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Queensland Nurses' Union

Submission to the House Standing Committee on Regional Australia

Inquiry into the use of 'fly-in, fly-out' (FIFO)
workforce practices in regional Australia

October, 2011

Introduction

The Queensland Nurses' Union (QNU) thanks the House Standing Committee on Regional Australia (the committee) for providing the opportunity to comment on the use of 'fly-in, fly-out' (FIFO) workforce practices in regional Australia. In this submission we set out our concerns about the impact that FIFO practices are having on communities, particularly the nurses and health care workers who support them. The QNU recognises that the expansion of mining activity has affected many regional areas in Queensland and other states. In this submission we highlight the Mackay region in the Bellyando Shire. We have made several recommendations for consideration by the Committee and we would welcome the opportunity to put forward our views at a public hearing.

Nurses and midwives are at the forefront of health care and have direct experience of the outcomes of alcohol and substance abuse in regional, rural and remote areas. They are the largest occupational group in Queensland Health and one of the largest across the Queensland government. Nurses are the most geographically dispersed health professionals in Australia, working independently or collaboratively to provide professional and holistic care in a range of circumstances.

The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing and midwifery workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 45,000 financial members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

The rise of the FIFO Workforce

With the rapid development of resource extraction and associated industries, demand for mining workers in regional and remote areas of Australia has risen exponentially. This demand has resulted in the growth of FIFO workers who reside in purpose built work camps for the duration of their engagement at work and who fly out to their urban residences, usually in the coastal towns or cities, for the intervening periods. The size of the non-

resident workforce can vary depending on resource projects, but the presence of these workers has a significant impact on the local towns and communities. This type of employment arrangement has become increasingly popular in Queensland to the point where there are more mining employees living in the large centres of Brisbane and Mackay and commuting than living in mining towns such as Mount Isa (ABS, 2008).

The lifestyle of the mostly male workers living in these camps does not fit easily with the local residents who invest their time in family and community building. Many of the workers are rostered on 12 hour shifts in extreme climatic conditions. They are compensated by high incomes which some spend excessively on alcohol and gambling. Their conspicuous consumption is a source of resentment by less well-off locals and universally abhorred by community representatives (Carrington, 2010).

There are cases where mining companies in some remote localities in this state and elsewhere in Australia have found themselves ‘filling the gap’ in local service delivery, supplementing and in some cases substituting the state provision of essential health, education and community services (Cheshire, 2010). In these areas, the mining companies have secured a ‘social license to operate’ that takes the form of patronage rather than partnership with government, business and the community. Although these interventions may meet the short term community needs, they cannot offer longer term sustainability when the mines eventually close (Cheshire, 2010).

The increased use of fly-in fly-out workers in the mining industry has also produced social and infrastructure problems. There is evidence of potentially serious consequences for commute workers such as fatigue related illness and injury, and increased family and home life stress. Potential impacts on the psychosocial well-being of miners include loneliness, depression, substance abuse and marital relationship strain (Torkington, Larkins and Gupta, 2011). Importantly, the lack of a permanent workforce in mining communities restricts the expansion of education, health, emergency and other critical services and puts added pressure on existing services.

Impact on Communities

It is within this precarious context that rural and remote mining towns are juggling the economic flow on (recognising that not all towns benefit) with the social consequences where alcohol abuse and violence is spilling over into all forms of community life. Our members are at the front line of health services dealing with the fallout of these excesses. The increase in alcohol related violence and substance abuse in some communities has put significant impact on health services which are often under-resourced to cope with the added pressure.

Of particular concern to the QNU is the Mackay region in the Belyando Shire. As well as the resident population, the Belyando Shire accommodates a number of non-resident workers. The main population centre of Belyando is Moranbah, which is located about 180 km southwest of Mackay. Moranbah remains the administrative centre for the regional council, and is the centre for coal mining activity. In June 2010, Moranbah was estimated to have around 8,500 permanent residents and 2930 non-resident workers at any one time (Office of Economic and Statistical Reports, 2010). As non-resident workers are typically rotating through a job, this implies that 3,000 – 5,000 non-resident workers are living elsewhere (largely in the Mackay region) and working/living in Moranbah during shift periods. The growth in mining activity appears likely to generate more population growth in Moranbah.

The increased workforce, particularly those associated with contractors, exceeded available housing levels in most towns in the Bowen Basin in general and the boom has had a substantial impact on the cost of housing in Moranbah in particular. Between 2001 and 2006, average house sale prices in Moranbah increased approximately seven times, while median rent levels increased by approximately four times. In 2006, the cost of housing was rated as 95.5% higher than the cost in Brisbane. These price levels create pressures on households with lower incomes and non-mining sector businesses seeking labour supplies (Rolle, Petkova, Lockie, Ivanova, 2007)

Research into the impacts of the coal mining expansion on Moranbah funded by the Queensland Department of Local Government, Planning, Sport and Recreation provides sound evidence of the impact of mining on this community (Rolle et al., 2007). According to this research, residents and service providers were generally supportive of mining and the employment opportunities it had created. The boom was seen to have opened up a number of economic and employment opportunities (for coal miners, local businesses, house owners and apprentices/trainees) and to have had some positive impact on community development and vitality.

