

Work and health

Have attitudes changed as a result of the pandemic?

The COVID-19 pandemic has prompted changes in many people's working lives, including a shift to home working, increased job insecurity and a concern about catching COVID-19 at work. This chapter examines if and how attitudes to work and health have changed since 2019, whether these changes can be attributed to the pandemic and what this means for future attitudes and policy in this area.

People are more positive about the health benefits of work and more likely to support flexibility from employers

- 41% think paid work is 'very good' for most people's mental health, an increase of 15 percentage points since 2019. 27% think it is very good for most people's physical health, an increase of 10 points.
- 68% support employers allowing employees with health conditions to have a phased return to work from sickness – an increase of 14 percentage points since 2019. Support for employers adapting employees' duties, allowing them to work from home and allowing them to work part-time has risen by eight, eight and six points since 2019.

People whose experiences of work have been affected by the pandemic hold different views

- People who switched to working from home in 2020 are most likely to support flexibility from employers when it comes to employees with health conditions. 82% of people who shifted to home working favour employers allowing home working, compared with 67% of those who have always worked from home and 51% of those who travel to work.
 - 53% of people who are 'not at all concerned' about catching COVID-19 when working outside the home think paid work is very good for mental health, compared with 39% of those who are 'very concerned' about catching the disease.
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The views of the youngest age group have changed in ways that are relatively distinct

- Since the questions were first asked in 2015, those aged 18-24 have consistently been the least likely to view paid work as being 'very good' for people's physical and mental health – but this difference is now even more pronounced. Between 2019 and 2020, the view that paid work is 'very good' for most people's mental health increased by six percentage points among those aged 18-24, compared with a 15-point rise overall (and rises of 22 points and 25 points among those aged 60-64 and 65+ respectively).
 - Support for employers offering support to employees with health conditions has increased the most among younger people. Support for employers allowing employees to work part-time increased since 2019 by 12 percentage points among those aged 18-34, compared with a 4-point rise among those aged 35-54 and 2-point increase amongst those aged 55+.
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Introduction

The health crisis caused by the COVID-19 pandemic has strongly affected the UK's economy and labour market. In March 2020, the Government introduced a number of lockdown measures and restrictions to try and slow down the coronavirus outbreak and limit the impact on the National Health Service; these included closing schools, requiring many businesses to shut down, enforcing social distancing and calling for employees to work from home.¹ While the likely long-term economic implications of such measures remain disputed, social scientists have highlighted the human costs of the pandemic by documenting the impact of the restrictions on people's experiences of work.

The pandemic has created significant insecurity within the labour market. During the first lockdown, around 7.6 million jobs were lost or at risk, including permanent employee redundancies, temporary furloughs and reductions in hours and pay. At the same time, there has been a significant increase in the number of people working from home and working flexibly, and home working has become more widely accepted and even encouraged in some industries (Blundell et al, 2021). As a result of these increased pressures on individuals and changes to working practices, employee wellbeing has become of even greater concern but at the same time more difficult for employers to manage (O'Reilly et al, 2020).

However, these changes have not been uniformly experienced across all sections of the workforce. Those on lower wages and in particular sectors have experienced the greatest increases in job insecurity. The industries that had to shut down and therefore furlough or lose staff, including leisure, retail, accommodation and hospitality, tend to employ temporary, lower-paid workers. Nearly 50% of all jobs earning less than ten pounds per hour were at risk during the first lockdown (Allas et al, 2020) and young people (aged under 30) who tend to work in temporary, low-paid occupations in such sectors were 35% more likely to be furloughed than the general population (Office for National Statistics, 2021a). Additionally, women have been particularly negatively impacted; they are more likely to have experienced furlough or job loss, to have faced disruption to their jobs when schools were shut (Blundell et al, 2021), and to be key workers working in sectors such as health and social care, childcare and education and potentially facing higher levels of exposure to COVID-19 (Warren and Lyonette, 2020). Similarly, the shift to home working has not been uniform, with this primarily occurring among older workers in professional roles (Office for National Statistics, 2021b). Such variations in experiences have led researchers to conclude that the terms of the COVID-19 restrictions favoured the professional middle-class, many of whom can work from home, whilst forcing the working class to risk exposure by continuing to attend their workplaces (Stantcheva, 2021).

