



Peta Irvine

Chief Executive Officer,
Local Government Managers Australia

1. On the whole how would you rate Queensland local governments' handling of the pandemic?

Generally excellent as evidenced by virus containment, safety of staff and lack of serious incident

2. Generally what aspects did Queensland local governments' handle best?

Community focus was the highlight. Early thought of impact scenarios was important, response time was quick and due consideration was given to community and business needs.

From a practical perspective, the IT turn-around to adapt to new work practices was unbelievably good.

3. Generally what aspects did Queensland local governments' handle worst?

There were some internal employment matters which arose: information gaps affected staff commitment and created uncertainty, some rapid responses were delivered but no longer-term provisions were anticipated, hence expectation management of staff was difficult (especially relating to return to 'normal' business), some pockets were neglected while attending to other priorities.

4. To what extent was the local government sector reliant on State Government guidance/direction?

Public Health Directives applied to all, but some councils wanted greater prescription as they were loath to interpret grey areas. Local governments could have stepped up and taken greater responsibility e.g. essential worker declarations in later stages. However, Councils in the firing line did generally make decisions and took responsibility for their communities.

5. How would you rate the local government sector's performance during the pandemic in the following (1 = worst performance, 10 = best performance)?

Aspect	Rating	Comment
Timing of first response?	8	Good. Councils who didn't feel they needed to (due to lack of spread in the community) were slower to respond

<i>Structure and strategy in the response?</i>	5	Some good BCPs so framework was in place but generally not strategic. Some over-reaction perhaps not with due consideration of potential for a long event.
<i>Community engagement?</i>	8	Pretty good, consistent in first year, politics came into play in later stages hence breakdown in consistency. Blame game and finger pointing obstructed engagement towards latter periods in some areas.
<i>Service delivery?</i>	9-10	Well versed in disaster management, community first and creative with solutions to problems. Some councils struggled for alternative to personal service i.e. technically less-capable customers disadvantaged.
<i>Integration with other governments and their agencies?</i>	6-7 overall	Varied over time. Biosecurity and border control tensions. Lack of understanding in some agencies e.g. Cherbourg supply chain issues and impact on biosecurity with split (non-resident) communities.
<i>Enforcement of Health Directives?</i>	6-7	Some debate about degree of responsibility i.e. didn't want to do the QPS role. Culture of compliance team within councils influenced degree of take-up/commitment. Happy to do education aspects but hesitant to do full enforcement and vice versa.
<i>Compliance with Health Directives?</i>	8-9	Quick to comply. Some looked for prescription. Social distancing and public venue management handled well. Western councils less strict application due to circumstances. Work from home diverse experiences and many councils worked around it so compliance not as good.
<i>Community support?</i>	8-9	Innovation and good work.
<i>Business support?</i>	3-7	Very mixed some did nothing but others did a great deal e.g. City of Gold Coast and Cairns Regional Council. Western Downs Regional Council was another stand-out. But reactive rather than strategic in many cases.
<i>Economic stimuli?</i>	4	Western Downs Regional Council was a stand-out strategically.
<i>Protection of their communities?</i>	6	Generally good within scope of power. Some diversity over time. Did limit spread of infection but some were seeking greater prescription and were reluctant to be the 'bad guy'.
<i>Advocacy to State and Commonwealth governments?</i>	7	Some aggressive advocacy, but in hindsight was necessary. Some wasted effort in other channels of advocacy.
<i>Vaccination encouragement/facilitation?</i>	5	Most councils weren't active early on (Goondiwindi an exception). Did facilitate but didn't champion enough early enough. Insufficient in lesser affected areas.
<i>Border control?</i>	Unsure	Resistance to role of enforcement. Bubble tolerance but wary of true aliens.

6. *If you were to guide Councils in a future epidemic what three things would you define as paramount?*

1. Need to take a breath at start rather than being too reactive and urgent.
2. Assume long duration.
3. Consider potential for over-lapping crises.

7. *Do you have any other comments you would like to make?*

1. Some departments and agencies focussed on state level services/issues and neglected local perspective. LGMA stepped in to support particular workers who were most impacted early e.g. libraries and EHO's.
2. Councils that shared with others benefited and was good for staff morale.
3. Need for collective networking and collaboration at all levels. Advice from above wasn't there or helpful. LGMA Villages played a useful role.
4. Lost opportunities for all tiers (Federal, State and local) to focus on homelessness and indigenous health and advocate for long term solutions.
5. Us and Them mentality was evident vertically and horizontally.
6. Governance concerns with work from home risks. But no evidence of escalation of problems.
7. Work from home staff expectations not managed well in all cases so resumption of the former norm is a difficult transition.
8. Gap in management skills emerged with work from home – traditional 'management by observation' is not effective and the shift to 'management by expectations' takes time.

(Approved by P Irvine 17/6/2022)