However, mining has also created some negative impacts on the local community. The majority of negative socio-economic impacts associated with mining were seen to flow directly or indirectly from three inter-related factors: the introduction of atypical work schedules throughout the mining industry, the shortage of locally available accommodation, and the dramatic expansion of a non-resident workforce. Such impacts were seen to include:

- Dramatic inflation in the cost of housing and accommodation. This led, in turn, to significant numbers of people living in sub-standard accommodation, commuting long distances to work, and/or spending an unusually large proportion of their income on accommodation;
- The separation of families who would prefer to live in Moranbah but who were forced to live elsewhere while one partner commuted to Moranbah for the duration of their shift block, placing significant pressure on family relationships;

- Social isolation among workers living in camp accommodation and/or spending large amounts of time commuting. This was believed to be exacerbated by the fatigue that all workers must manage when working 12 hour shifts;
- Increased demand for counselling and other services from men seeking help to cope with living away from their families and friends and to cope with problems such as depression, relationship breakdown, and social isolation;
- Increases in alcohol/substance abuse and in family violence;
- Declining capacity of local health, retail and other services to cope with demand;
- Declining visual amenity due to growth in the number of houses occupied by multiple temporary residents who did not care for gardens or premises. The more houses in the street taken up by miners sharing the rent, the bigger the decline in neighbourhood status with many large vehicles parked in the area and increases in noise levels;
- Increased risk and incidence of motor vehicle accidents;
- Increased income disparities between those who worked in the mining sector and those who either worked in less lucrative industries or did not work. This was exacerbated by the high cost of accommodation;
- Shortages of labour in other industries that could not compete with the mining sector on wages. Again, this was exacerbated by the high cost of accommodation;
- Increased dust and vibration.

(Rolle et al., 2007)

The increase in alcohol/substance abuse in this region has been keenly felt by Queensland Health and the Mackay Alcohol, Tobacco and Other Drugs (ATODS) service. This service has experienced increased pressure in alcohol related injury, criminal offending referrals and referrals from workplaces where workers have had a positive drug or alcohol test, brought about by the influx of both resident and non-resident workers. ATODS provides a range of prevention, promotion, early intervention, and treatment programs to the Mackay District. The professional team offers the following services:

- Assessment, counselling, support and referral for people concerned about their own or someone else's use of alcohol, tobacco or other drugs.
- Drug withdrawal management.
- Opioid substitution program.
- Needle and Syringe program.
- Prevention and health promotion.
- Drug Diversion programs through the Courts and Police.

There is also a Whitsunday ATOD Service with 3 clinical staff and 1 Clinical Nurse position that provides an ATOD service to the Hinterland communities of Moranbah, Dysart, Clermont and Glenden communities. The Clinical Nurse position remains vacant despite efforts to recruit, in part due to the issue of housing affordability.

Brief interventions are the cornerstone of ATODS work. Research indicates that brief interventions where patients are encouraged to commit to drinking/harm reduction goals have shown to be successful in reducing alcohol related problems (Monti et al., 1999). This is the predominant role of a Hospital Liaison Nurse.

Despite coming under the Division of Mental Health which has significantly expanded, since 1997 there have been no additional funded positions for ATODS Mackay in either nursing or allied health. The staff have asked Queensland Health on numerous occasions for additional funding for a position of Hospital Liaison Nurse and have made a sound business case in support of this.

Previously ATODS provided a consultation, liaison, and brief intervention service to Mackay Base Hospital however this service was withdrawn in 2009 due to lack of funding, staffing and resources. On average the service previously provided 10 brief interventions to clients in hospital (mainly alcohol and tobacco) on a daily basis. In all, there are 1.8 clinical positions to cover intake, education, community response and general alcohol and drug counselling for the district of 120,000 people.

Mackay ATODS originally commenced with one nursing position which was based at Mackay Base Hospital. With the introduction of primary health care this position moved out into the Community taking on a different focus. Programs have expanded since then with the introduction of the Opioid replacement program, Probation and Parole Liaison service and Drug Diversion programs.

Additional ATODS resources would improve brief interventions, education, supervision, and follow up of clients and allow for the commencement of innovative new programs that would help to address the problems associated with an expanding and increasingly wealthy population. The community requires programs that address the prevention of the uptake of drug and alcohol use by “at risk” young people who are already disenfranchised because of the nature of the FIFO family. “At risk” young people are also those who the mining industry recruits at a young age to join a workforce that already has a culture of heavy alcohol and drug use. The follow on effect of this is experienced by those workers who develop a drug or alcohol problem and require services for themselves or family members.