¹ Prime Minister's Statement on coronavirus (COVID-19): 23 March 2020, available at <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>

There are a number of reasons why we might expect the pandemic to have changed people's attitudes towards the role of health at work. As a result of the emergence of COVID-19, people may have become more cautious (and less positive) about working outside the home – either because they have continually been exposed to the risk of catching COVID-19, or because the experience of home working has made them feel safer. More broadly, the greater prominence given to health considerations by government and employers when organising how we work may have prompted people to view individual health needs as more important – and also to expect greater attention to be paid to these by their employers. Given the increased flexibility in working arrangements required from (and delivered by) employers when the government required people to work from home if they could, we might also anticipate that people now have higher expectations of employers when it comes to enabling flexibility at work in response to health concerns. Arguably, the pandemic has demonstrated that such flexibility can be introduced on a wide scale when required. However, as noted previously, the pandemic has impacted on the working lives of different groups in distinct ways. We might therefore logically expect shifts in attitudes to the role of health at work to be concentrated among those groups who have been most impacted by the pandemic – including those who have moved from office to home-based working, those who are particularly concerned about the risk of catching COVID-19, and young people whose place in the labour market has become particularly precarious.

In this chapter, we use data collected by British Social Attitudes (BSA) surveys to compare attitudes towards work and health during the pandemic with those in evidence between 2015 and 2019. However, as detailed in the technical details, because of the pandemic BSA had to be conducted differently in 2020. Whereas hitherto it had been administered face-to-face by interviewers who knocked on randomly selected respondents' doors, this time it was completed online by a sample of respondents who were (randomly) invited to do so by post. This change brings a risk that any differences in attitudes between BSA 2020 and earlier years may be wholly or partly a consequence of the change of methodology rather than a real change in attitudes. However, the 2020 data have been carefully weighted to try and ensure that this risk has been minimised.

Conducted as it was in the autumn of 2020 our latest survey certainly reflects the views of an unvaccinated population that was living under a high level of restrictions and with an, as yet, unclear view as to how the pandemic might end. Nevertheless, by focusing on long-term changes in attitudes to the role of health at work, we can assess how the short-term impacts of the pandemic may contribute to longer-term shifts in attitudes. Whilst this is an emerging area of research, this chapter will also ask what any changes in attitudes might mean for longer-term policy in these areas.

How has the pandemic changed our working lives?

We begin by documenting some of the changes in work-related behaviours and attitudes that have occurred as a result of the COVID-19 pandemic and which may have influenced the public's attitudes to health at work – and those of the specific groups who have been most impacted by them.

The shift to home working

Whilst home working has been on the rise in recent years (Office for National Statistics, 2021b), it increased substantially from March 2020, as a result of the COVID-19 'stay at home' measures introduced by the government. During the first UK-wide lockdown, just under half (45%) of workers reported mainly working from home, compared with just 5% in 2019. Furthermore, 63% of workers worked from home at least some of the time during the first lockdown, compared with an estimated 12% in 2019 (Reuschke and Felstead, 2020). This indicates that the substantial majority of those who worked from home during the first lockdown had not done so before.

There is emerging evidence that the shift to home working has changed employers' and employees' attitudes to their future location of work, with just over half of employees now planning to request some kind of flexible working arrangements and employers exhibiting more positive attitudes towards home working (Forbes et al, 2020). Indeed, there is substantial evidence that the majority of those who have worked from home during the pandemic favour a future based on 'hybrid working', rather than returning to the previous norm of working outside of the home (Office for National Statistics, 2021c).

However, the shift to home working was not uniform across all sections of the workforce; those working from home from March 2020 tended to be better-paid (Stancheva, 2021), more highly educated, located in industries such as information and communication, professional, technical and scientific activities and financial services (Office for National Statistics, 2021b), and were more likely to be located in London and the South East (Reuschke and Felstead, 2020).

To understand how the increase in working from home affected people in Britain, we included two questions on the 2020 BSA survey that asked them where they worked in 'the last four weeks' (which would have variably covered a period between late September to November 2020) and in 'January and February earlier this year' (that is, in 2020), prior to the pandemic. Rather than quantifying the shift to home working, our intention was to collect data on working locations against which to analyse attitudes to the role of health at work. Nevertheless, it is worth noting that our findings broadly reflect those reported by other research.

Table 1 presents both where people were working before the introduction of lockdown and at the time of the survey. It shows that the proportion of people who were always working from home increased markedly from 4% in early 2020 to 26% between late September and November. There was an even larger reduction, from 76% to 48%, in the proportion who were travelling to a place of work. As we would expect, and in line with official statistics, where people were working was also correlated with occupational group, income and education, with higher proportions of those in managerial, professional and intermediate occupations, those with higher incomes and those with a greater number of educational qualifications working from home in late 2020.

