

Protecting the health of the working age population and their families as lockdown reduces

Public Health Scotland, COVID-19 Social Mitigation: Income, Social Security and Economy Workstream

This briefing has been prepared by a working group focused on the implications for public health in Scotland of COVID-19's impact on income, social security and the economy (see Appendix for membership).

The purpose of this briefing is to highlight the significance of government support in promoting public health in Scotland by protecting income and employment, and to identify potential actions to protect health as COVID-19 lockdown measures are eased and we move to an inevitably altered economy.

As Scotland begins to relax the lockdown measures that have been necessary to control the COVID-19 pandemic, this briefing highlights key risks that could affect health in the short and long-term if adequate income and employment support is not maintained.

We focus on three priorities:

- Preventing poverty;
- Supporting people to work in fair employment that protects and promotes good health;
- Creating an inclusive economy

Those who already had the least resources before the COVID-19 pandemic are at greatest risk of experiencing adverse economic and health consequences now. Key population groups who are likely to need ongoing economic support include low-income families, caregivers, young people at risk of long-term unemployment and people with disabilities. To deliver on Fairer Scotland and Child Poverty Duties, support will need to meet a minimum standard for healthy living, sustained throughout any period of economic disruption, and be tailored to meet individual needs.

Moving forward, designing an economy that is inclusive can improve the resilience of the wider population to the impact of future economic shocks.

We hope this paper helps inform government decisions on poverty and social justice, social security, fair work, employability and skills, to protect population health and reduce health inequalities, as we move through and out of lockdown and beyond.

Background

The UK and Scottish governments have implemented a range of employment and income measures to support the workforce to stay at home during the response phase of the COVID-19 pandemic. These measures include: Coronavirus Job Retention Scheme; Self Employed Income Support Scheme; Newly Self-Employed

Protecting the health of the working age population and their families as lockdown reduces

Hardship Fund and the Investing in Communities Fund. These are designed to provide financial assistance to the workforce either directly or through employers. A process of relaxation of lockdown measures is now starting incrementally in order to reduce the risk of a second wave of COVID-19 cases.

Employment and income are key social determinants of health,^{i ii} both in the short-term (mental health) and in the long-term (premature mortality). There is therefore a need to ensure employment and income support continues to be available to those who need it for as long as they need it, to minimise adverse impacts on people's future health.

The direct and indirect links between household income and children's health outcomes is well evidenced; often having lifelong consequencesⁱⁱⁱ. Having a secure and stable income positively impacts adult mental health and wellbeing, in particular reducing anxiety, stress and depression, with subsequent health benefits for children in the same household.

Employment has the potential to reduce the risk of premature mortality and morbidity. A 2011 systematic review concluded that becoming unemployed increased mortality rates by 63% compared to those in continuing employment^{iv}. However, not all jobs protect equally. Mortality rates for people in some low-skilled jobs (such as factory work or cleaning) are three times higher than those in professional and managerial work in the UK^v. The current COVID-19 pandemic appears to be increasing these inequalities^{vi}. Maintaining high quality jobs, not only employment itself, is therefore necessary to prevent inequalities widening further. Inequalities in income and employment are major drivers of Scotland's health inequalities^{vii viii}. There is a real risk that people who were already in precarious, low paid jobs or had poor health may be most affected by an economic downturn. This can be mitigated by ensuring that both a healthy standard of income^{ix} and Fair Work opportunities are made available to those who need them most.

Moving forward into the economic recovery phase, as lockdown measures are eased, there is a desire to "build back better". There is much encouragement to be taken from the policy intentions in Scotland prior to this pandemic. The [National Performance Framework](#) has defined success more broadly and holistically, with the current administration exploring how the budget can also reflect this broader conceptualisation of success through the Wellbeing Economy Governments ([WeGo](#)). Moving to an inclusive and wellbeing economic model should maximise the positive impact of employment and social security on health. This has the potential to address current labour market issues, such as insecure employment and in work poverty, and austerity, which have meant for some people, employment and the social security system have not protected health in the way that they should. A re-purposing of the economy would emphasise inclusion, environment sustainability and wellbeing, strengthened by economic measures that include the quality of jobs, standard of living, and health.

