

Disparity Begins at Home

How home working is impacting the public's health



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Foreword by Christina Marriott

Chief Executive of the Royal Society for Public Health

COVID-19 has undoubtedly changed working practices for many this year. Hollowed out city centres, empty roads and train carriages and the explosion in Zoom meetings are just some of the indicators of how working lives have shifted.

When the UK first went into lockdown in March 2020, millions of people made the switch from working in an office to working from home. For many, this was the first time their home had become their workplace and organisations had to adapt their practices almost overnight.

The impact on health and wellbeing of this switch is currently unclear and a snapshot survey from RSPH, which informs our *Disparity Begins at Home* report, would suggest that the picture remains mixed. Just under half of our survey respondents believe that working from home was better for their overall health and wellbeing. Some of the positive outcomes of working from home included having a better work/life balance and being able to improve financial health by spending less on expenses such as commuting.

However, our report also reveals that the move to permanent home working has also had a damaging impact for some, particularly in terms of wellbeing, and that the negative impacts affect certain groups in society worse than others. People who live in houseshares and those who have less physical space in which to work have seen their health disproportionally affected by working from home. Our survey has delved deeper into what some of the most common negative impacts have been. These include musculoskeletal problems, experiencing disturbed sleep, and feeling more isolated as a result of remote working and not interacting with colleagues.

We set out a number of recommendations for how employers can support the health and wellbeing of home workers in the future. As widespread home working looks set to continue for many organisations, we are urging employers to make sure they are putting the right support and resources in place, so that staff can work from home in ways that protect their mental and physical health.

It is also important that we recognise that not everyone can do their jobs from the comfort of their own home, and that further research should be considered to explore the impact that this may have on health inequalities.

We believe that the drastic changes to our working patterns, which were at first a public health necessity as a result of COVID-19, could form the basis of a more long term seismic shift in how we work in the future. If the changes to office based work, which the COVID-19 pandemic has precipitated, continues RSPH believes that employers must actively support the mental and physical health of those working at home.

Executive summary

- Prior to COVID-19 around 5% of the public worked from home. According to our snapshot survey around 6% now want to go back to the office full time.
- According to our survey almost threequarters of office workers (74%) want to split their time between working from home and working in an office.
- Nearly half of all respondents said they thought that working from home was better for their overall health and wellbeing.
- However, working from home can lead to people developing health or healthrelated issues, with the most common including: social isolation from not seeing colleagues, getting less exercise, musculoskeletal problems, and disrupted sleep.
- One of the biggest contributors to health disparities is the amount of space someone has to work in. People who work from their bedroom or sofa are more likely to report experiencing musculoskeletal issues, feeling disconnected from their colleagues, and having disrupted sleep than people who work from a desk, table or home office.
- People who worked in a houseshare with at least one housemate were more likely to experience musculoskeletal problems, undertake less exercise and feel more isolated than people who live with their partner.

- There appears to be a generational divide in people's experiences of working from home. People aged 35+ were a lot more likely to think that working from home was better for their health and wellbeing compared to 18-34 year-olds (48% V 34%).
- Better financial health was one of the most common positive outcomes of people who worked from home, with nearly half (47%) of survey respondents saying they had experienced better financial health (saving more money/ spending less money).
- Working from home is not an option for all. Since the benefits of home working

 including lower infection risk and better financial health – are more often available to those from more affluent socioeconomic backgrounds, it is possible that the future of home working may increase health and economic inequalities.¹ This is a question that merits further research.

Recommendations

- Ensure all employees have access to mental health support to help them to cope with increased isolation, anxiety or other issues.
- All employees should have access to equipment and a self-assessment to support them with their physical health.
- Employers should develop a work culture that encourages their employees to separate their home and work life and switch off from work outside of their contracted hours.

