

Resilience at Work

**the politics and practices of
a trade union approach to
resilience**

the

resilience

s p a c e

how to survive work

the resilience space background

- Surviving Work blog
www.survivingworkweekly.wordpress.com
- The Resilience Space
www.theresiliencepace.com

mental health as an occupational issue

- risk management
- high involvement/commitment and change management traditions
- employee engagement: linked to innovation and cost savings
- Corporate Social Responsibility (CSR):
retail/food/alcohol
- financial: absence, grievances, employment tribunals, productivity (?)
- Sickness absence-insecurity link

workplace wellbeing programmes

- wellbeing, positive psychology and physical health approach
- context of deteriorating employment relations: externalization, privatization, outsourcing
- exclusion of 'precarious' workers
- outsourcing and cuts in Occupational Health and Human Resource Management
- failing mental health services
- national 'happiness' agenda
- low uptake of workplace programmes

Trade union resilience project

- Resilience survey
- Develop a trade union approach to resilience
- Re-energise experiential learning methods
Mainstream resilience across all existing TUE programmes
- Surviving Work Workbook and union reps curriculum
- Resilience audits
- Online library

What are the growing issues?

	Grown greatly %	Grown somewhat %	Marginal growth %	No change or reduced %
Mental health issues	21.7	65.2	4.3	8.7
Sickness absence	56.5	39.1	4.3	0.0
Disciplinary cases	56.5	30.4	8.7	4.3
Redundancy	65.2	30.4	4.3	0.0
Anger	31.8	36.4	27.3	4.5
Stress	78.3	17.4	4.3	0.0
Pressure on union reps	69.6	30.4	0.0	0.0
Job insecurity	82.6	17.4	0.0	0.0

what is happening in workplaces?

- stress continues to be the number one HSE issue and most used topic for reps research projects
- increase in bullying, job-insecurity and working hours
- changes in fitness for work assessments e.g. chemotherapy
- capability and absence being used as grounds for dismissal
- absence management being ramped up e.g. Bradford Factor
- employers trying to avoid registering occupational accidents to avoid insurance costs (RIDDLE)
- general cuts and outsourcing in OHS and human resource management departments
- existing wellbeing workplace programmes becoming unworkable because of low uptake due to insecurity over redundancies and restructuring

what's going wrong in union branches?

- casework overload: redundancies, restructuring, bullying & harassment
- breakdown of collective bargaining and dialogue with employers
- stagnation of education methods
- isolation of reps within their branches
- development of new reps
- burnout of reps and officers: omnipotence and manic defences
- reluctance to take on 'new' issues and fear of tackling Mental Health Problems ("we're not therapists")