Protecting the health of the working age population and their families as lockdown reduces

The current approach

The Scottish Government has divided its approach to the economic challenges of COVID-19 into four phases: Response, Reset, Restart and Recovery. The response phase covers the immediate package of economic support to businesses and individuals affected by physical distancing measures; reset involves planning for a safe restart, sector by sector; and the restart and recovery phases are likely to be gradual, with the social and economic structures that emerge from recovery different from those before the epidemic^x.

What are we recommending?

To promote public health in Scotland, we recommend that investment and actions during the Response, Reset, Restart and Recovery continue to emphasise tackling poverty and inequalities. Actions to support businesses and protect jobs focus on protecting and improving health. This includes actions directed at protecting a healthy standard of household income as well as action to sustain businesses to provide Fair Work that is safe, secure and fairly rewards the workforce.

Policy responses, investment and interventions that impact income and employment as social determinants of health, will:

- **Prevent people entering or being left in poverty** because they are unable to work (due to unemployment, poor health, furlough, shielding, self-isolation, illness or care responsibilities).
- **Create an inclusive labour market strategy:** well-designed active labour market programmes can help protect mental and physical health by offering social support and financial stability^{xi}. When people participate in these programmes there should be an element of skills development to move more participants into good sustainable work. Evidence shows that programmes that include benefit sanctions^{xii}, conditionality^{xiii} and in-built delays^{xiv}, can damage the health of participants (through financial hardship, increasing housing difficulties, and psychosocial pressures^{xv}) and move the most disadvantaged further away from the labour market^{xvi} or into bad work^{xvii}, compounding health inequalities.
- **Create an inclusive economy:** one in which the institutions, governance and goals of the economy are designed to deliver fairness, transparency and accountability. Where there is equal access to opportunities, such as employment and owning businesses, and equitable distribution of the benefits of the economy.

Table 1 provides detail on the actions that, whilst addressing these priorities, also have the potential to tackle health inequalities. We have focussed mainly on Income

Protecting the health of the working age population and their families as lockdown reduces

and Labour Market actions and will produce a further paper on creating an inclusive economy in the coming months.

We recommend a focus on those most at-risk and with least resources: low income families with children; primary care givers (primarily women and lone parents); young people at risk of not entering or sustaining positive destination; disabled and long-term sick. Health inequalities are a consequence of the socio-economic disadvantages experienced by these population groups. Note that this is not an exhaustive list but illustrates key groups that should be considered. In Table 2 we summarise what is known about these particularly at-risk groups.

In all phases, our recommendations around public services are that they should be designed in a collaborative way with people who use the services; be delivered in a way that is sensitive to social and cultural differences; avoid creating barriers (e.g. price, transport, language, literacy, digital exclusion, stigma) that discourage people from using them; have a particular focus on the most disadvantaged and on young children and the early years; and provide specialist and targeted services for particular groups (e.g. looked after children and people who are homeless).^{xviii}

It will also be important to consider other characteristics (some protected under the Equality Act, others not) in planning interventions. For example, some minority ethnic groups have much poorer mental or physical health than the white Scottish population, while others have better health; some migrants and asylum seekers were at high risk of destitution (although the greatest number at risk of destitution were young, white men born in the UK); and while the health of the self-employed on average is similar to the employed population, the self-employed in routine and semi-routine occupations are likely to have poorer health than self-employed professionals, based on what we know from the existing evidence. It would be useful, therefore to conduct a health impact assessment on any new policy or interventions.

Protecting the health of the working age population and their families as lockdown reduces

Table 1: Possible actions to protect longer term health

Aim	Action	Health rationale	By Whom	Timescale
Preventing people entering or being left in poverty	Extend Job Retention Scheme and Self-Employed Income Support Scheme in devolved countries to match the timeline for safe return to work. Manage withdrawal from these schemes with temporary working wage top up scheme to protect income of the most vulnerable ensuring a minimum income standard.	Good work can reduce the risk of mortality, narrow health inequalities and protect mental health ^{xix xx} ^{xxi} .	UK Government	Response and Reset
	Ensure Newly Self-Employed Hardship Fund is adequately promoted to ensure self-employed do not return to work before it is safe to do so. Enable local flexibility and discretion over any unallocated resources to respond to local needs and circumstances	Mortality rates from COVID-19 higher among people working in elementary occupations, including those in construction, transport and social care ^{xxii}	Scottish Government	Response and Reset
	Increase the extent to which the Investing in Communities Fund provides low-income households with money to meet the costs of essentials such as food (especially carers, homeless people and asylum seekers and families with children)	Reducing child poverty is likely to improve health outcomes and narrow health inequalities (including infant mortality). ^{xxiii xxiv}	Scottish Government	Response and Reset
	Introduce an interim income supplement for families with children until the Scottish Child Payment can be implemented.		Scottish Government	Response and Reset

