Dutch prime minister, the Minister of Health, or the head of the OMT. Because of the relatively prominent

place of the Norwegian Ministers of Education, it might have been easier for them to promote the interests of children without being very specific about it.

#### **5.4 Legitimacy**

In both countries, the governments attempted to keep a constant dialogue going in order to uphold or restore the legitimacy of the crisis measures. Not only in the parliamentary debates, but also during press conferences and related public expressions. The public trust and support in the measures had to be widespread, and not just shared by a few individuals or institutions, the political leaders made clear: only if all participated, there was a chance that the measures would be effective (see, for example, P NO 12 March 2020; P NL 9 March 2020). Both governments chose to present regular updates to the general public about the decisions and the situation the country was in. From March 2020 till March 2022, the governments frequently held televised press conferences, in which they provided information and answered questions. This was also the case after the government shift in both countries (in October 2021 in Norway, and in January 2022 in The Netherlands). In the beginning, and when infection rates rose, the press conferences took place every few days, in more quiet periods, every few weeks. Both Norway and The Netherlands had approximately fifteen televised press events in which the full or partial school closures and their subsequent openings are addressed in detail (see appendix 2 for an overview).

Both governments used references to expert knowledge in the legitimacy narrative. This is also the case for the measures for the education sector: regularly the governments tried to make clear how the school measures made sense in light of the situation and the available knowledge (see, for example, P NO 12 March 2020, P NO 7 April 2020, P NO 28 October 2020, P NL 9 March 2020, 13 March 2020). They were making careful decisions, they emphasized, even if the situation was highly uncertain and complex.

Expert advice was not only referred to, but also explicitly given a public arena. In almost every instance, someone representing the national institute for public health was present at the press conferences to give information about the status the country was in (in the Norwegian case, this was usually Camilla Stoltenberg, and in the Dutch case, Jaap van Dissel). Trust in knowledge institutions is generally high in both countries, also throughout the pandemic (NOU 2021:6, 23, 140; Engbersen et al, 2021: 21). Explicitly including expert advice in order to gain or uphold legitimacy therefore might not come as a surprise.

In both countries, the legitimacy narrative as it was reflected in the press conferences had a clear open character in the sense that the political leaders emphasized the uncertainties surrounding the situation, also over time as new variants of the virus appeared. They expressed the need to constantly adjust measures in light of new insights and experiences (see, for example, P NO 14 March 2020, P NO 3 January 2021, P NL 13 March 2020, P NL 18 December 2020).

The press conferences also reflected the competition with other possible narratives. In the Dutch case, for example, the prime minister was confronted with the question why The Netherlands deviated from similar countries by initially deciding to keep schools open (P NL 13 March 2020). The prime minister replied that countries were different in many respects, and needed to make their own judgement (P NO 13 March 2020). Later on, however, in the second phase of the pandemic, the approach of other countries in dealing with the pandemic was actually used to strengthen the legitimacy narrative. On 4 December 2020, Rutte mentioned that he's been in contact with EU nations about crisis measures, including the school closures:

'If one looks at the rest of Europe, and I was in contact with the Germans yesterday, and earlier this week with the Luxembourgers, the French, then it becomes clear that with respect to education, and cafes and restaurants, that all these countries do more or less the same (...) So like we do in The Netherlands. All those measure packages are quite comparable.'

Here, the similarities between countries were stressed, which made the Dutch approach appear extra solid. The source ('other countries') had remained the same, but its narrative was apparently no longer in competition with the government's, but rather supported it. In the Norwegian press conferences in which the school closures are addressed, no explicit reference to other countries is made.

Both governments also seemed to be aware of the social function of the legitimacy narrative, and the political leaders frequently tried to demonstrate sensitivity to what people were going through during the press conferences. Repeatedly they responded to public concerns about the crisis measures, including those specifically for the education sector (see, for example, P NO 12 March 2020, P NO 7 April 2020, P NO 28 October 2020, P NL 12 March 2020, P NL 14 December 2020). These concerns were at times of a practical nature, like worries about how the distance rules should be followed in class rooms where space is

limited or what should be done with malfunctioning ventilation equipment. But often the concerns also seemed to reflect feelings of exhaustion, frustration, or despair with the situation and the demands which measures were putting on people, like in the following statement by Guri Melby on 28 October 2020:

‘I feel with both teachers and other employees who think it’s demanding to find good solutions [to organize education in the current situation], and not in the least the youth which will now have quite a hard and boring autumn.’

Here, no solution is offered. Instead, the statement appears to be meant as a recognition of the impact of crisis measure on the lives of children and school employees.

However, despite the efforts to inform, communicate with, and connect to a broad audience, it quickly became clear that the governments were not reaching everyone. In The Netherlands, translations in different languages were published after each press conference to reach people who didn’t master Dutch, and simplified Dutch texts were made available for people who couldn’t read or write well, which concerned over 10% of the population (OVV, 2022a: 169). In Norway, translations were also made available, even though some found it hard to find them, the evaluation committee noted (NOU 2021:6, 187). In both countries, the political leaders also had separate meetings with groups who were affected by particular measures. In Norway, for example, special press conferences for children were organized (NOU 2022:5, 448). In The Netherlands, the Minister of Health met with employees of badly hit health care facilities (OVV, 2022a: 176). Activities like these were in The Netherlands described as ‘connecting communication’, conversations with the intend to create a sense of community. Even though connecting communication didn’t have an explicit place in the original crisis plan, it was included in a revised version which was published in March 2021 (OVV, 2022a: 176).

Despite efforts like these, the Dutch evaluation committee concluded that too little was actually done for all people to feel included, partly due to a lack of time, but also because of inexperience and unclarity about roles (OVV, 2022a: 177). Also in Norway, the evaluation committee was critical of what the government did in order to make everyone feel included. It took, for example, too much time for the government to come up with a plan to reach people with a migrant background, the evaluation committee concluded (NOU 2021:6, 186).

The legitimacy narrative came under particular pressure when some of the alternative interpretations of what was happening and what should be done, turned into protests. Protests



against crisis measures were not an uncommon phenomenon during the pandemic. Even in Norway, a country with an overall low infection rate, some local protests took place (Stavrum, 2021). In The Netherlands, both legal and illegal protests were organized, and attracted at times tens of thousands of demonstrators (Geurts, 2021; Hendriks, 2021). In some Dutch towns, fire was set to test locations, and protesters threw rocks, used explosives, and drove traffic signs out of the ground (OVV, 2022b: 53).

Nevertheless, in the Norwegian press conferences addressing school closures and openings no explicit references to delegitimizing narratives were present. This was different in The Netherlands. At the beginning of the second phase, for example, the Dutch prime minister addressed the nation from his office while protesters could be heard yelling outside. The protesters generally form a very diverse group, and, for example, included people accusing political leaders for being ‘dictators’, and stating that the corona vaccine is ‘a plot to poison the population’ (Langelaan, 2021; Riem, 2020). Approximately 5-15% of the Dutch population was strongly against the crisis measures regardless of the epidemiological situation (RIVM, 2021: 1). During his address, in which Rutte announced the second school closure as a part of a new package of crisis measures, he referred to the protest, saying:

‘The reality is that we are not dealing with an innocent flu here, something which some people, like the protesters outside, still think. We are dealing with a virus that can hit us all a great deal.’

The idea that the corona virus is ‘an innocent flu’, was clearly opposed to the interpretation of the virus as a threat to public health and central societal functions. However, the moment when the meaning of the virus was up for debate, was long gone, Rutte made clear: in the previous months, thousands of people were in the intensive care with a corona infection, and these people ‘would have died’ if they hadn’t been treated, he stated (P NL 14 December 2020). The protest can be interpreted as a delegitimizing force: although the prime minister responded to the protest, no real dialogue was going on. He had identified the protesters as a group which cannot be taken seriously.