Table 1 Place of work in January-February 2020 and September-November 2020

	Place of work in January-February 2020	Place of work in September- November 2020
Place of work	%	%
Always work from home	4	26
Sometimes work from home but sometimes travel to a place or different places of work	14	19
Always travel to a place or different places of work	76	48
Was not working at this time	4	5
<i>Unweighted base</i>	2256	2256

Base: All adults aged 18+ who are in paid work, or in paid work but on furlough or maternity or paternity leave

We combined the responses from these two questions to create a measure of stability (or change) in work location for all respondents. Across the board, 34% changed their location of work between the start and the end of 2020 (15% moved from travelling to a place of work to always working from home, 12% to sometimes working from home, and 7% changed from sometimes to always working from home). However, around half have not changed their work location (with 45% continuing to travel to a place of work and 4% continuing to always work from home). This measure is used in our analysis of attitudes to the role of health at work.

Work and COVID-19 risk

As indicated previously, it was anticipated that concern about catching COVID-19 might have an impact on people's attitudes to work and health. For this reason, we included questions asking people to rate their level of concern about catching COVID-19, phrased to take account of their current location.

People who travelled to a place of work, at least some of the time, at the time of the survey were asked:

How concerned, if at all, are you about contracting COVID-19 whilst at work, outside your home?

Meanwhile, those who were working exclusively from home at the time of the survey were asked:

If you did travel to work, how concerned would you be about contracting COVID-19 whilst at work outside your home?

Table 2 presents the answers to the two questions both alongside each other and in combination. Clearly, levels of concern about catching COVID-19 are rather similar, irrespective of whether this is thought to represent a current or a future hypothetical (work-based) risk. The largest proportion of people are moderately concerned about catching COVID-19, with around four in ten stating that they are 'somewhat concerned'. Meanwhile, around a quarter are 'very concerned', with a further quarter feeling 'not very concerned' while fewer than one in ten are 'not at all concerned'.

Table 2 Concern about catching COVID-19, by current location of work

	People who currently travel to a place of work	People who work from home	All
Level of concern	%	%	%
Very concerned	25	29	26
Somewhat concerned	40	41	40
Not very concerned	27	24	26
Not at all concerned	8	6	7
<i>Unweighted base</i>	1457	650	2107

Base: All adults aged 18+ who are in paid work, in paid work but on furlough or maternity or paternity leave and had worked in the previous 4 weeks

Levels of concern about catching COVID-19 will inevitably have fluctuated over time, and are likely to have been relatively high at the time of the survey, given that a vaccine had yet to be found or distributed.² As might be expected, older people were more concerned about this, given the consequences of catching COVID-19 were more likely to be severe for them. Nevertheless, this measure serves as a useful indicator that allows us to analyse how concern about COVID-19 may affect attitudes to work and health, the question we turn to next.

² The first positive results from the Pfizer and BioNTech Phase 3 COVID-19 vaccine trial were published on 9th November 2020. Given that fieldwork for the 2020 BSA survey was primarily completed during November, we would estimate that around half of respondents could potentially have been aware of the improved prospects for vaccination of the population against COVID-19.

Have attitudes towards work and health changed as a result of the pandemic?

In this section of the chapter, we examine how far the COVID-19 pandemic may have affected people's attitudes towards work and health. To do this we analyse results from a range of questions that measure people's perceptions of the impact of work on health, and views about the role of employers in supporting employees with health conditions. As all of the questions have been asked on at least one occasion between 2015 and 2019, as well as in 2020, we can assess whether the pandemic appears to have produced a significant change in attitudes. Where this is the case, we can further test our underlying assumptions as to why this might have occurred using two different approaches. First of all, we can examine whether views have altered most markedly for those demographic groups whose working lives have been most substantially impacted by the pandemic (including the youngest age group). Where our measures of the pandemic's impact on different groups are necessarily limited to 2020 (such as the shift to home working or concern about catching COVID-19 when working outside of the home) we can consider the extent to which the views of those who experienced these impacts differ from those who were less or not affected in these ways.

The health benefits of paid work

Since 2015, we have regularly asked respondents to assess the impact of work on individuals' health. We have asked the following question about mental health, followed by an identical item focusing on physical health.