Protecting the health of the working age population and their families as lockdown reduces

Aim	Action	Health rationale	By Whom	Timescale
	Benefit Maximisation: enhance availability and access to advice to support benefit maximisation across entitlements from all parts of the social security system. This would include opt out methodologies where possible (e.g. qualifying for this benefit entitles you to others, will we put these in place?) This includes reinstating face to face advice options and advocacy support, whilst applying physical distancing measures.	Increasing benefit uptake likely to reduce mortality, hospitalisations and health inequalities ^{xxvxxvi}	DWP, Social Security Scotland and Local Government	Response, Reset, Restart and Recovery
	Ensure Universal Credit claimants' rights to safeguarding and easements continue and their right to appeal benefit decisions operate effectively and in a timely manner, with payments continuing until appeals are heard.	Conditionality and benefit sanctions associated with adverse physical and mental health outcomes, especially for the most disadvantaged. ^{xxvii xxviii xxix xxx}	DWP Social Security Scotland	Response, Reset, Restart and Recovery
	Ensure actions to mitigate the health impact of low income, including community resilience funds (targeted at those most in need and the services that support them), remain in place to ensure continued support including: rent holidays/eviction stays, protected energy supply, money for food, fuel, affordable lending and local community support.	Adequate social protection could offset adverse impact of food insecurity. ^{xxxi} Alleviating debt could protect against worsening mental health. ^{xxxii}	UK Government Scottish Government Local Government	Response, Reset, Restart and Recovery
	Review rate of Universal Credit and increase in line with Minimum Income Standard	Increasing the value of means-tested benefits	UK Government	Restart and Recovery

Protecting the health of the working age population and their families as lockdown reduces

Aim	Action	Health rationale	By Whom	Timescale
		likely to reduce mortality, hospitalisations and health inequalities ^{xxxiii}		
	Review Minimum Wage and increase to align with achieving Minimum Income Standard	Mandatory payment of the Real Living Wage likely to reduce mortality, hospitalisations and health inequalities ^{xxxiv} Minimum Income Standard to achieve a healthy standard of living would improve this even further.	UK Government	Restart and Recovery
Labour Market Strategy	<p>Deliver on commitment to increase childcare and early year's provision to:</p> <ul style="list-style-type: none"> • Increase more flexible and accessible provision • Ensure availability of high quality childcare and early years provision to support continuity of employment for parents; • Continue to expand and positively target job opportunities in this sector for at-risk groups; • Support families (and women, in particular) to access employment 	Early year's childcare can contribute to reduced child poverty and reducing stress and anxiety among low-income families.	Scottish Government and Local Government	Reset, Restart and Recover

Protecting the health of the working age population and their families as lockdown reduces

Aim	Action	Health rationale	By Whom	Timescale
	Support creating more Fair Work employment opportunities to meet the needs of the at-risk groups to drive forward a more diverse, inclusive and responsive approach to public sector employment and workforce development	Good work can reduce the risk of mortality, narrow health inequalities and protect mental health ^{xxxv} ^{xxxvi xxxvii}	Local Anchor Institutions	Restart and Recover
	Achieving Minimum Income Standard for Households should be a performance measure for employability provision to ensure employment outcomes that protect and promote health.	Poor quality work is as bad for mental health as being unemployed ^{xxxviii} Well-designed active labour market programmes have the potential to improve mental health and wellbeing ^{xxxix}	Scottish Government UK Government (DWP) Local Government	Restart and Recover
	Ensure financial parity in EMAs, bursaries and Training Allowances for young people. Promote Fair Work for young people in Scotland through modern apprenticeships, recruitment incentives and wage subsidy programmes.	Sustainable job provision is likely to reduce premature mortality and reduce health inequalities ^{xl}	Scottish Government, Local Government, Public Bodies and Employers	Response, Reset, Restart and Recover
	Create a Scotland wide programme providing Intermediate, Transitional and Supported Jobs in public and third sector which include skills training and the Living Wage supporting at risk groups into employment gaining skills and experience required by the changing labour market		Scottish, UK and Local Government	