Even though time was scarce, and formal decision-making authority was centralized, both governments made explicitly clear that they strived for broad support among central actors and the population as a whole for the school measures (NOU 2022:5, 354-355; Slob, 2022: 1-5). But whether they actually achieved this, is another issue. The actual public trust and

support differed per country.<sup>8</sup> While both countries are traditionally characterized by a relatively high level of public trust in the government, the decision makers in The Netherlands faced a steady decline of public trust after the first crisis measures were taken, while the trust level in Norway only experienced a short dip in February 2020 after which it regained its high level (NOU 2021: 6, 23; OVV, 2022b: 10). In a national measurement, the general trust level in The Netherlands gradually dropped from approximately 70 % in April 2020 to 30% in March 2021 (Engbersen et al, 2021: 20). Possibly, this was the result of the political developments which had nothing to do with the Covid-19 situation, the researchers explained. Not just the child benefits scandal, which led to the resignation of the Dutch government in January 2021, but also events like the long government formation period after the national elections and the evacuation from Afghanistan might have influenced the public trust level negatively (Engbersen et al, 2021: 24).

In The Netherlands, the public support for specifically school closures changed as well, research by the RIVM shows. Even though many supported the measure initially, many citizens were displeased with the national school closure at the beginning of the second phase. They considered the measure disproportionate: it didn't weigh up against the negative effects on the learning and social-emotional development of children, respondents said (RIVM, 2021: 11; OVV, 2022b: 215). At the beginning of the third phase, respondents made clear that they still found the measure disproportionate. The measure was 'less acceptable' than an evening curfew, they said, because the negative effects of an evening curfew were only temporary, while a third national school closure could lead to long-term problems for children. Furthermore, they found the measure unfair as it only hit a specific group in society, while a measure like an evening curfew would have an impact on everyone (OVV, 2022b: 215). From the start of the pandemic until the third phase, public support for the crisis measures in general gradually decreased in The Netherlands (RIVM, 2021: 6).

For Norway, no specific data was found on public support for the school measures throughout the pandemic. However, one of the national measurements shows that the majority of *parents*, approximately 70%, supported the national school closure in the first phase, and were pleased that schools opened again in a normal fashion after the summer of 2020 (Opinion, 2022: 61). The majority was also pleased at the beginning of the second phase, but as the numbers of infections rose, parents became more skeptical, and found the arrangements for children less acceptable. When the schools could return to a normal set-up at the end of

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<sup>8</sup> The cited measurements were done in different ways: they are not directly comparable, but can give a general impression of public trust and support in both countries.

the second phase, in the summer of 2021, most parents were pleased, especially in October 2021. However, as the third phase began, and the number of infections rose once more, parents found the learning situation for children again becoming less acceptable. At the same time, approximately half of all parents were worried that the periods in which schools were partially closed, would negatively influence the learning and social development of children. The public support for the crisis measures in general remained high throughout the pandemic, with a majority of people being positive about what the Norwegian government did (Opinion, 2022: 5, 23; NOU 2021:6, 23, 140; NOU 2022:5, 12).

Overall, it seems that the public trust level in the government, the crisis measures, and specifically the full or partial schools closures gradually dropped in The Netherlands, while the public trust level remained high in Norway, although many were concerned about the possible negative impact of the partial school closures on children. A possible explanation for this difference is that public trust in the government in The Netherlands had been under pressure already before the pandemic started, due to events which were not related to the Covid-19 situation. These events might have contributed to more scepticism about the crisis measures in general, and the school closures in particular. Another, or an additional, possible explanation is that the impact of the school closures was felt more and made more explicit in The Netherlands. While Norwegian parents could base their opinion on personal experiences, the general population might have had less access to information about what the partial school closures entailed for children and/or maybe didn't find the negative impact on children to be very high.

## **6 Discussion**

This comparative case study shows several differences and similarities between Norway and The Netherlands when it comes to how the decisions to close and subsequently open schools during the pandemic. What do these findings mean in light of existing theory on policy decision making?

### **6.1 Origin and evolution of the idea to close schools**

Policy decisions are formed in a complex whole of regulations and institutions, while dealing with a variety of actors with often conflicting interests and values (Powell & DiMaggio, 1991: 2-3; Scott & Davis, 2007: 59-60). This core idea of institutional theory is also illustrated by the findings of this thesis: the origin of the idea to close social arenas like schools was multifaceted, in which both historical, structural, societal and international elements can be distinguished. This multifaceted origin illustrates that policy decision making is not necessarily a clear-cut process, in which situation A automatically leads to decision B. In addition, the decision to close schools is an example of a seemingly simple measure which turns out to be quite complex both in a practical sense (how should it be implemented?) and in a more fundamental sense (how should it be understood, and what is its actual function?).

The long history of the idea, in combination with expert advice and the pressure from both local and international actors, might give the impression that governments had no other choice than to close schools when the pandemic started. This would be in line with the idea of path dependency, in which earlier events determine the available options in the future (Mahoney & Schensul, 2006: 454; Guy Peters et al, 2005: 1276). Even though path dependency can make government institutions stable and solid, it can also lead to a lack of flexibility (Christensen et al, 2017: 62). One may ask if this was also the case in Norway and The Netherlands: were the Norwegian and Dutch government unable to consider alternative approaches as the pandemic continued? Their attempts to learn as new knowledge trickled in seems to point into a different direction, although the strategy of reducing social interaction in order to combat the virus remained intact. However, this doesn't mean that the strategy was never questioned, which is, for example, illustrated by the discussion at the beginning of the pandemic on 'herd immunity', the idea that once people with a stronger health have been infected, they might be immune and can then form a protective ring around the people with a weaker health (le Loux, 2020). So even though the long history of the idea of reducing social interaction can have strongly contributed to the fact that the measure to close schools was

quickly taken into consideration, it didn't make the measure unavoidable. This underlines that a deterministic interpretation of path dependency might not be very useful, something which has also been stressed by several authors (Mahoney & Schensul, 2006: 455).

Apart from the multifaceted origin of the idea, the study also makes clear that the evolution of the idea not only depended on analytical capacity, but on material capacity as well, namely time. This is in line with literature on intracrisis learning: time is one of the main factors for successful intracrisis learning (Monyhan, 2009: 189). When both governments were made aware that younger children have a smaller chance to get seriously infected by Covid-19 and also play a relatively small role in the spread of the virus, only Norway actually used that knowledge to adjust the measure. The severe situation in The Netherlands, where the number of infections and the number of deaths per 100.000 citizens rose more quickly, made it more difficult to fine-tune a measure like the school closure, the Dutch government argued (Tweede Kamer, 15 December 2020; Johns Hopkins University, 2022a; John Hopkins University, 2022b).

## **6.2 Role of the main actors**

With the activation of the crisis structure, the role of the main actors in the policy decision-making process changed in both countries: formal roles altered, placing more power with specific actors, while leaving others with less, in order to make decisions more quickly. The governments received more power due to the centralization of decision-making authority and the reduction of the influence of the parliaments. Furthermore, the Ministry of Health got a center-stage role in both countries, and was part of all formal decision-making meetings. The Ministers of Education were also part of these meetings when their domains were affected by the situation.

However, at the beginning of the pandemic, both governments decided to expand the crisis structure by adding meetings and/or initiating additional committees. These adjustments can be understood as a response to a lack of specificity in the crisis plans, which is also mentioned in the evaluation reports (NOU 2022:5, 457; OVV, 2022: 286). At the same time, decision makers are by definition confronted with an unusual situation during a crisis, and they will likely be faced with different types of uncertainty (Ongaro, 2020: 56-57; Hansson, 1996: 369). The adjustments can therefore also be interpreted as improvised attempts to deal with the specific challenges of the situation.

The case of The Netherlands demonstrates that these adjustments can make the decision-making process less transparent than intended, with government officials wondering if they are in the right meeting to influence how and which measures are formulated, and leakages from government meetings adding to the confusion about who actually has a say in how and which decisions are made (OVV, 2022a: 121). In Norway, no such confusion seems to have occurred, although the evaluation committee did ask what the function of some of the additional meetings actually was (NOU 2021:6, 212). In The Netherlands, the confusion about roles might have been prevented if the crisis plan had been different.