1. COVID-19 and the shift to home working

In 2019, around 5% of the UK public (around 1.7 million people)² said they mainly worked from home. When lockdown was first introduced, in an effort to contain the spread of COVID-19, the public was asked to work from home³ unless impossible for them to do so. As a result, millions of people made a switch to home working, with nearly half of all UK workers saying they had worked from home⁴ at some point during the March-June lockdown period.

This shift has had implications for employee health and wellbeing and presented a particular challenge for employers who had not previously embraced flexible home working. Even when Government guidance on home working changes in the future, it is likely that working from home will continue to be the norm for many⁵.

Under the Health and Safety at Work Act 1974⁶, employers still have a duty of care for their employees even when they work from home. However, there is nothing specific in the legislation that tells employers what they need to provide for employees who work from home. Instead, it is up to each employer to decide what equipment and support they provide their employees with to work from home safely.

Although working from home has some aspects which can be positive for health and wellbeing⁷, our survey together with previous studies has demonstrated that there are also a number of negative effects that can result from home working. Key health issues include: being at a heightened risk of developing musculoskeletal⁸ problems from sitting in a chair or using equipment which is not designed for home working, increased feelings of isolation and loneliness from not seeing colleagues⁹, and increases in stress from working in a household where juggling care responsibilities and work are difficult¹⁰.

In an office everyone has similar access to equipment, space and support resources, whereas working from home setups vary from person to person. Although employees can adapt their available resources so they can work from home more comfortably, there will inevitably be variations between individual setups. Enjoying the extra time and money saved from no longer commuting is not the only reason some people are reluctant to return to their offices. As vast swathes of the public become used to working from home, many people have voiced concerns about how returning to work¹¹ will affect their risk of catching the virus and of passing it on to vulnerable friends or family members. Understandably, many people will be nervous about returning to work in an office building, with the ability to socially distance from colleagues cited as one of the main concerns.

As the appetite for home working increases¹², employers should ensure they are taking steps so that their staff can work from home in a safe and comfortable way. We wanted to find out how much support people had been offered to help them work from home, what variations there were in people's experience in working from home, and what the health and wellbeing impact has been.

While this report focuses on employees who can work from home, it is important to recognise that not everyone can do so. In May 2020, almost one in four of the UK workforce (23%) did not work from home¹³ and a YouGov study from May 2020 found that more affluent workers from ABC1 households were more likely to be able to work from home than those from C2DE households (53% V 22%)¹⁴. Those working in healthcare, retail, hospitality or construction, to name but a few, cannot easily work from home. This means that while they may avoid some of the health risks associated with home working, they also have greater exposure to COVID-19 and are not able to access any of the health or financial benefits that many home workers report.

The net impact of these considerations is not clear, and this merits dedicated future research. If large scale home working continues, there is potential that health inequalities will deepen based on who can and cannot work from home.



Half (48%) of those working from a **bedroom or sofa** said they had developed **musculoskeletal problems** since working from home.

2. Our Findings

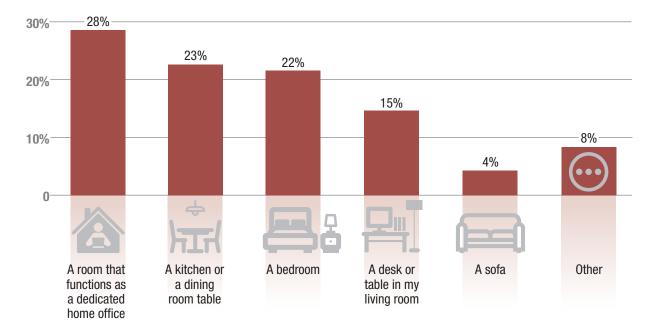
RSPH conducted an online survey (between 8^{th} August and 28^{th} September) to find out about the public's working from home experiences. All respondents were UK-based and have worked from home for at least part of the period 23^{rd} March 2020 – 24^{th} August.

The survey had 678 respondents, with the majority being between the ages of 35-65 and around two thirds (67%) female. Most people (80%) had been working either full or part-time from home when they normally would have been working in the office. Others were a mixture of furloughed employees brought back to work recently and self-employed people who had a reduced workload.