Some people think that paid work can be good or bad for a person's mental health. Taking everything into account, do you think that for most people paid work is generally good for mental health, or bad for mental health?

When these questions were asked between 2015 and 2019, respondents had the option of spontaneously volunteering that 'it depends', which interviewers were then able to code as a discrete answer. With the move to online data collection in 2020, this was no longer possible; however, those respondents who attempted to skip the question without answering it were then offered the chance to select 'it depends' as an answer option. Clearly, it is important to consider this difference in approach when analysing the trends over time.

Table 3 shows that the vast majority of people, around nine in ten, now express the view that paid work is either 'very good' or 'good' for most people's mental health (94%) while the same is true of their physical health (88%). In both instances, support for this view has increased since 2019 – by four percentage points in the case of

mental health and by six points for physical health. Taking account of those respondents who were previously able to select 'it depends' these figures are, on balance, much the same as in previous years. However, in both cases there has been an increase in the proportion who select 'very good', as opposed to simply 'good'.³

As shown in Table 3, 41% of people think that paid work is 'very good' for mental health, an increase of 15 percentage points from 26% in 2019, while the view that paid work is 'very good' for physical health has increased by ten points, from 17% to 27%, over the same period. It may be that the COVID-19 pandemic has led people to view the health consequences of work more positively, because of greater concern about the risk of unemployment which, in November 2020, rose to 5% for the first time since 2016 (Partington, 2021). However, it may also be that the experience of working during the COVID-19 pandemic has influenced individual attitudes to the impact of work on health in more specific ways.

Table 3 Whether paid work is good or bad for most people's physical health and mental health, 2015-2020

	2015	2016	2017	2019	2020
Physical health	%	%	%	%	%
Very good	22	17	15	17	27
Good	63	64	69	65	61
Good/very good	85	81	83	82	88
Bad	4	5	6	5	9
Very bad	0	0	0	0	1
(It depends)	10	14	10	13	2
Mental health	%	%	%	%	%
Very good	30	26	23	26	41
Good	61	64	67	64	53
Good/very good	91	91	90	90	94
Bad	3	3	4	4	4
Very bad	0	1	1	0	0
(It depends)	5	6	5	6	1
<i>Unweighted bases</i>	3266	2942	2963	3224	3964

Source: 2020 BSA online survey

³ It should be remembered that, on BSA 2020, respondents completed an online survey rather than being interviewed face-to-face. There is some evidence from the pattern of response to other questions that, as a result, respondents may have been somewhat more likely to give an 'extreme' response such as 'very good' rather than 'good'. However, the scale of the increase in the proportion saying 'very good' in response to these questions is more than seems likely to be accounted for by any such tendency.

We might expect that those who are concerned about catching COVID-19 when working outside of the home (either in reality or hypothetically, for those currently working from home) would be less likely to view paid work as good for people's physical and mental health. This was indeed found to be the case. Those who are 'not at all concerned' about contracting COVID-19 when working outside the home (now or in the future) are more likely to say that work is 'very good' for mental health (53%), compared with 39% of those who are 'very concerned' about this. Similarly, those who are 'not at all concerned' about catching COVID-19 when working outside the home are more likely to view work as being 'very good' for physical health; 43% of them view it in this way, compared with only 27% of those who are 'very concerned' about catching COVID-19.⁴ It may be that those with higher levels of concern about catching COVID-19 are less appreciative of the health benefits of work, as they will inevitably weigh them against this risk. Equally, having a high level of appreciation of the health benefits of work may encourage individuals to focus less on the risks, such as that of catching COVID-19. While it could conceivably be the case that those who are more concerned about catching COVID-19 were also less positive about paid work prior to the pandemic, the fact that concern about COVID-19 increases with age makes this possibility less likely (as we will subsequently see, positivity around paid work also increases with age).⁵

We might also anticipate that those who were able to work from home during the COVID-19 pandemic might be more positive about the benefits of work, as the work-associated risk of catching COVID-19 would not currently apply to them. However, this was not found to be the case. Thirty-eight per cent of those who 'always' and 42% of those who 'sometimes' worked from home in the autumn of 2020 think that paid work is 'very good' for mental health (not significantly different to the overall figure among those in paid work of 40%). Meanwhile, 23% of those who 'always' and 27% of those who 'sometimes' work from home thought that paid work was 'very good' for physical health, compared with 27% overall.