When the structure for formal decision-making changes at the beginning and during a crisis, the relationship between technocracy and representative democracy becomes of particular interest. In both countries, the activation of the crisis structure meant that the government became less democratic in the sense that the influence of the parliament was reduced. Instead, the governments leaned more heavily on expert advice. This corresponded with the behavior of other countries around the world (Bekker et al, 2020: 854).

However, both governments demonstrated a commitment to representative democracy by actively asking interest groups for input, while ‘giving back’ decision-making authority (in specific domains) to local authorities and increasing the influence of parliament as soon as this was possible. At the same time, both the Norwegian and Dutch government didn’t follow everything which was advised to them by the experts, even when there was general agreement among these experts on, for example, the lack of desirability of a national school closure. In other words, the decisions over ‘the allocation of values’ were not exclusively made by experts, as would be the case in a totally technocratic government (Caramani, 2020: 3).

In line with the national crisis plans, the public health institutes received a prominent role in the decision-making structure. In addition, the governments formalized the roles of relevant expert bodies if they were not part of the template provided for in the crisis plans. These formalization processes illustrate that the distinction between actors with formal and informal authority to influence decisions is not written in stone. In both countries, the structure was treated as a tool, which could be adjusted when the circumstances required this.

However, the public health institutes maintained their prominent role throughout the pandemic, which is, for example, illustrated by their continuous presence during the press conferences. In both cases, the education experts were not always on equal footing with the health experts. A possible explanation for this difference is that the crisis was primarily

interpreted as a life-threatening health crisis. This is in line with other research on government responses during the pandemic (see, for example, Ogbodo et al, 2020).

Both governments did include education expert bodies explicitly in the decision-making process, but they did so in a different way: while the Dutch government fell back on existing structures, particularly the Dutch Inspectorate of Education, the Norwegian government initiated the temporary coordination committee, consisting of representatives of different directorates and other bodies, including experts on youth health care and education.

In the literature on crisis management, it's stressed that government officials need to facilitate cross-boundary cooperation and knowledge exchange more actively than during a 'normal' crisis (Noordegraaf et al, 2017: 392). The coordination committee can be seen as an example of this. However, the Norwegian case illustrates that specific expertise might as a result also disappear somewhat. Organizations like Bufdir and Udir have a less autonomous position than an organization like the Dutch inspectorate to begin with. Making them part of an interdisciplinary committee might have reduced their ability to advise with a strong voice even more.

The possible negative side-effects of temporary expert committees during the pandemic have been addressed before: a case study on the French response during the first months indicated that an ad hoc expert committee weakened the advisory role of established public health institutes, reducing their role to 'logistical and operational matters' (Rozenblum, 2021: 275-276). It might become more difficult for them to get their message across. By 'sidelining' the public health institutes in this way, the French government might have put the credibility and legitimacy of the institutes at risk, the author states (Rozenblum, 2021: 276).

### **6.3 Justification of decisions**

Compared to the Dutch parliament, the Norwegian parliament used little time on discussing why school closures were a fitting measure. Such discussion is a normal part of the accountability process in a representative democracy (Schillemans, 2008: 177). Particularly during a serious transnational crisis, one would expect there to be parliamentary debate on how specific crisis measures are justified after the initial shock of the crisis has worn off (Boin et al, 2019: 14, 110). Several possible explanations for this difference appeared when the cases were compared. The Norwegian parliament might have been less aware of the meaning of a school closure and the actual impact on pupils (see below). But it might also have been the case that the Norwegian parliament was more preoccupied with finding consensus as a result of the minority government the country had at that time and/or the

political culture. This last possibility is also addressed in a research article on decision making during the first phase of the pandemic in Norway. In this article, the ‘collaborative decision-making style’ is named as one of the success factors for the effectiveness of the Norwegian government response to the pandemic (Christensen & Læg Reid, 2020a: 777). However, the apparently strong commitment to collaboration might have resulted in a less critical review of the national measure to close schools than was possible, this thesis indicates.

The comparative case study illustrates also that the basic logics of decision making do not need to exclude each other. Rather, they appear to be complementary, but it’s difficult to determine how they are actually related. Both logics came under pressure during the pandemic, so it’s not possible to say that as one logic became more unclear, the other ‘took over’, as is sometimes suggested (March & Olsen, 1998: 952-953). Both the Norwegian and Dutch government explicitly named the difficulty of following a logic of consequences when much information about the crisis and the effects of measures was (still) missing. And in The Netherlands, the change in the prioritization of values at the beginning of the pandemic illustrates that the best way to follow the logic of appropriateness was not immediately apparent.

However, the findings do support the idea that one logic establishes the ‘fundamental constraints’ for a decision, while the other logic is used to fine-tune those constraints, as some suggest the relationship between the two logics should be understood (March & Olsen, 1998: 953). This relationship becomes, for example, apparent when the decision to close schools is presented as a tool to make other crisis measures work better in the Netherlands during the second phase. School closures could be used to restrict the number of social interactions of parents, the Minister of Health said, when it had become clear that many parents ignored the national request to work from home ((P NL14 December 2020). This statement immediately met criticism, because the argument suggests that it’s okay to get the pandemic under control at the expense of children. The prime minister stepped in to explain that the reduction of social interactions of parents could only be a side-effect of school closures (as it’s a technical goal), and not an aim in itself. However, he did so without changing course. The general ‘better safe than sorry’ approach remained unaltered, and the government therefore didn’t change the prioritization of interests when the schools were closed for a second time: public health interests still trumped the interests of children when the threat was as high as it was at that time (Tweede Kamer, 13 January 2021).



Another possibility for the relationship between the logics is that one of the logics is a special case of the other. This suggestion can feel unsatisfactory, since it reduces one of the logics to a mere function of the other logic. The cases in this thesis cannot exclude this possibility. The fact that political leaders followed both logics when they presented the justifications of the decisions, doesn't necessarily mean that they actually followed both of these logics in reaching the decisions. They might, for example, have only tried to demonstrate behavior which is as rational as possible during the press conferences and parliamentary debates because this is considered appropriate. However, this line of thinking is rather self-defeating: the possibility that the political leaders 'actually' were following another logic can never be proven to be wrong. Therefore, it doesn't feel very fruitful to pursue this line of thinking.

In both countries, the measure to close schools was argued for with reference to the general crisis situation, while the decision to open them again (or keep them open) was explained with sector-specific reasons. This similar change of reference frame is in line with earlier empirical research which shows that during the first months of the pandemic several European countries presented the closure of primary schools as necessary to prevent infection, while in the justification of the decision to open primary schools the educational and social function of schools was underlined (Lindberg et al, 2021: 565). The findings in this thesis suggests that this switch of reference frame also occurred during the second and third phase of the pandemic. After such a severe crisis measure, it made sense that a government explained why open schools were important. Still, one might ask if this is always the case. It might, for example, have felt less necessary to remind people of the importance of open schools after a fast-burning crisis, like a school shooting or an earthquake.

When arguing for the re-opening of schools, the Norwegian government used general arguments ('the protection of children', 'to enable children to live normally') alongside specific ones, while the Dutch government only uses specific ones. Several possible explanations for this difference appeared when the cases were compared. One of them is that the Norwegian government identified children as a high-risk group from early on. This would be in line with existing theory on policy decisions: the way in which a situation is identified, plays a central role in which policy decisions are taken and how they are justified (Boin, 2019: 15; van Hulst & Yanow, 2016: 96). However, the use of general arguments makes sense at the beginning of a crisis, when the urgency to show leadership despite the

uncertainties is high: politicians *need* to act, but don't have not much more to fall back on than general values, and it's therefore no surprise if they then start making statements like how important it is to 'provide clarity', 'prevent social unrest', or 'protect vulnerable people'.