2.1 How are people working from home?

We asked people where they had been working from home for the majority of their time. The results showed that few respondents were able to work from a setup that did not overlap with their living space, with just 28% working from a dedicated home office.

On the other hand, one in five (22%) reported working from their bedroom, and one in 25 (4%) worked from a sofa.

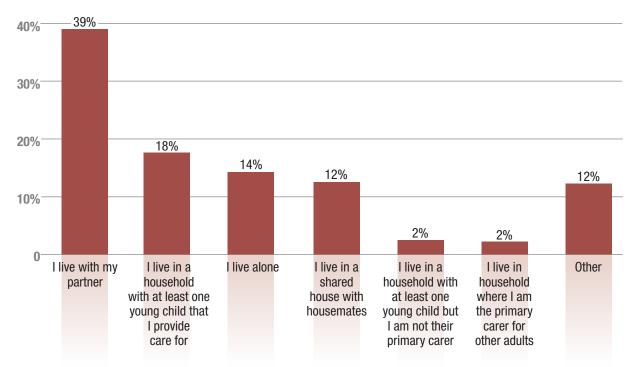


Where have you been working from?

The survey results also showed that respondents' working from home setups were related to how likely they were to report negative health and wellbeing effects, and this is explored in section 2.3.

House sharing and household relationships

We asked respondents what best described the household situation from which they were home working, in order to explore how the number of people respondents lived with and their relationships to them was linked to their experience of working from home.

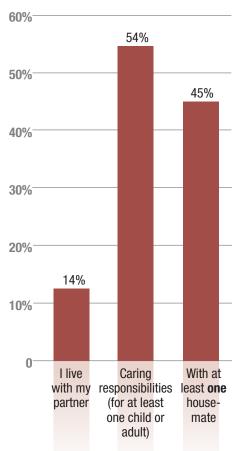


How many people live in the household you work from?

Our survey showed that the overall impact on health due to working from home varied quite noticeably with their household composition, and this is explored in section 2.3.

One of the most distinctive differences in responses was that over a third of respondents who had caring responsibilities or lived with housemates found it difficult to work from home because of the number of people they lived with, whereas around one in 10 people who live with their partner reported the same issue.

"It's challenging to work from home due to the number of people I live with"



2.2 What support are employers providing to home workers?

There are currently no specific requirements for employers to provide their employees with certain equipment to work from home with. Although it is in an employer's long-term interest to support the wellbeing of their employees (for example through maintaining good job satisfaction and preventing staff turnover) it is ultimately up to an organisation to decide what support they provide to their staff to work from home more effectively.

The below is a breakdown of some different types of employee support, and the proportion of survey respondents who had been offered each type by their employer.

| Support | % of people offered |
|---|------------------------|
| A laptop or desktop computer | 51% |
| Flexible working hours to help with non-work commitments e.g. childcare | 38% |
| Support for your mental health e.g. Setting up a buddy system, tips for managing your mental wellbeing, ways for voicing mental health concerns | 34% |
| A mouse | 33% |
| Support for setting up your workstation e.g. guidance on how high your computer screen should be, the screen distance, how you should sit to avoid strains and backache | 29% |
| A keyboard | 26% |
| Support with staying active e.g. advice on exercises you can do at home | 20% |
| A fully–adjustable work chair | 17% |
| A budget to spend on work equipment | 12% |
| A home working health and safety assessment conducted online e.g. via Zoom | 9% |
| A laptop and cradle stand (a device for mounting a computer) | 8% |
| A desk to work from | 7% |
| Keyboard and mouse gel mats | 5% |
| A screen protector to prevent eye strain | 1% |

One of the key findings was that 38% of respondents were offered flexible working to accommodate non-work commitments such as childcare and 34% of people were offered some form of support with their mental health. In the survey we gave examples of mental health support such as setting up a buddy system, having regular checkins with colleagues and offering places to voice concerns. It is encouraging that many employers are recognising the need for this, but it is of serious concern that two in three have been offered nothing in the way of mental wellbeing support, especially in light of the way the pandemic has exacerbated mental health issues.¹⁵

Additional forms of support or equipment employees mentioned included a work mobile phone, separate computer monitor, headphones, footrest, and access to mindfulness apps and resources. We also found from the 'other' responses that 12% of all respondents stated they had been offered no support or equipment whatsoever from their employer.