Rather than their current working location, it may be that individuals' experiences of stability or change in their working environments as a result of the COVID-19 pandemic (with many moving to working from home at short notice) have played a role in influencing attitudes. The data presented in Table 4 clearly suggest that this is the case. In terms of both physical health and mental health, we find that those who have always worked from home are much more positive about the benefits of paid work than those who moved to home working during the pandemic. Thirty-two per cent of those who have always worked from home think that paid work is 'very good' for physical

4 See Appendix Table A1 for full details.

5 15% of people aged 18-24 are 'very concerned' about the possibility of catching COVID-19 when working outside of the home, compared with 32%, 26% and 29% of those aged 54-54, 55-59 and 60+.

health, compared with 19% of those who moved to working from home in 2020. Similarly, 53% of those who have always worked from home think that work is ‘very good’ for mental health, compared with 35% of those who only began working from home in 2020. Meanwhile the figures for those who have continued to work outside of the home, who began to work from home some of the time in 2020, or who moved from sometimes to always working from home, are much more similar to the averages for all of those in paid work on these measures. It might be that those who have always worked from home have already adapted their schedules to fit in physical activity and social contact around their working arrangements, an adaptation that may not have happened yet for those who moved to home working in 2020 - especially given the restrictions in place as a result of the COVID-19 pandemic and the fact they may be unsure about their location of work going forward. Indeed, other research evidence shows that the move to home working has been socially isolating and has had negative mental health impacts for many (Royal Society for Public Health, 2021).

Table 4 Whether paid work is ‘very good’ for most people’s physical and mental health, by previous and current location of work

	Used to travel to work; now always works from home	Used to travel to work; now sometimes works from home	Used to sometimes work from home; now always works from home	Has always travelled to work	Has always worked from home	All in paid work
	%	%	%	%	%	%
Paid work very good for most people’s mental health	35	43	40	41	53	40
Paid work very good for most people’s physical health	19	23	27	29	32	27
<i>Unweighted base</i>	359	297	188	935	87	2256

Base: All adults aged 18+ who are in paid work, or in paid work but on furlough or maternity or paternity leave

We might anticipate that younger people will be less positive about the health benefits of paid work compared with their older counterparts. Young people face greater difficulties finding or retaining a place in the labour market during the pandemic (Young People’s Health Partnership, 2019) – and it seems likely that this experience could have reduced their positivity towards paid work.

In fact, even historically, younger people have been less likely to ascribe to the view that paid work is ‘very good’ for people’s physical and mental health. As shown in Table 5, in 2019 17% of people aged

18-24 thought that paid work was ‘very good’ for most people’s mental health, compared with between 24% and 31% for every other age group. Similarly, just 8% of the youngest age group thought paid work was ‘very good’ for most people’s physical health, compared with between 13% and 21% for every other age group. In 2020, the differences in attitudes between the youngest age group and the rest of the population are even more stark, suggesting that the increase in positivity in the wake of the COVID-19 pandemic has occurred primarily among older age groups. The view that paid work is ‘very good’ for most people’s mental health has increased by six percentage points for those aged between 18-24 (from 17% in 2019 to 23% in 2020) compared with a 15-point rise overall (from 26% to 41%). Furthermore, it is the oldest age groups whose positivity regarding the benefits of paid work for mental health has increased most during the pandemic. The view that paid work is ‘very good’ for mental health has increased by 22 percentage points among those aged 60-64 and 25 points among those aged 65+.

Less markedly, the view that paid work is ‘very good’ for most people’s physical health has increased by six percentage points among the youngest age group, compared with a 10-point population increase. Once again, we find that positivity has increased most among older people, with 15-point rises in agreement that paid work is ‘very good’ for physical health among the oldest two age groups. It may be the case that the oldest age groups, who are much less likely to be in paid work, are able to be more positive about its benefits, because they have been largely immune from the (potentially) negative developments relating to work that occurred as a result of the pandemic (including the fear of catching COVID-19 at work and experience of isolation following a sudden move to home working). However, it also means that factors other than experiences of work during the pandemic are likely to have been at play in generating the comparatively large increases in positivity amongst the older age groups – although the question of what these might be lies beyond the focus of this chapter.