But as a crisis evolves, and the situation is better understood, it should be possible to argue more precisely for measures. The fact that the Norwegian government persisted in using a general argument, is therefore interesting. The comparison with the Dutch situation points at the possibility that the Norwegian government felt less pressured by the parliament to explain carefully why primary schools stayed open, while schools for secondary education were forced to partially close during the second and third phase. Even though there were data available about the effects of the partial closure of secondary schools, the parliament didn't use it, or didn't succeed in using it as actively to ask critical questions as they maybe could have. Leaning strongly on general arguments might in the end make measures less convincing to the public, and thus negatively influence public trust, something which was also mentioned by Norwegian critics during the pandemic (see, for example, Kalager, 2020).

#### **6.4 Legitimacy**

In both countries, the governments initiated a constant dialogue with the general public about what was happening and why, while also taking 'soft' factors into account, like concerns and fears among specific groups in society. This is in line with the idea that a legitimacy narrative has an open character in which alternative interpretations are addressed, while it's also a form of 'ritual communication' in the sense that the dialogue is meant to hold a community together over time without necessarily sharing new information (Falkheimer, 2021: 4).

As is common in the legitimacy narrative of representative democracies, a prominent voice was given to expert bodies throughout the pandemic. Although the dynamic character was embraced by both governments, only in the Dutch case disagreement about the crisis management approach toppled over into a delegitimizing force. The Dutch prime minister did, or was coerced to, acknowledge the existence of this force during a public announcement in the second phase of the pandemic, but as the disagreement about the identification of the situation was so fundamental, a healthy dialogue wasn't possible. In some literature on policy decision making, it's argued that decision makers should take time to reflect on how alternative interpretations are different and why disagreement occurs (so-called 'frame reflection', see van Hulst & Yanow, 2016: 96). When mutual understanding increases, so does the chance of finding solutions everyone can agree with. However, this ideal came out of reach, it seems, for the Dutch government as it chose to refrain from showing understanding

for the alternative interpretation, and acknowledged that the crisis measures were not acceptable to everyone. At the same time, one may ask if showing understanding at that particular time would not have negatively affected the public trust which the government still had.

In addition, the comparative case study illustrates that continuous efforts of a government to uphold or gain legitimacy for crisis measures, are no guarantee for success. Polling research conducted during the pandemic in both countries shows that public trust in the measures in the education sector varied. For this, there are various possible explanations. One of them is that in contrast to Norway, public trust in the government in The Netherlands had already been under pressure before the pandemic started. This might have contributed to more scepticism about the crisis measures in general, and the school closures in particular, while people in Norway were generally less skeptical about the decisions the government made. This would be in line with the idea that legitimacy has a resilient character: if people have a lot of trust in the government, they will not suddenly cast that aside even if they might disagree with specific measures or a particular way in which a decision was reached (Suchman, 1995: 574). However, if their trust in the government is under pressure, it might be more difficult to put trust in specific decisions even if these decisions seem reasonable irrespective of the government.

When looking specifically at the decision to fully or partially close schools, something else might have been going on as well: while the national school closures were presented publicly by the Dutch government, the school closures in Norway stayed more hidden in the second and third phase during the press conferences. Instead, political leaders explicitly said that the red level should not be interpreted as a school closure (P NO 3 January 2021, P NO 7 December 2021). Because of this, it might have been easier for many to think that the measure was acceptable. While parents could use their personal experiences to base their opinion on, others might have had a less clear view of what was happening.

## **6.5 Possibilities for future research**

The findings point in different directions for future research. Several topics might be worth examining more closely in the context of the pandemic, like the relationship between the complexity of the crisis structure and the transparency of policy decision making, the influence of improvisation skills of political leaders on the quality of decisions, and the relationship between the parliamentary debates and the justification of measures.

## **6.6 Discussion of the method**

The research design for this study made it possible to retrace how and why the decision to close and subsequently open schools in both Norway and The Netherlands were made during the pandemic, and by doing so aimed to gain more insight into decision making during a transboundary crisis. However, the choice for a comparative case study with the help of document analysis came with some limitations. One of them has to do with the selection of the cases. For the case selection, a ‘most similar, different outcome’ strategy (MSDO) was used. The idea behind this strategy is that by selecting cases which are alike in many respects apart from the dependent variable, it becomes possible to say something about what caused the difference (Ebbinghaus, 2005: 141; Ryan, 2017: 279). The cases selected for this thesis are, compared to other countries in the world, quite similar, while aspects of the decision making were different during the pandemic. In that sense, they do justice to this idea.

However, no country is alike, and while looking closer at Norway and The Netherlands, many differences came into view which might have played a role in the outcomes. This made the comparison challenging at times, but probably also more interesting than a more simplified comparison probably would have been. For example, by not focusing only on the justification of the measures, but taking also other aspects of decision making into account, the search for possible explanations of differences became less speculative than otherwise might have been the case.

Another limitation has to do with the data sources. Despite the abundance of publicly available documents related to the school closures in both countries, at several instances it might have helped to have other data as well. In the findings, it remains uncertain, for example, why the discussions in parliament were more heated in The Netherlands after the first phase compared to Norway. Interviews with members of parliament or others involved and/or political party documents might have helped to determine what motivated the opposition members. Did they behave in the way they did because this was expected of them, because they had more or less information, because they were dealing with a specific type of government, or maybe because of some other reason? The same counts, for example, for the role of experts bodies and other interest groups, like employee organizations and unions. With the help of interviews or other data sources more light might have been shed on how they fulfilled their role during the decision-making process and the influence they had on the final measures.

## 7 Conclusion

The Covid-19 pandemic was a special type of transboundary crisis which offers interesting material for policy researchers. Understanding how and why policy decisions came about during this time, can help society as a whole to process what happened and maybe to prepare better for similar crises in the future. While national evaluations offer a lot of information, comparisons between countries as made in this thesis can give an extra dimension to the understanding of the events during this period. In this thesis, the focus was put specifically on the decisions to close and subsequently open schools in both Norway and The Netherlands. How did the decisions come about, who was involved, how were the decisions justified, how did the governments construct the legitimacy narrative, and did they succeed in upholding the legitimacy of the decisions? To answer these questions a historical-comparative case study was done, which enabled both between-case and within-case comparisons. The design aimed to give a more in-depth understanding of different aspects of the decisions in both countries than a single case study could have done, and to shed light on how these aspects evolved in comparison to each other. A timeline was created, which helped to order and analyze the data systematically.

Despite the many similarities between the countries, particular differences came into view. In both countries, the idea to close schools had a similar multifaceted origin, which illustrates the central thought in institutional theory that policy decisions are often formed in a complex whole of regulations and institutions. But although the strategy to reduce social interaction by, for example, closing schools has a long history in the institutional set-up of both countries, alternatives were considered, thereby making a deterministic interpretation of path dependency less attractive. The comparison also underlined that a seemingly simple measure can actually be quite complex when it comes to its meaning and implementation.

Furthermore, both governments acknowledged the need to adjust the measure as new knowledge trickled in, but only Norway managed to actually alter the original outline of the decision by differentiating between upper and secondary education, while The Netherlands couldn't due to a shortage of time, according to the Dutch government. This is in line with theory on intracrisis learning, which stresses that apart from analytical capacity, material capacity like time is also a decisive factor for intracrisis learning.

When the governments switched to a crisis management structure at the beginning of the pandemic, they both adjusted the crisis management structure by adding government meetings and/or initiating temporary committees. These adjustments can be interpreted as a

response to a lack of specificity in the crisis plans, but also as improvised attempts to deal with the specific challenges of the pandemic. In The Netherlands, the adjustments resulted in a less transparent decision-making process than intended.

The switch to the crisis management structure entailed that decision-making authority was centralized and the influence of the parliaments was reduced. In that sense, both governments became more technocratic. However, they did ‘give back’ formal decision-making authority as soon as this was possible, and didn’t always follow expert advice. This shows that the governments didn’t turn into totally technocratic governments, but might rather have been attempting to uphold a balance between technocratic government and representative democracy as time went by.

In both countries, expert bodies had a prominent role during the decision-making process, particularly the public health institutes. Education expert organizations had a somewhat lower ‘status’, but were nevertheless actively involved in the process. However, the main education/youth expert bodies in Norway had a less independent position than the Dutch ones: they are more interwoven with the government structure, and were made part of a temporary coordination committee as well. This might have reduced their chances of speaking with a critical voice during the pandemic.