Despite this compelling argument, Queensland Health has not approved the request for additional ATODS staff. If there is no expansion of current services, Mackay ATODS will continue to provide an under-resourced service to a client base that continues to increase. The lack of funding for additional staff comes at a time when Queensland Health is experiencing

difficulties in attracting nurses and midwives in a number of clinically specialised areas as well as particular geographic locations. Queensland Health (2011) has acknowledged the future challenges it faces with respect to its nursing and midwifery workforce, but fails to address the issue in areas such as Mackay ATODS that cannot provide an adequate service to its existing client base.

Housing for health care and other workers

Adequate housing in regional and remote areas and particularly in ‘mining’ towns is now a major concern in attracting and retaining a health care workforce. Workers providing services to the areas such as the Bowen basin experience the high cost and lack of availability of rental accommodation. Housing affordability is a critical issue that is affecting the provision of such services in these areas and elsewhere in the state.

At the same time that Mackay ATODS has been desperately seeking funding for additional staff, Queensland Health has had difficulty recruiting into a Drug and Alcohol nurse position at Moranbah. As we mentioned earlier, this is largely because the cost of buying or renting accommodation is unaffordable. Where doctors receive subsidies for rural accommodation, nurses do not. The cost of housing therefore mitigates against recruitment of non-mining staff into mining towns.

For some time, the QNU has been calling on Queensland Health to review the Remote Area Nurse Incentive Package (RANIP) to significantly increase the financial assistance provided to rural and remote nurses and to ensure consistency between categories of health workers and other public sector workers such as teachers and police. Queensland Health has not increased the RANIP incentives since the program’s inception in 1995 despite conducting reviews that indicated the difficulties of staffing areas such as Moranbah that may not be ‘remote’ but are nonetheless adversely affected by virtue of location.

Shortages in suitable and affordable housing are constraining both population growth and business development in Moranbah. The lack of housing means that many new employees in the region become used to commuting from their homes, making it harder to attract them as permanent residents. The high cost of housing prevents people from moving to the area to take up employment, and makes it difficult for local businesses to employ labour (Office of Economic and Statistical Research, 2010).

In October, 2011 Moranbah had one of the highest median rental prices of the state, at about \$1800 a week for a house (Suburb View, 2011). As the mining industry provides massive wages in central Queensland, landlords can set huge rents for modest homes. A four bedroom house in Moranbah can demand as much as \$3000 a week compared with a suburban home in the south west of Brisbane where median rent prices are about \$360 a week (Suburb View, 2011).

The QNU supports the Construction, Forestry Mining and Energy Union (CFMEU) in its campaign to ensure employers provide commute arrangements as a feature of work projects where permanent residential arrangements are genuinely not an option. We note that the Coordinator General recently cleared the way for BHP Billiton Mitsubishi Alliance to employ an entirely fly-in, fly-out workforce at their Caval Ridge mine in north Queensland. The approval is conditional on BMA building 400 dwellings with 160 to be built in Moranbah by June 2013 and another 240 to be constructed across the Bowen Basin during the next four years. Again, an increase in this population will put added pressure on the health system and the nurses and midwives who are currently stretched to capacity.

Members of the Moranbah community and local council representatives stated their opposition to a 100% fly-in fly-out workforce, with more than 3300 people signing a petition against BMA's application to increase Caval Ridge Mine's FIFO workforce from 70% to 100%. There is clearly extensive community concern about the impact the FIFO workforce is having on local facilities, families and way of life.

Conclusion

The economic challenge for regional development in mining areas is to optimise the advantages of the booming resource industry while minimising the impacts on workers, families and communities.

Although there has been some research into individual mining areas, it has not been co-ordinated across regions and is based around different academic disciplines. Given the lack of consistent data, planning and development of future health service delivery in mining areas will undoubtedly look worse over time. As more and more projects continue to come on line, the mining industry must become more mindful of its community responsibilities. Their employment practices which serve them so well are clearly having ramifications for the workers themselves, notwithstanding the significant wages on offer.

The well-being of the FIFO workforce depends on both site and individual employee characteristics, and has implications for productivity, turnover and health and safety. With applications for ongoing projects continuing to stream in, the industries underpinning the region's growth will need to accept financial responsibility for the health and welfare of their workers by upgrading existing medical and essential services.

It is imprudent and unsafe to continue to ignore the effects of an economic boom that materially advantages some, but socially disadvantages others.

Recommendations

The QNU recommends:

- **The federal government commissions research into the health, community, social, economic and other effects of the FIFO workforce;**
- **Industry takes responsibility for funding health and education programs for its workforce;**
- **Queensland Health provides immediate funding to the Mackay ATODS for a Hospital Liaison Nurse;**
- **Queensland Health reviews and increases the Remote Area Nurse Incentive Package and extends this to include regional areas experiencing staffing difficulties due to the resources boom. The review must ensure consistency of incentives between categories of health workers and also between categories of public sector workers e.g. teachers, police and nurses. One of the main areas to address is housing affordability and the general cost of living.**

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