Table 5 View that paid work is 'very good' for most people's mental health and physical health, by age group, 2019 and 2020**% agree paid work 'very good' for most people's mental health**

	2019	2019 base	2020	2020 base	% change
Age of respondent	%		%		
18-24	17	202	23	236	+6
25-34	24	429	30	629	+6
35-44	29	525	39	658	+10
45-54	31	543	44	650	+13
55-59	26	249	44	336	+18
60-64	28	261	51	400	+22
65+	26	1009	51	1040	+25
All	26	3224	41	3964	+15

% agree paid work 'very good' for most people's physical health

	2019	2019 base	2020	2020 base	% change
Age of respondent	%		%		
18-24	8	202	14	236	+6
25-34	13	429	18	629	+5
35-44	19	525	25	658	+6
45-54	21	543	30	650	+9
55-59	19	249	32	336	+13
60-64	19	261	34	400	+15
65+	19	1009	34	1040	+15
All	17	3224	27	3964	+10

Source: 2020 BSA online survey

Health problems at work

Respondents were also asked a series of questions about what should happen when employees face health problems at work, involving scenarios where employees had a specific physical problem or mental health problems. We asked respondents what they thought the timing of the return to work should be for employees in these situations and what support employers should provide to them. First of all, we asked people to:

Imagine someone who has been off work from their office job with a back problem. They have been off for a few weeks but are starting to feel better. Their employer is happy for them to come back to work and has offered to provide support for their return. From the list below, please say when you think this person should be expected to return to work?

[As soon as they can do some of their job; as soon as they can do most of their job; not until they can do all of their job]

Respondents were then asked an identical question about a person who has been off work with depression.

The answers obtained in 2020 and on the occasions when these questions were previously asked are presented in Table 6.

Table 6 When should an employee with depression/a back problem return to work, 2015-2020

	2015	2016	2017	2019	2020
Back problem	%	%	%	%	%
As soon as they can do some of their job	48	42	40	41	41
As soon as they can do most of their job	37	38	40	38	41
Not until they can do all of their job	15	19	20	19	17
Depression	%	%	%	%	%
As soon as they can do some of their job	46	42	39	39	45
As soon as they can do most of their job	35	35	37	36	38
Not until they can do all of their job	19	22	22	23	17
<i>Unweighted bases</i>	3266	2942	2963	3224	3964

Source: 2020 BSA online survey

People are divided regarding when an employee with a back problem should return to work, with around four in ten thinking they should do this ‘as soon as they can do some of their job’ and an identical proportion thinking this should happen ‘as soon as they can do most of their job’. People are marginally more likely to think that someone with depression should return to work earlier; 45% think they should do this ‘as soon as they can do some of their job’ and 38% think they should do this ‘as soon as they can do most of their job’.

The balance of opinion on when someone with a back problem should return to work has been relatively stable over the past five years. There has been a slight but significant increase (of six percentage points) since 2019 in the proportion who think that someone with depression should return to work ‘as soon as they can do some of their job’ (and a decline of six points in the proportion who think they should not return ‘until they can do all of their job’). However, within the longer time series, this represents a shift back to attitudes prior to 2017. Still, it may be that the fact that more people now think that paid work is good for mental health, as discussed previously, has translated into more people thinking that someone with a mental health problem, such as depression, should return to work as soon as they can.

In both scenarios, respondents were subsequently asked:

And thinking of this same person who has been off work from their office job with a [back problem/depression], but is starting to feel better. How strongly do you agree or disagree that, in principle, going back to work quickly will help speed their recovery?

Table 7 Views about whether returning to work quickly will speed recovery for person with back problem and person with depression, 2015-2020

	2015	2016	2017	2019	2020
Back problem	%	%	%	%	%
Agree strongly/agree	45	45	41	41	37
Neither agree nor disagree	31	30	29	28	39
Disagree strongly/disagree	24	25	29	30	24
Depression	%	%	%	%	%
Agree strongly/agree	55	57	52	49	53
Neither agree nor disagree	26	25	26	27	31
Disagree strongly/disagree	18	18	20	22	15
<i>Unweighted bases</i>	3266	2942	2963	3224	3964

Source: 2020 BSA online survey

Table 7 shows that on balance people agree that a return to work would aid recovery. This is more pronounced in the case of a person who has been off work with depression (with 53% agreeing and 15% disagreeing), than it is for someone who has been off work with a back problem (37% agree and 24% disagree). However, in both scenarios, sizable proportions of the public neither agree nor disagree with the statement – around four in ten in relation to a person with a back problem and three in ten in relation to a person with depression – suggesting that either many people do not have very clear or strong views in either direction on the subject or feel that it depends on the individual circumstances.