The Dutch government faced more fierce opposition in the parliament when deciding to close schools during the second and third phase of the pandemic. For this, several explanations are possible. The members of parliament might have been more aware of what the decisions entailed, and/or it might have been easier for them to be critical as they were dealing with a majority government. As a result of the stronger opposition, the Dutch government was maybe forced to articulate more specifically why the measures in the education sector were necessary than the Norwegian government. The stronger opposition might in turn explain why the Dutch government came up with more specific arguments during the second and third phase for the opening of schools during the press conferences, whereas the Norwegian government kept holding on to more general explanations.

Both governments followed in their justification of the measures both a logic of appropriateness and a logic of consequences. Although it can often be difficult to determine how these logics are related, the analysis supports the theoretical idea that the logic of appropriateness established the fundamental constraints for the decisions, while the logic of consequences was used to fine-tune the measures. In both cases, the reference frame for the justification of the decisions changed as the crisis continued: the decision to close schools was always argued for with reference to the general crisis situation, while the decision to open

them was explained with sector-specific reasons. This is in line with other research on crisis measures in the education sector during the pandemic.

Both governments kept a constant dialogue going with the general public about what was happening and why specific crisis measures were chosen, while also taken ‘soft factors’ into account. This supports the theoretical idea of the legitimacy narrative as a dialogue in which alternative interpretations are addressed, while it’s also a means to hold a community together over time. Only in the Dutch case did alternative interpretations of the situation topple over into a delegitimizing force. Although this was recognized by the government as such, the disagreement was not resolved.

Public trust in the government in general, and in the school closures in particular, dropped gradually in the case of The Netherlands as the pandemic continued. In Norway, people also expressed dissatisfaction with the school closures, but the public trust in the government remained high throughout the pandemic. A possible explanation for this difference is that the actual meaning and impact of the school closures in Norway stayed more hidden for the general public. Another or an additional explanation is that the public trust in the government in The Netherlands had already been under pressure before the pandemic started, which might have contributed to a more critical disposition to the crisis measures to begin with. This would be in line with the idea that the legitimacy of the government can influence the legitimacy of decisions, and vice versa.

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## Appendix 1: Timeline

Date	Corona measures in education		General corona measures/events (selection)	
	The Netherlands	Norway	The Netherlands	Norway
21 January 2020				FHI warns the Ministry of Health that the Covid-19 virus might come to Norway (NOU 2021:6, 126).
22 January 2020			The House of Representatives is informed about the Covid-19 virus outbreak (OVV, 2022a: 41).	The Ministry of Health warns the counties about the virus outbreak (NOU 2021:6, 126).
27 January 2020			The Outbreak Management Team (OMT) of the RIVM presents its first policy advice on the outbreak (OVV, 2022a: 41).	
28 January 2020				FHI publishes its first risk report on the Covid-19 virus (NOU 2021:6, 126).
26 February 2020			First meeting of the ICCb, a crisis team of senior officials which advises the government (OVV, 2022a: 42).	Announcement of the first person in Norway who tests positive for the Covid-19 virus (NOU 2021:6, 50; Kolberg et al, 2020).
27 February 2020			Announcement of the first person in The Netherlands who tests positive for the Covid-19 virus (OVV, 2022a: 43).	
3 March 2020			The first government crisis meeting (MCCb) takes places, chaired by the prime minister (OVV, 2022a: 43).	
6 March 2020		The municipality of Frosta decides to close schools and	First corona death (OVV, 2022a: 44).	

		childcare facilities after a local outbreak of the Covid-19 virus (NOU 2021:6, 50).		
7 March 2020				The Ministry of Health advises travelers from risk countries to go into quarantine for 14 days (NOU 2021:6, 127).
8 March 2020	Closure of several schools in the province of Brabant due to a lack of healthy teachers (Rijksoverheid, 2022a).			
9 March 2020			The government announces the first package of crisis measures (OVV, 2022a: 45; Rijksoverheid, 2022a; Grapperhaus, 2020). National crisis structure is activated (Rijksoverheid, 2022a).	
11 March 2020				The Covid-19 Committee (RCU) is installed, consisting of several cabinet members (NOU 2021:6, 211). This happens on the same day as the WHO declares that the Covid-19 outbreak is a pandemic (WHO, 2020).
12 March 2020		<b>The 1<sup>st</sup> national closure</b> of primary and (lower and upper) secondary schools (NOU 2022:5, 352).		The government announces the first package of crisis measures (NOU 2021:6, 127). That same day, the first Covid-19 death is registered (NOU 2021:6, 50).

16 March 2020	<b>The 1<sup>st</sup> national closure</b> of primary and secondary schools (Rijksoverheid, 2020a; IvO, 2021: 13).			National borders are closed for people without a residence permit (NOU 2021:6, 50).
19 March 2020			Bruno Bruins, the Minister of Medical Care (who formally falls under the Minister of Health), has to resign due to over-exhaustion (Rijksoverheid, 2022b).	
24 March 2020	National exams for the final grade of upper secondary schools are cancelled; only school evaluations will be used in the assessment of pupils (Rijksoverheid, 2020b; Rijksoverheid, 2022a).			
24 March 2020		All national exams in primary schools and written national exams in secondary schools are cancelled (P NO, 24 March 2020).		
27 March 2020				The government receives a full mandate to introduce crisis measures after a temporary crisis law ( <i>Koronaloven</i> ) is accepted (Regjeringen 2020d; NOU 2021:6, 50).
27 April 2020		Grades 1-4 in primary schools are opened again (Udir, 2020: 12; NOU 2021: 6, 50).		
7 May 2020				The government declares that the spread of the Covid-19 virus in Norway is under control (NOU 2021:6, 127).

11 May 2020	Primary schools are partly opened: children go to school 50% of the time, so the groups become smaller and it's easier to keep distance; primary schools for special education are re-opened completely (OVV, 2022a: 69; IvO, 2021: 14; Rijksoverheid, 2022a).	Grades 5-10 in primary schools and all secondary schools are opened again (NOU 2021: 6, 50; P NO, 7 May 2020). Subsidiary arrangement for pupils in a vulnerable position (P NO, 11 March 2020).		
25 May 2020	Announcement of subsidiary arrangements for pupils in a vulnerable position or with a higher risk of learning loss due to the school closures: <i>Inhaal-en ondersteuningsprogramma's onderwijs</i> (Rijksoverheid, 2022a).			
27 May 2020		Introduction of the 'traffic light model' ( <i>Trafikklysmodellen</i> ): public health authorities recommend which crisis measures should be followed by schools. The model excludes the option to close a school, although the red level often implies that pupils have to stay at home part of the time (Udir, 2021; NOU 2022:5, 352). The level at the time of introduction is yellow (P NO, 27 May 2020).		The temporary crisis law ( <i>Koronaloven</i> ) is lifted (Stortinget, 2020).
31 May 2020			Corona deaths per 100.000 citizens: 34. Total number of	Corona deaths per 100.000 citizens: 4. Total number of corona deaths: 236 (Johns Hopkins University, 2022b).



			corona deaths: 5.980 (Johns Hopkins University, 2022a). <sup>9</sup>	
2 June 2020	Secondary schools are opened in so far as they can uphold a distance between pupils of 1,5 meters; secondary schools for special education are re-opened completely (IvO, 2021: 14; Rijksoverheid, 2022a).	Groups of pupils in primary schools (grade 1-7) are no longer reduced (NOU 2021:6, 51).		
8 June 2020	Primary schools go back to their usual schedule (IvO, 2021: 14; Rijksoverheid, 2022a).			
26 June 2020			The national crisis structure is replaced by a more regular structure, which makes it possible to put non-crisis related issues on the political agenda again (OVV, 2022a: 76).	
1 July 2020	Pupils in primary and secondary education no longer need to keep distance (IvO 2021: 15)			
13 July 2020			The government submits a proposal for a temporary Covid-19 law to replace the state of emergency arrangement; the House of Representatives accepts the law on 13 October 2020 (Rijksoverheid, 2022a).	
17 August 2020		Schools are advised to open at the yellow level after the summer holidays; the level can be adjusted to red if local		