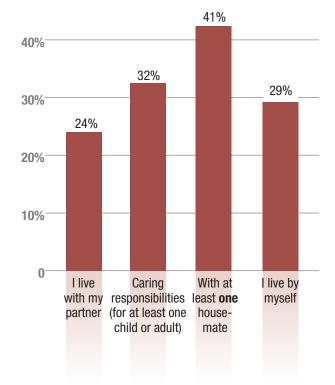
2.3 Impact on health and wellbeing

Our survey revealed that 45% felt that working from home was better for their overall health and wellbeing, whereas 29% thought it was worse (the remainder either did not know if working from home had an effect on their health and wellbeing or did not think working from home had any effect on their health and wellbeing).

The overall health and wellbeing impact of working from home varied considerably between groups. For nearly all groups, working from home was deemed a positive for wellbeing by more than deemed it negative; however, among people who lived in a shared house with one or more other housemate, this was reversed.

Our results showed that people who lived with multiple housemates were more likely to report that working from home was worse for their health and wellbeing (41%) compared to people who lived with their partner (24%) or by themselves (29%).

"Working from home is worse for my health and wellbeing"



When it came to age groups, older people aged 35+ were more likely to think that working from home was better for their health and wellbeing compared to 18-34 year-olds (48% V 34%).

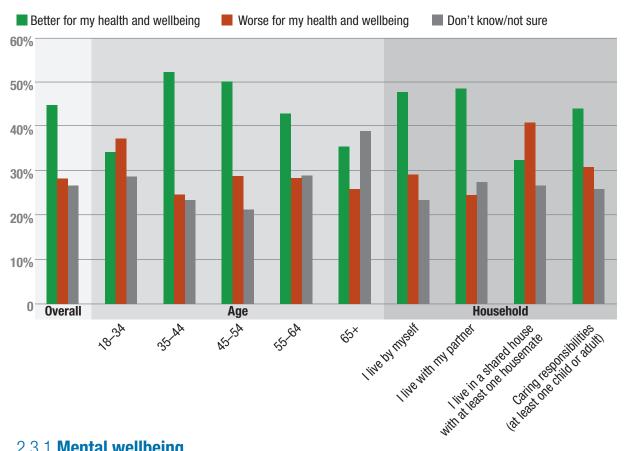
Women are more likely than men to experience health or health-related issues related to working from home, including:

- Feeling isolated (58% of women V 39% of men)
- Developing musculoskeletal problems (44% of women V 29% of men).

However, they were more likely to experience positive financial health (52% of women V 38% of men).

As well as generating an overall picture of the health and wellbeing impact of home working, we wanted to understand more about any specific issues that could be created or exacerbated by working from home. These are discussed in sections 2.3.1-2.3.5.

Working from home is...



2.3.1 Mental wellbeing

During the first national lockdown of 2020, a rise in mental health issues was documented.¹⁶ There are many interrelated causes for this, and our survey suggests that working from home may have exacerbated these. It can be particularly tough for people who thrive off regular interaction with their colleagues.

Overall, just over half (53%) of respondents said they felt they had a better work/life balance as a result of working from home. This could be due to having more time to spend at home from not travelling to work, getting to spend more time with their families and friends, and having more time for activities such as exercising, hobbies and socialising.