Given that positivity around the health benefits of paid work has increased since 2019, we might anticipate that support for employees returning to work quickly is also more widespread now. There are some signs that the pandemic may have influenced attitudes towards the potential benefit of going back to work for someone with a back problem – although not necessarily in this expected direction. The proportion indicating they ‘neither agree or disagree’ with the statement has increased by 11 percentage points since 2019, while the proportions who say either ‘agree’ or ‘disagree’ have both fallen. Perhaps respondents found this question more difficult to answer in our latest survey, because of an increased awareness during the pandemic of the difference between someone in a white-collar job who could work from home and someone in a manual job who could

not. However attitudes to the impact of returning to work for someone with depression have fluctuated somewhat over the past five years, and there is no suggestion that the pandemic has had a particular effect.

Finally, we asked respondents about how an employer should provide support to an employee to help them manage their health condition at work. Specifically, we asked them:

Now thinking in general about people who have been off work, for example with a back problem or depression, and are starting to feel better. From the list below, please choose which ways you think a person's employer should provide support to help them manage their health condition at work?

The types of support listed were 'allowing them to work flexible hours', 'allowing them to work part-time', 'adapting their duties', 'allowing time off for appointments', 'allowing them to work from home if this is possible' and 'allowing a phased return from sickness'.

Table 8 shows that there is majority public approval for employers providing each of these types of support. However, some are more popular than others. While around seven in ten think that employers should allow time off for appointments, allow employees to work flexible hours, adapt their duties or allow a phased return from sickness, less than six in ten say they should allow employees to work from home and only slightly more than five in ten think that they should allow them to work part-time.

Table 8 How should a person's employer provide support to help them manage their health condition at work, 2017-2020

	2017	2019	2020
	%	%	%
Allowing them to work flexible hours	68	71	73
Allowing them to work part-time	46	48	53
Adapting their duties	62	63	71
Allowing time off for appointments	72	72	75
Allowing them to work from home if this is possible	48	51	59
Allowing a phased return from sickness	52	55	68
<i>Unweighted bases</i>	2963	3224	3964

Source: 2020 BSA online survey

There is also clear evidence of a rise in support for employers offering many of these options. Most markedly, the proportion who support employers allowing a phased return from sickness has increased by 14 percentage points since 2019, while the proportions favouring adapting their duties, allowing them to work from home if possible

and allowing them to work part-time have risen by eight, eight and six points respectively. In many cases, these increases mark larger rises to the ongoing increases in support that have been seen since 2017.

Logically, we might expect that people's experiences of the COVID-19 pandemic would encourage them to support employers demonstrating flexibility to accommodate employees' health needs – not least because many employees had to change their working arrangements as a result of the pandemic, including a shift to home working for many (thereby showing that such changes are possible). We might surmise that support would be greatest among those who had newly experienced such flexibility themselves. This was indeed the case. Those who have moved to fully or partially working from home in 2020 are much more likely than those who travel to work, or even those who have always worked from home (although they are small in number) to support such flexibility from employers. When it comes to employers allowing a phased return from sickness absence, 84% of those who have moved to always working from home and 86% of those who have moved to sometimes working from home in 2020 are in favour of this, along with 87% of those who have moved from sometimes to always working from home. On the other hand, 77% of those who have always worked from home and 64% of those who have always travelled to work support employers allowing a phased return to work.⁶

In the case of employers allowing working from home, the differences are even more stark. Eighty-two per cent of people who have shifted to always working from home and 85% of those who now sometimes do so favour employers allowing working from home, compared with 67% of those who have always worked from home and 51% of those who travel to work. It may be then that it is the experience of a sudden change to home working, and associated greater flexibility, rather than the experience of home working per se that has shifted attitudes. Therefore, it looks as though the impact of the pandemic and the move to more flexible working practices has increased people's expectation that employers should be making allowances for employees with health conditions.

We might also anticipate that people who are more concerned about catching COVID-19 at work might be more supportive of employers being flexible. They might be more likely to appreciate the negative consequences that a health condition could potentially have at work, if no adaptations are made. However, this was not found to be the case; across all six forms of possible support asked about, those who are 'very concerned' about catching COVID-19 at work are no more supportive of them being offered by employers than those who are 'not at all concerned' about this.

We might anticipate that younger people will be more likely to favour employers providing support to those with health conditions, given that they have historically tended to be more supportive of flexible

⁶ See Appendix Table A2 for full details.

working (Kelley et al, 2018). Given the fact that the COVID-19 pandemic has been particularly challenging for younger people, due to their more precarious position in the labour market, we might also anticipate that support for employers providing flexibility will have increased most amongst this group.