<sup>9</sup> Note that the data from the Johns Hopkins University can deviate somewhat from the actual number of deaths: some Covid-19 deaths were registered at a later time, or were not recognized as such due to a lack of tests and/or a combination of illnesses.

		authorities find this fitting (NOU 2022:5, 16, 21).		
31 August 2020	All schools are fully opened again (Rijksoverheid, 2022a).			
18 September 2020	Pupils in primary education can go to school with a nose cold as long as they don't have a fever (IvO, 2021: 15).			
1 October 2020	Funds are made available to improve ventilation systems in schools (Rijksoverheid, 2022a).			
8 October 2020	Announcement of additional funding for pupils who experienced learning loss due to the pandemic (Rijksoverheid, 2022a).			
15 October 2020	The national hotline <i>Meldpunt schoolsluiting</i> is opened. Here, schools report partial or full closures if they are confronted with a local Covid-19 virus outbreak (Rijksoverheid, 2022a).			
29 October 2020		Extra funding for schools to deal with the Covid-19 situation (Regjeringen, 2020b).		
3 November 2020	Schools stay open despite the OMT advice to keep pupils in upper secondary education at home (OVV, 2022b: 201).			
5 November 2020		Municipalities in areas with a high infection rate set the red level for upper secondary schools (NOU 2022:5, 354).		

9 November 2020				Travelers entering Norway are required to stay in a quarantine hotel (NOU 2021:6, 51).
10 November 2020	Additional funding to facilitate distance learning (Rijksoverheid, 2022a).			
16 November 2020	Additional funds for schools to hire extra education professionals (Rijksoverheid, 2022a).			
14 December 2020	<b>The 2<sup>nd</sup> national closure</b> of primary and secondary schools; switch to online education (IvO, 2021: 15; Rijksoverheid, 2022a; (OVV, 2022b: 201).		New restrictions are announced, which will last until 18 January 2021. Part of the measures: people are requested to stay at home as much as possible; no more than two people outside one's own household are allowed to visit per day (Rijksoverheid, 2022a).	
16 December 2020	The time period for the final exams in upper secondary schools in 2021 is extended; pupils receive an extra opportunity for a re-exam (Rijksoverheid, 2020c; Rijksoverheid, 2022a).			
27 December 2020				Start with vaccinations (Stoksvik, 2020; NOU 2022:5, 22).
1 January 2021			Corona deaths per 100.000 citizens: 66. Corona deaths total: 11.624 (Johns Hopkins University, 2022a).	Corona deaths per 100.000 citizens: 8. Corona deaths total: 440 (Johns Hopkins University, 2022b).

3 January 2021		<b>Red level for all lower and upper secondary schools</b> (NOU 2021:6, 51; NOU 2022: 5, 112, 353, 358).		New restrictions are announced (P NO 3 January 2021).
8 January 2021			Start with vaccinations (RIVM, 2021).	
15 January 2021			The government resigns after a child benefit scandal (Hendley, 2021a).	
18 January 2021		The red level is adjusted to the yellow level for lower and upper secondary schools, except for schools in municipalities with a high infection rate. There, the level should remain red (NOU 2022: 5, 23, 353, 359).		Introduction of mandatory testing at the national borders (NOU 2021:6, 51).
22 January 2021		School owners are given more room to switch to online education in lower and upper secondary education (NOU 2022: 5, 359).		
23 January 2021			Start of an evening curfew, between 21:00 and 04:30, until 31 March 2021 (Rijksoverheid, 2022a; OVV, 2022b: 52, 56, 59).	
8 February 2021	Primary schools are opened again (Rijksoverheid, 2022a; (OVV, 2022b: 201).	Exams are cancelled for pupils in the final year of lower and secondary schools (NOU 2021:6, 51).		
17 February 2021	Announcement of temporary recovery funds for education: <i>Nationaal programma onderwijs</i> (Slob, 2021: 8; Rijksoverheid, 2022a).			

2 March 2021	Secondary schools are partially opened again; pupils need to uphold a distance of 1,5 meters, and can go to the school premises for at least one day a week (OVV, 2022b: 58, 201).			
17 March 2021			National elections: the liberal-conservative party receives the most votes (Henley, 2021b).	
23 March 2021		The red level is adjusted to yellow (NOU 2022:5, 27).		
2 April 2021	Pupils in secondary schools are strongly advised to test themselves twice a week (Rijksoverheid, 2022a).			
21 May 2021		Green level is set for all schools (NOU 2022:5, 353; P NO, 20 March 2021). Municipalities can decide to adjust the recommended level for local schools if the local infection rate is high (NOU 2022:6, 363).		
31 May 2021	Pupils in secondary schools do no longer have to uphold a distance of 1,5 meters among themselves (Rijksoverheid, 2022a).		Corona deaths per 100.000 citizens: 102. Corona deaths total: 17.890 (Johns Hopkins University, 2022a).	Corona deaths per 100.000 citizens: 15. Corona deaths total: 784 (Johns Hopkins University, 2022b).
22 June 2021				Municipalities are allowed to prioritize 10% of the vaccines for school and childcare professionals (NOU 2022:5, 320).
30 June 2021			The government announces that vaccines will be made available	

			for children of 12 years and older (Rijksoverheid, 2022a).	
5 July 2021				The government announces that children of 16 years and older will be offered a vaccination (NOU 2022:5, 321).
16 August 2021		Schools are recommended to open at the green level after the summer holidays unless the local infection rate is high (NOU 2022:5, 321).		
1 September 2021		Oslo municipality decides to encourage the use of self-tests in schools twice a week (NOU 2022:5, 353).		
2 September 2021				The government announces that children of 12 years and older will be offered a vaccination (NOU 2022:5, 322).
13 September 2021				National elections: the labor party (AP) receives the most votes (Henley, 2021a).
25 September 2021		National use of the traffic light model is lifted; now it can only be used at a local level (NOU 2022:5, 353; P NO, 24 September 2021).		
14 October 2021				A new government is inaugurated (Regjeringen, 2021a).
26 November 2021			Introduction of an evening curfew, between 17:00 and 05:00 (Rijksoverheid, 2022a)	

7 December 2021		Re-introduction of national use of the traffic light model (Regjeringen, 2021b). Recommended level: green.		New restrictions are announced (Regjeringen, 2021c).
8 December 2021			Vaccines will be available for children between 5 and 11 years old with a vulnerable health (Rijksoverheid, 2022a).	
16 December 2021		<b>Red level for upper secondary schools</b> , yellow level for primary and lower secondary schools (P NO, 13 December 2021).		
17 December 2021	The time period for the final exams in upper secondary schools in 2022 is extended; pupils receive an extra opportunity for a re-exam (Rijksoverheid, 2021b; Rijksoverheid, 2022a)			
18 December 2021	<b>The 3<sup>rd</sup> national closure</b> of primary and secondary schools (Rijksoverheid, 2022a).		New restrictions are announced; they will last until 14 January 2022 (Rijksoverheid, 2022a)	
1 January 2022			Corona deaths per 100.000 citizens: 122. Corona deaths total: 21.419 (Johns Hopkins University, 2022a).	Corona deaths per 100.000 citizens: 24. Corona deaths total: 1.310 (Johns Hopkins University, 2022b).
10 January 2022	Primary and secondary schools are opened again.		A new government is inaugurated (Rijksoverheid, 2022c).	
15 January 2022		All schools go back to the green level, unless local authorities decide otherwise (P NO, 13 January 2022).		