However, our survey also revealed that working from home had negative impacts on mental wellbeing:

- Over two thirds (67%) of respondents said they felt less connected with their colleagues.
- Over half (56%) of respondents said that working from home made it harder to 'switch off' at the end of the day.
- Over half (52%) of respondents said they found it harder to take regular breaks when they worked from home.

We also found that variations in the home setup played a role in the mental wellbeing of employees.

For example, we found that:

- People who worked from their bedroom or a sofa were more likely to feel isolated than people who worked from a dedicated home office (59% V 45%).
- Two thirds (65%) of people who provided care for at least one child found they experienced increased stress from managing childcare and work.
- People who lived by themselves or with a partner were also more likely to have better concentration levels than people who lived in houseshares with at least one housemate (52% V 40%).

Our findings show that working from home has exacerbated feelings of isolation from colleagues and led to people finding it difficult to set work boundaries and 'switch off' at the end of the day. This is important because being 'always on' and not having clear breaks from work can lead to people becoming mentally exhausted and stressed.17



2.3.2 Musculoskeletal health

Working from home has meant that not everyone has access to the same office equipment to support their overall physical health. Working from a chair or computer setup that has not been designed for long periods of extended working can have long term impacts on musculoskeletal health.¹⁸

When asked what people had been provided with to work from home effectively:

17% provided with a fully-adjustable work chair.

9% provided with an online working from home health and safety assessment.

8% provided with a laptop and cradle stand.

In addition, there were variations in the extent to which different groups experienced musculoskeletal problems as a result of working from home.

For example, we found that people who worked from their sofa are more likely to report experiencing musculoskeletal problems (56%) than those who work from a home office (27%) and those who work from a desk or table in a living room (40%).

Musculoskeletal health problems were a common issue with home working - reported by two in five (39%) of our respondents, and with few people being provided with equipment to support their health in this area.

2.3.3 Diet and exercise

Working from home has meant that many people have had to make changes to their normal routine. This can disrupt exercise routines or dietary practices. A study from the University of Oxford found that 46% of study participants were less active during lockdown.¹⁹

This is in line with our survey, which found substantially more home workers taking less exercise than taking more (46% taking less, 28% taking more). Some respondents elaborated on why they took less exercise, with the main reason being either that their commute had been a big part of their daily exercise (e.g. cycling to work) or that their normal form of exercise (e.g. going to the gym) was not as easy to access or was unavailable.

The survey also revealed that having a different routine and working setup also impacts on the way we eat and what we eat. Some respondents (23%) said they had eaten more healthily, potentially as a result of time saved on commuting giving people the chance to prepare food rather than rely as much on convenience food which can be less healthy. However, a higher proportion of respondents (31%) said they were eating more unhealthily as a result of working from home.

2.3.4 Sleep

Our survey also showed there is cause for concern over the effect that home working can have on people's quality of sleep. Over one third of respondents (37%) reported having had less sleep, or increasingly disturbed sleep, due to working from home.

This is another health-related issue where experiences varied substantially according to the home working set up that respondents had: 29% of those working from a dedicated home office reported worse sleep, compared to nearly half (47%) of those working from a sofa or bedroom.

| Where respondents worked from | % of respondents reporting disturbed sleep patterns |
|---|---|
| Working from my sofa or bedroom | 47% |
| Working from a kitchen or dining room table | 39% |
| Working from a desk or table in a living room | 30% |
| Working from a dedicated home office | 29% |
| | |

These results are consistent with the idea that introducing a work environment into household settings normally reserved for relaxation makes it more difficult for people to relax and unwind in those places at the end of the working day.

2.3.5 Financial Health

One of the most reported positive impacts of working from home was that people had more money. Our survey revealed that 47% of people reported experiencing positive financial health (defined as saving more/ spending less) since working from home and in comparison, only 8% said they had spent more money.

Working from home can mean spending less on commuting, convenience food and socialising after work, which many will experience as a positive contribution to their overall health and wellbeing. However, positive financial health was experienced most commonly by people who live with their partner and people who are the primary carer for at least one young child.