Since 2017, approval for employers providing different support to employees to manage their health conditions at work has tended to be highest amongst those aged 35-54. However, it is the views of those aged 18-34 that appear to have shifted most markedly and consistently. Support for allowing a phased return to work has risen by 16 percentage points between 2019 to 2020 among those aged 18-34, compared with a 10-point rise among those aged 35-54. More markedly, support for employers allowing employees to work part-time has increased by 12 percentage points among those aged 18-34, compared with a more muted four-point rise among those aged 35-54 and a two-point increase amongst those aged 55+. Similarly, the proportion of the youngest age group who think that employers should allow time off for appointments has risen by nine percentage points, compared with a fall of one point and a rise of one point for those aged 35-54 and 55+ respectively.

As a result of these shifts, those aged under 35 are now as, or even more, likely than their older counterparts to favour employers providing support to employees with health conditions. Coupled with the more muted increases among this age group in the perception that paid work is good for most people's physical and mental health, it appears that the views of younger people have reacted somewhat distinctively to the experience of the COVID-19 pandemic. Even more clearly than before, young people are the least enthusiastic about the health benefits of paid work while they have now come to be as supportive as older people of the provision of support to employees with health conditions. The trend for young people to have responded in distinct ways to the pandemic reflects the findings in our chapter on the impact of the pandemic on people's values which finds that 'concern about inequality has increased primarily among younger voters' – and thus suggests that this tendency cuts across a number of policy areas.

Conclusions

At this stage, it cannot be concluded that the changes in working lives that occurred as a result of the COVID-19 pandemic have transformed people's attitudes to the role of health at work. Nevertheless, it does appear that, since 2019, people have become more positive about the health benefits of paid work. More markedly, it is clear that more people now expect employers to be flexible in offering support to employees with health conditions than was the case before the pandemic – suggesting that employers will need to be willing to be adaptable in the future.

Yet it seems that the strengthening of the belief that paid work is good for people's health is not necessarily accounted for by those whose experience of work has been most affected by the pandemic. Those most concerned about catching COVID-19 as a result of their work and those who have had to switch to working at home are less positive about the health benefits of work than those who are less concerned or have not changed the place where they work. It seems that it is those who have been least affected by the pandemic who in its wake are now most likely to appreciate the health benefits of work. On the other hand, it is those who have had to switch to working from home who are most likely to think that employers should be flexible in responding to the health needs of their employees. For them, perhaps, the pandemic has demonstrated more clearly what might be possible.

It is widely recognised that young people have been particularly negatively impacted by the COVID-19 pandemic. It is therefore unsurprising to see their attitudes changing in distinct ways – they are less likely than those in other age groups to have become more appreciative of the health benefits of work but at the same time are most likely to have become more supportive of employers offering flexibility to those with health conditions. Taken together, these trends suggest that young workers may be more demanding of what they require from employers and policy-makers as a result of their experiences during the pandemic.

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Appendix

Table A1 Whether paid work is good or bad for most people's mental health, by level of concern about contracting COVID-19 when working outside the home

	Very concerned	Somewhat concerned	Not very concerned	Not at all concerned	Total
Mental health	%	%	%	%	%
Very good	39	37	42	53	41
Good	55	58	55	45	53
Bad	4	4	2	1	4
Very bad	*	*	1	-	*
(It depends)	1	1	1	2	1
<i>Unweighted base</i>	<i>554</i>	<i>857</i>	<i>547</i>	<i>142</i>	<i>3964</i>

Table A2 How should a person's employer provide support to help people manage their health condition at work, by previous and current location of work

	Used to travel to work; now always works from home	Used to travel to work; now sometimes works from home	Used to sometimes work from home; now always works from home	Has always travelled to work	Has always worked from home	Total
	%	%	%	%	%	%
Allowing them to work flexible hours	88	86	93	68	74	73
Allowing them to work part-time	63	67	73	49	63	53
Adapting their duties	81	85	85	71	72	71
Allowing time off for appointments	89	85	91	71	77	75
Allowing them to work from home if this is possible	82	77	84	51	67	59
Allowing a phased return from sickness	84	86	87	64	77	68
<i>Unweighted base</i>	<i>359</i>	<i>297</i>	<i>188</i>	<i>935</i>	<i>87</i>	<i>3964</i>

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