1 February 2022		It's no longer necessary to keep distance in schools (P NO, 1 February 2022).		Several crisis measures are lifted (P NO, 1 February 2022).
10 February 2022		Regular exams are cancelled, apart from the final exams (P NO, 10 February 2022).		
12 February 2022				All crisis measures are lifted (Regjeringen, 2022b).
18 February 2022			Several crisis measures are lifted; it's no longer necessary to keep distance (Rijksoverheid, 2022a).	
23 March 2022			Almost all crisis measures are lifted (Rijksoverheid, 2022a).	
5 April 2022				The government presents a long-term strategy for the further handling of the pandemic (Regjeringen, 2022b).
1 May 2022	Closure of the national hotline <i>Meldpunt schoolsluiting</i> (IvO, 2022c).			
20 May 2022			The temporary Covid-19 law is no longer in force; the government prepares an adjustment of the national law for public health (Rijksoverheid, 2022a; Rijksoverheid, 2023d).	



## Appendix 2: Overview of data sources

Below, an overview is presented of the data sources used for the comparative case study. Of all the documents, only the transcripts of the press conferences, indicated with ‘P NO’ or ‘P NL’, were coded. For the sake of clarity, all references to publications are abbreviated. The full references can be found in the literature list.

	Norway	The Netherlands
<b>Press conferences and related public statements (coded)</b>	P NO 12 March 2020 P NO 14 March 2020 P NO 24 March 2020 P NO 7 April 2020 P NO 11 May 2020 P NO 27 May 2020 P NO 10 August 2020 P NO 28 October 2020 P NO 3 January 2021 P NO 18 February 2021 P NO 7 December 2021 P NO 13 December 2021 P NO 13 January 2022 P NO 1 February 2022 P NO 10 February 2022	P NL 9 March 2020 P NL 12 March 2020 P NL 13 March 2020 P NL 15 March 2020 P NL 31 March 2020 P NL 6 May 2020 P NL 2 October 2020 P NL 13 October 2020 P NL 23 October 2020 P NL 4 December 2020 P NL 14 December 2020 P NL 12 January 2021 P NL 26 November 2021 P NL 18 December 2021 P NL 14 January 2022 P NL 25 January 2022
<b>Parliamentary debates</b>	Stortinget, 19 March 2020 Stortinget, 31 March 2020 Stortinget, 24 April 2020 Stortinget, 28 April 2020 Stortinget, 29 April 2020 Stortinget, 6 May 2020 Stortinget, 20 May 2020 Stortinget, 27 May 2020 Stortinget, 5 October 2020 Stortinget, 5 November 2020 Stortinget, 11 November 2020 Stortinget, 18 January 2021 Stortinget, 19 January 2021 Stortinget, 20 January 2021 Stortinget, 21 January 2021 Stortinget, 8 December 2021 Stortinget, 20 December 2021 Stortinget, 12 January 2022	Tweede Kamer, 12 March 2020 Tweede Kamer, 18 March 2020 Tweede Kamer, 1 April 2020 Tweede Kamer, 15 December 2020 Tweede Kamer, 16 December 2020 Tweede Kamer, 13 January 2021 Tweede Kamer, 21 January 2021 Tweede Kamer, 24 March 2021 Tweede Kamer, 15 December 2021 Tweede Kamer, 20 January 2022
<b>Evaluation reports</b>	NOU 2021:6, <i>Myndighetenes håndtering av koronapandemien</i> . Oslo.	OVV (2022a), <i>Aanpak coronacrisis. Deel 1: tot september 2020</i> . Den Haag.

	NOU 2022:5, <i>Myndighetenes håndtering av koronapandemien – del 2</i> . Oslo.	OVV (2022b), <i>Aanpak coronacrisis. Deel 2: september 2020 – juli 2021</i> . Den Haag.
<b>National crisis plans</b>	HOD (2014), <i>Nasjonale beredskapsplan pandemisk influensa</i> . Oslo.  HOD (2019), <i>Nasjonale beredskapsplan mot utbrudd av alvorlige smittsomme sykdommer</i> . Oslo.	ANV (2016), <i>Nationaal Veiligheidsprofiel 2016</i> . Bilthoven.  ANV (2019), <i>Geïntegreerde risicoanalyse nationale veiligheid</i> . Bilthoven.
<b>Government notices, letters, and webpages</b>	Regjeringen (2020c), Mer penger til koronatiltak i skoler og barnehager.  Regjeringen (2020d), Offisielt fra statsråd 18. mars 2020.  Regjeringen (2022b), Tidslinje: myndighetenes håndtering av koronasituasjon.  Regjeringen (2022d), Utsatte barn og unges tjenestetilbud under Covid-19 pandemien.  Stortinget (2020), Koronaloven.  Stortinget (2022c), Voteringer.	NCTV (2020), Nationale crisisstructuur actief voor coronavirus.  Rijksoverheid (2022a), Coronavirus tijdlijn.  Rijksoverheid (2022b), Gezamenlijk actieplan voor snelle verbetering van ventilatie op scholen.  RIVM (2022c), Communicatie en vertrouwen.  Rutte, M. (2021), Antwoorden op Kamervragen over lekken uit Catshuisoverleggen. Den Haag.  Slob, A. (2022), Aanbieding eerste rapportage peilingsonderzoek en maandrapportage Meldpunt schoolsluiting. Den Haag.
<b>National research</b>	Andersen, R.K., et al (2021), <i>Håndtering og konsekvenser av koronautbruddet for videregående opplæring</i> . Oslo.  Bufdir (2020a), <i>Statusrapport 7</i> . Oslo.  Bufdir (2020b), <i>Statusrapport 8</i> . Oslo.  Bufdir (2020c), <i>Statusrapport 9</i> . Oslo.  Nøkleby, H., et al (2021), <i>Konsekvenser av Covid-19-pandemien for barn og unges liv og psykiske helse</i> . Oslo.  Opinion (2022), <i>Norsk koronamonitor. Sammenstilling av utvalgte indikatorer til koronakommisjonen for 2020-2021</i> . Oslo.	Engbersen, G., et al (2021), <i>De laag-vertrouwensamenleving. De maatschappelijke impact van Covid-19 in Amsterdam, Den Haag, Rotterdam &amp; Nederland, vijfde meting</i> . Rotterdam.  Haelermans, C., et al (2022), Sharp increase in inequality in education in times of the Covid-19 pandemic. <i>PLoS ONE</i> , 17(2): 1-37.  Inspectie van het Onderwijs (2021), <i>De Staat van het Onderwijs 2021</i> . Den Haag.  Inspectie van het Onderwijs (2022b), <i>De Staat van het Onderwijs 2022</i> . Den Haag.

	Udir (2020), <i>Konsekvenser av smitteverntiltak i barnehager og skoler</i> . Oslo.	RIVM (2021), <i>Draagvlak en vertrouwen, het belang van ervaren rechtvaardigheid</i> . Bilthoven.  Vermeulen, S., Berkel, S. van, & Alink, L. (2021), <i>Kindermishandeling tijdens de eerste lockdown</i> . Leiden.
<b>International research</b>	Barona, J.L. (2019), <i>Health policies in interwar Europe. A transnational perspective</i> . London/New York.  OECD (2020), <i>Education and Covid-19: Focusing on the long-term impact of school closures</i> . Paris.  WHO (2021), <i>Schooling during Covid-19. Recommendations from the European technical advisory group for schooling during Covid-19</i> . Copenhagen.	
<b>Newspaper articles</b>	Aarnes, H. (2020), Hvor immune blir egentlig de koronasyke? <i>Aftenposten</i> , 15 August 2020.  Fossen, C.H., Zondag, M.H.W., & Bergløff, C.H. (2020), Regjeringen vil ha krisefullmakter: 'Skal ikke utnyttes'. <i>NRK</i> , 18 March 2020.  Stavrum, G. (2021), Tusenvis i demonstrasjonstog forbi Stortinget i protest mot koronapass. <i>Nettavisen</i> , 22 November 2021.	Geurts, L. (2021), Zeker tienduizend mensen demonstreren tegen coronamaatregelen in Den Haag. <i>NRC</i> , 7 November 2021.  Langelaan, L. (2021), Waarom doen 'coronacomplotten' het goed bij extreemrechts? <i>One World</i> , 19 November 2021.  Loux, M. le (2020), De kritiek op groepsimmunitet en waarom Rutte het toch noemde. <i>NU.nl</i> , 19 March 2020.  Riem, T. (2020), Demonstranten verstoren toespraak premier Rutte met gefluit en geroep. <i>Het Parool</i> , 14 December 2020.