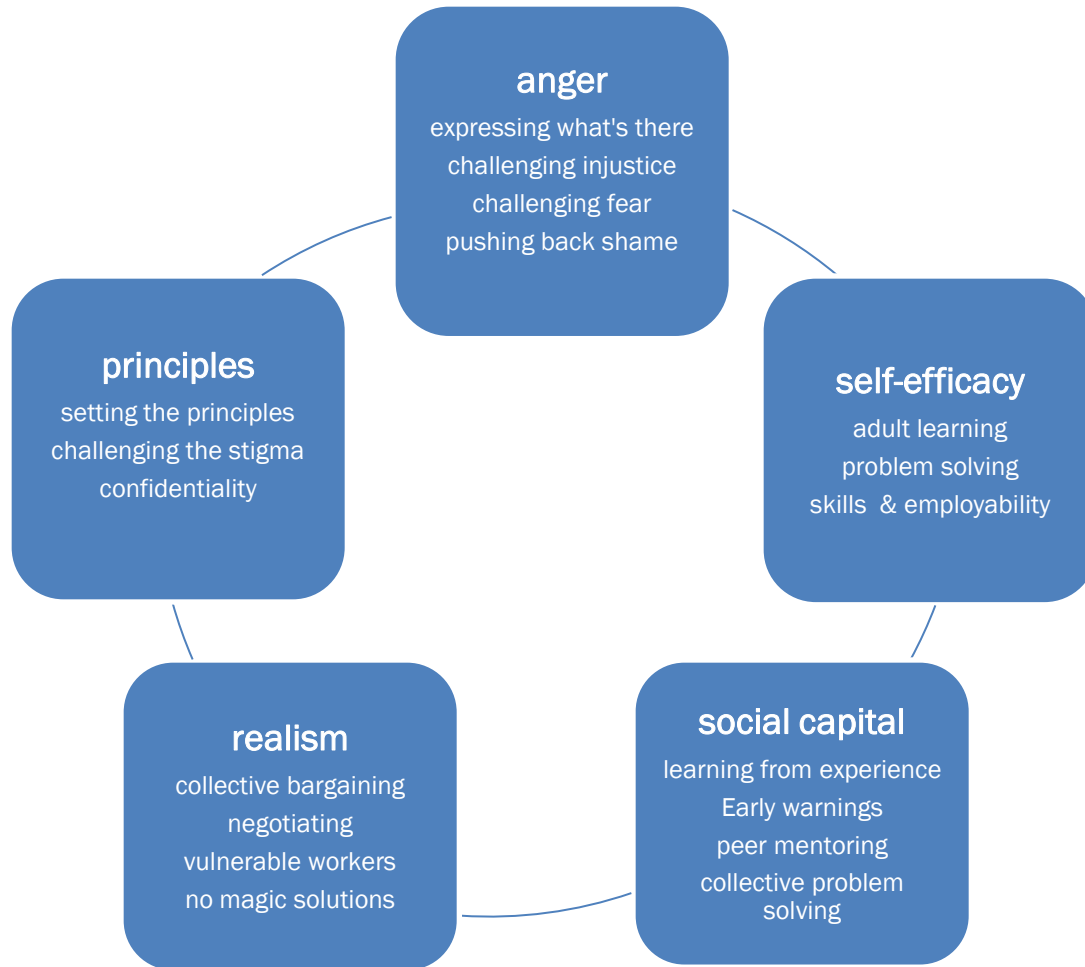
some successes

- it is getting easier to talk about mental health
- good uptake of existing Mental Health Awareness and Mental Health First Aid courses
- successful training on redundancy and linked to negotiating strategies
- workplace health and wellbeing strategies exist in an estimated 50% of workplaces and increasingly included in bargaining
- some good examples e.g. BT's Passport's that include reasonable adjustments and online monitoring system
- good use of flexible work arrangements to help workers with mental health problems

Bristol City Council

- flexible work and childcare policy introduced by two senior TU HSE officers
- backed up by a well organized workplace (Unison and Unite) with an organizing strategy
- branches had good listening structures and understood the real MHPs involved in “stress”
- clear teambuilding approach e.g. banned branch secretaries from taking on case load
- introduced a realistic branch culture where people were encouraged to set their own limits

trades unions and resilience



principles of TU education

- starting where people are
- listening without judgement
- allowing people to get angry
- building self-confidence and empowerment
- using shared experience
- making collective problem solving work
- establishing realistic steps
- promoting peer support networks

TUE as a capacity building process (PIP)

- Problems
- Information
- Planning

resilience approach

Within the project we will be piloting a three stage **LAUGH** approach which involves:

Stage 1: Listening and Assessing: capacity to observe, listen and assess individual and collective resilience including self-awareness

Stage 2: Understanding: understanding what action might work, managing and finding alternatives to immediate resilience problems, including how to make a decision whether to act

Stage 3: Getting Help: accurate signposting, finding services, networks and crisis contacts

pedagogical questions

- Use of CBT and positive psychology
- Pragmatism or bricolage
- Anger

Angie's question

Is this model of resilience inherently political?

Freire's distinction between education that is "domesticating" or liberating?

political factors

- dialogue: dynamic and inter-subjective
- consciousness raising and Freire's "authentic liberation"
- subjectivity and empowerment
- praxis and addressing real problems
- realism and social justice

Next stages

- The Resilience Space Pilot
- www.survivingworkweekly.wordpress.com
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- www.storiesfromthementalhealthfrontline.wordpress.com @mhfrontline
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