One of the benefits of working from home for people with childcare responsibilities is that many people found they saved on external childcare such as childminders, nurseries or after school clubs. Although there is a positive financial gain to not putting a child in some form of paid childcare environment, this can have a negative impact on a care givers mental health. Our survey revealed that 65% of people who provided care for at least one child found they experienced increased stress from managing childcare and work.

| How many people respondents lived with | % of respondents reporting positive financial health |
|---|--|
| With my partner | 53% |
| At least one child who I provide care for | 50% |
| Shared house with at least one housemate | 44% |
| By myself | 38% |

Better financial health is potentially an important consequence of working from home and one that employers should be aware of if they are planning to encourage people to return to the office in the future²⁰. However, for some saving money in areas such as childcare and socialising can come at a cost to the mental health of some home workers.

As discussed earlier, the benefits of working from home are far less available to low-income workers. Home workers tend to be in higher earning roles and are more likely to already be in a healthier financial position. Determining the net impact of home working on health inequalities is beyond the scope of this report, but the above considerations indicate that there is potential for the gap to deepen if widespread home working continues.



3. How can we improve home working?

Our research has highlighted both positive and negative consequences for the public's health arising from the increase in home working. There is a strong desire from those who have started to work from home during lockdown to have a combined working from home and office balance for the future. However, working from home can exacerbate negative health and wellbeing issues, which impact certain groups of people, in particular those living in more cramped conditions or who live with more people (please see graph, page 12).

Employers should be aware of the health outcomes working from home can present and understand that certain groups are affected by them more acutely than others, in order to support employees who have shown they can work from home and want to continue to work from home in the future. We hope that these measures will support the move towards a more flexible and healthier working life for many people in the future.

Ensure all employees have access to mental health support to help them to cope with increased isolation and anxiety

Our survey showed that many people felt their mental health had deteriorated since they had started working from home. It is concerning that only one third (34%) of people we surveyed had been provided with some form of mental wellbeing support by their employer, which is something we recommend should be offered across all workplaces.

Mental health issues have increased since the lockdown began, and even before this point nearly one in seven people experienced a mental health problem in the workplace²¹. The duty of care of employers for their employees rightly extends to mental health, and it requires them to ensure that appropriate measures are in place to support employees struggling with their mental wellbeing.²²

We recommend that employers offer their employees a form of structured and consistent mental health support. There should also be support for line managers to help them support the mental health of their line reports who are working from home. Examples of how this could be employed are:

- Making a pledge to prioritise mental health in the workplace. The Mental Health at Work Commitment²³ is a framework that provides actions for organisations to ensure that their employees' mental health is prioritised. We encourage organisations to sign up to the commitment to help establish the groundwork needed to improve people's workplace mental health.
- Employing an external mental health resource or developing mental health resources within your organisation. The Mental Health Network has an extensive list of guides to support organisations with investing in the mental health of their employees.²⁴
- Put in place training for staff to become mental health 'champions' who encourage positive mental health practices across the organisation.
- Put training in place for staff to become Mental Health First Aiders. MHFA England training can help people spot the signs and symptoms of common mental health issues, empower them with skills and confidence to support those in distress, and signpost them to further support measures when necessary.²⁵
- Developing ways to support your colleagues to fit healthy behaviours into their working from home day. Nuffield Health have a range of resources including support for employees to look after their physical health, diet and mental wellbeing.²⁶
- Develop ways to tackle isolation from colleagues. The daily social interaction of working in an office is harder to replicate with home working. However, developing ways to encourage regular communication between employees is key to helping maintain good workplace mental health. Resources such as Mind's open-access webinar on remote working²⁷ could be used to help advise line managers on how to encourage communication with their staff and set examples of healthy work/life balance habits.