### Appendix 3: Reasons to (partially) close and subsequently open schools

In the tables A and B below, reasons to fully or partially close and open schools are listed per phase and country. Only the reasons which were mentioned during the press conferences and related public announcements are named. A distinction is made between ‘main’ and ‘additional’ reasons: main reasons are the ones that politicians emphasized in their statements, while additional reasons are the ones only referred to in response to questions from journalists. In table C, the reasons are divided into different categories.

Reasons to (partially) close schools			
	Phase 1	Phase 2	Phase 3
Norway	<b>Main reasons:</b> To limit the spread of the virus (spec.) To protect vulnerable people (spec.) <b>Additional reasons:</b> To prevent social unrest (gen.) To provide clarity (gen.)	<b>Main reasons:</b> To limit the spread of the virus (spec.) Older children play a bigger role in spreading the virus than initially thought (spec.) <b>Additional reasons:</b> -	<b>Main reasons:</b> To limit the spread of the (new variant of the) virus (spec.) To prevent overburdening the health care sector (spec.) <b>Additional reason:</b> -
The Netherlands	<b>Main reasons:</b> Illness of school employees (spec.) To prevent societal unrest (gen.) <b>Additional reasons:</b> To provide clarity (gen.)	<b>Main reasons:</b> To limit the spread of the virus (spec.) To prevent overburdening the health care sector (spec.) <b>Additional reasons:</b> To limit physical contact among parents (spec.) To force parents to work from home (spec.)	<b>Main reasons:</b> To limit the spread of the (new variant of the) virus (spec.) To prevent overburdening the health care sector (spec.)

Table A: Reasons to close schools per phase and country

<b>Reasons to open up schools or keep schools open</b>			
	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>
<b>Norway</b>	<p><b>Main reasons:</b>            To protect children (gen.)            To enable children to live normally (gen.)            Learning and social-emotional development of children (spec.)            Few infections in schools (spec.)</p> <p><b>Additional reasons:</b>            -</p>	<p><b>Main reasons:</b>            To protect children (gen.)            Learning and social-emotional development of children (spec.)            Few infections in schools (spec.)            Children play a small part in spreading the virus (spec.)</p> <p><b>Additional reasons:</b>            -</p>	<p><b>Main reasons:</b>            To protect children (gen.)            Lower infection rate (spec.)            To enable children to live normally (gen.)            Learning and social-emotional development of children (spec.)</p> <p><b>Additional reasons:</b>            -</p>
<b>The Netherlands</b>	<p><b>Main reasons:</b>            Few infections in schools (spec.)            To enable children to attend school physically (spec.)            Children play a small part in spreading the virus (spec.)            Learning and social-emotional development (spec.)            To prevent (more) ‘societal damage’ (gen.)            Closing schools is just something one shouldn’t do (spec.)</p> <p><b>Additional reasons:</b>            Other countries do so as well (gen.)            Switching between physical and online education swiftly is challenging for schools (spec.)</p> <p><b>Main reasons at the beginning of phase 1 to keep schools open:</b>            Children are not in serious physical danger (spec.)            To enable parents with crucial societal functions to go to work (spec.)            Few infections in schools (spec.)            Children play a small part in spreading the virus (spec.)            To enable children to attend school physically (spec.)            Because experts say so (gen.)</p> <p><b>Additional reasons:</b>            -</p>	<p><b>Main reasons:</b>            Learning and social-emotional development (spec.)            Parents need some slack (spec.)            Organizing online education swiftly is challenging for schools (spec.)</p> <p><b>Additional reasons:</b>            -</p>	<p><b>Main reasons:</b>            Lower infection rate (spec.)            Learning and social-emotional development of children (spec.)</p> <p><b>Additional reasons:</b>            -</p>

Table B: Reasons to open up schools or keep schools open per phase and per country

<b>Argument categories</b>	<b>Reasons to close schools</b>	<b>Reasons to open up schools or keep them open</b>
Public health	To limit the spread of the virus To protect vulnerable people To prevent overburdening the health care sector Older children play a bigger role in spreading the virus than initially thought To limit social contact among parents To force parents to work from home	Children play a limited role in spreading the virus Few infections in schools Lower infection rate
Children's interest	-	Children are not in serious physical danger To protect children (in general) To protect the learning and social-emotional development of children To enable children to attend school physically To enable children to live normally
School employees' interest	-	-
Parents' interest	-	Parents need some slack
Economic interest	-	-
National safety/societal interest	To prevent social unrest	To enable parents with crucial societal functions to work <sup>10</sup> To prevent (more) 'societal damage'
Legal interest	-	-
Practical motivations	Illness of school employees	Organizing online education swiftly is challenging for schools and teachers
Other	To provide clarity	Because experts say so Other countries open their schools as well Closing schools is just something one shouldn't do

Table C: Division of reasons per category

<sup>10</sup> This reason was only mentioned at the beginning of phase 1 in The Netherlands, a few days before the first national school closure was announced.

## Appendix 4: Checklist for ethical behavior

The list of questions below is based on the checklist for ethical behavior in *Research ethics for students in the social sciences* by Jaap Bos (2020: 267-268). The last theme (‘personal situation’) was added.

<b>1 Participants</b>	
What is the number of participants? What is the power analysis to determine the sample size, if relevant?	Not relevant
Does the study involve participants who are unable to give informed consent?	No
Does the research involve potentially vulnerable groups?	No
Will the study require the cooperation of a gatekeeper for initial access to the groups or individuals to be recruited?	No
Will it be necessary for participants to take part in the study without their knowledge and consent at the time?	Not relevant
Will any dependent relationships exist between anyone involved in the recruitment pool of potential participants?	Not relevant
<b>2 Research design and data collection</b>	
Will the study involve the discussion of sensitive topics, like sexual activity, drug use, politics? If yes, which topics will be discussed or investigated, and what risks are involved?	The focus of the thesis is (political) decision making. The research is descriptive, and not evaluative, which limits the risk that findings can become ‘politically charged’.
Are drugs, placebos, or other substances to be administered to the study participants?	Not relevant
Will the study involve invasive, intrusive, or potentially harmful procedures of any kind?	No
Could the study induce psychological stress, discomfort, anxiety, cause harm, or have negative consequences beyond the risks encountered in everyday life?	Not relevant
Will the study involve prolonged or repetitive testing?	No
Is there any form of deception (misinformation about the goal of the study) involved?	No
Will you be using methods that allow visual and/or vocal identification of respondents?	Not relevant
Will you be collecting information through a third party?	Part of the data comes from (independent) evaluation reports of how governments handled the pandemic.
Will the research involve respondents on the internet?	No
How will you guarantee anonymity and confidentiality?	Not relevant
What information in the informed consent will participants be given about the research?	Not relevant
Will financial compensation be offered to participants?	Not relevant
If your research changes, how will consent be renegotiated?	Not relevant
<b>3 Analysis and interpretation</b>	
What is the expected outcome of your research?	A description of decision making on school closures and their

	subsequent openings during the pandemic in both Norway and The Netherlands.
During the course of research, how will unforeseen or adverse events be managed?	Not relevant.
<b>4 Dissemination</b>	
How do you plan to share your research finding?	In the form of a master thesis.
<b>5 Data storage</b>	
Where will your data be stored?	In the UiB cloud.
Which safety precautions have you arranged in case of data leakage?	Not relevant (the data is publicly available anyhow).
Will your data be disposed of?	Not relevant
Will your research involve the sharing of data or confidential information beyond the initial consent given?	Not relevant
<b>6 Personal/professional situation</b>	
Does your personal or professional situation influence the selection and/or interpretation of the data?	My familiarity with the Dutch context is higher than with the Norwegian one (see 4.7).