All employees should have access to equipment and an assessment to support them with their physical health

Our results showed that experiencing musculoskeletal problems is a common side effect of working from home. Offices have equipment and setups that support people to work for extended periods sitting down at a desk, but the same equipment and support is not readily available for people working at home. Employers must already by law conduct a display screen equipment (DSE) workstation assessment, and this applies to office and permanent home workers equally.²⁸ Although the Health and Safety Executive (HSE) acknowledges that no DSE assessment is needed for those working at home 'temporarily', our finding that just 6% of home workers want a full time return to the office makes it clear that home workstations may be far from temporary for most.²⁹ And yet, only 29% of our respondents had received support on setting up workstations, and only 9% were given a remote health and safety assessment.

Although the amount of equipment an organisation can provide will vary depending on size and location of the workforce, we advise that as a minimum all organisations ask employees working from home what equipment they need, if they require additional support with their physical health, and provide a display screen equipment (DSE) assessment according to HSE guidance.³⁰ These would be provided as a matter of law to those who were already established home workers – employed contractually and permanently to work from home – and this should be repeated for all employees working in part or fully from home following the onset of the COVID-19 pandemic.

Some of the most effective ways to support employees' musculoskeletal health are some of the most cost effective.

These include:

- A home working health and safety induction when someone starts a new job, including making sure employers offer a display screen equipment (DSE) assessment for people who work from home. The assessment includes addressing the practicalities of how equipment is set up for home working and assessing work/life balance and lifestyle factors, for example how many people the employee lives with, childcare responsibilities and any disabilities. The Advisory, Conciliation and Arbitration Service (Acas) have guidance for how employers can carry out their legal obligations for employee health and safety whilst people are working from home during the pandemic.³¹
- Conducting an assessment of employees who are working from home to understand their equipment and support requirements. A questionnaire for HR or people management staff has been created by the Chartered Institute of Personnel and Development for this purpose.³²

- Providing staff who work from a laptop with a keyboard and mouse.
- Providing staff with guidance on how high their screen should be and how to create a laptop stand from household items.
- Providing staff with guidance and resources to maintain good physical health. Just under half of our survey respondents said they had done less exercise since working from home, as activities such as commuting or exercise which keep people moving are sometimes not as easily factored in when working from home. The Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)³³ has guidance for physical activity and home working, including advice for how often to move during a workday and how to factor in exercise to a workday.

As well as musculoskeletal health, one of the most reported health issues as a result of working from home was sleep quality. Just over one third of respondents said they had experienced disturbed or worse quality sleep since working from home during lockdown. Getting an adequate amount of sleep is essential for good health and wellbeing and we encourage employers to support employees with establishing good sleep patterns.

- Employers should recognise that the space people have available to work in can affect their health nearly half of people we surveyed who had been working from a sofa or bedroom had experienced sleep issues. Employees may not be aware that their environment could be impacting their health, so when appropriate we encourage employers to signpost their staff to resources about the importance of getting enough sleep and how this can impact your health and wellbeing.
- There are free resources available for employers to direct employees to that can support them in developing healthy sleep patterns. The Sleep Council³⁴ have sleep diaries, advice for dealing with stress and a calculator to find out how much sleep someone needs.



Developing a culture that encourages employees to separate their work and home life

Our survey revealed that one of the most widely reported negative impacts of working from home was the struggle to separate work and home life. Working in an office allows for physical separation from work at the end of the day that cannot always be recreated with home working and can make it hard to relax and leave any anxieties about work behind.

People we surveyed also reported not working regular hours or taking breaks when they work from home. This is likely to be aggravated by technology which lets employees communicate more easily through instant messenging, video conferencing and apps. Although these aid communication between colleagues, they are more difficult to switch off from than an office computer. We recommend that organisations create a culture that discourages employees from working more than their contracted hours and encourages them to switch off from work at the end of the workday and weekends. This will require ambitious thinking from employers, and plans will necessarily vary on a case-by-case basis, but there are certain minimum measures that should be undertaken, including:

- Allowing employees to easily switch off their work communications when they are finished for the day.
- Encouraging employees to block all work communication outside their work hours.

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