Protecting the health of the working age population and their families as lockdown reduces

Aim	Action	Health rationale	By Whom	Timescale
Inclusive Economy*	Develop the contribution of the Anchor Institutions in creating a more inclusive local economy through: <ul style="list-style-type: none"> Developing a more inclusive and diverse approach to recruitment and workforce development; Access to workplace onsite childcare; Expanding and developing innovative policy and practice around procurement to increase local economic impacts including reviewing the scope for reserved contracts and supported businesses Developing a local job matching service to recruit individuals from at risk sectors into jobs and vacancies under pressure and/or hard to fill such as social care ensuring appropriate transitional skills training and flexibility to meet health and care needs 	Lack of flexible** vacancies (and flexible childcare) that would most benefit parents in low income households and people with disabilities. The majority of working-age adults not in work have caring responsibilities and/or health problems.	Local Health Boards Local Authorities Third Sector Community Planning Partnerships	Response, Reset, Restart and Recover
	Explore the scope and potential to re-purpose and re-assess the City/Growth Deal Investment/Projects to build back better to achieve a more inclusive economy (currently focussed on inclusive growth) prioritising sustainability, resilience and wellbeing		UK Government Scottish Government City Deal Regional Partnerships	Response, Reset, Restart and Recover

* This draws on existing work and a paper with more details on forming an inclusive economy is forthcoming

** Flexible as defined by Stewart and Bivand (2016): with an hourly pay rate which would allow parents to reach a Minimum Income Standard and offer at least one of the following characteristics: the possibility of a reduced hours contract; a different pattern of work such as flexitime or shifts (provided the arrangement is intended to offer choice and a better work–life balance, rather than

Protecting the health of the working age population and their families as lockdown reduces

being restrictive or necessitating unsociable hours); the ability to work from home for some or all of the working week; an openness to discussion about flexibility on either hours or location.

Protecting the health of the working age population and their families as lockdown reduces

Table 2: Priority groups within the working-age population by age, disability, gender and socio-economic status

	Group	Scale	Risks
Age	Young adults not in Education, Employment or Training	This includes: school-leavers whose expected destination was employment or unemployment (16,000); further education leavers (7,500-16,000); young adults who are working in at risk sectors (27,218 – 69,790) and unemployed young adults (number) before the crisis.	Youth unemployment increases the risk of unemployment and reduced income and poorer mental health later in life . Unemployment is associated with increased risk of mortality and mental health problems (see above). Single young men under the age of 35 make up the majority of those at risk of destitution in the UK.
	Older working-age adults (age 50+)	Adults aged 50-64 years in the most deprived half of the population: this amounted to 530,000 people in 2018.	We believe this is a gap in current priorities. Health starts to deteriorate before state pension age. In 2015-17, Healthy life expectancy in Scotland was 62 years for men and 63 years for women on average, falling to <50 years in the most deprived decile. Healthy Life Expectancy in the most deprived half of the population is less than 65 years.
Disability	Working-age adults with disabilities and long-term health conditions	An estimated 319,000 - 423,000 working-age adults with a work-limiting disability were financially vulnerable before the crisis.	Working-age adults with a disability are three times as likely to have a common mental health problem and half as likely to be good or very good health, compared to those with no disability (Source: Scottish Health Survey 2015-18).

Protecting the health of the working age population and their families as lockdown reduces

	Group	Scale	Risks
Socio-economic disadvantage	Low-income families with children	<p>In 2018/19, there were 230,000 children in relative poverty in Scotland, including 160,000 in working families.</p> <p>Of the 144,000 lone parent families with dependent children in Scotland, an estimated 99,000 - 108,000 lone parent families were at risk before the crisis.</p>	<p>Child poverty is associated with poorer social, educational and health outcomes, both during childhood and throughout the life course.</p> <p>Lone parents are especially at risk based on their financial vulnerability and sectors of employment. Almost one in four have a common mental health problem and just two-thirds are in good/very good health, compared to 13% and 82% (Source: Scottish Health Survey 2015-18).</p>
Gender	Low-income women		<p>Women in low-income households are particularly at risk, due to their lower earnings from employment, their greater concentration in sectors affected by reduced demand, and the general trend that in a majority of cases women take on the brunt of caring responsibilities (which will also constrain their earnings).</p> <p>The loss of formal and informal childcare has increased the demands on women while reducing their capacity to earn.</p> <p>Having children in childcare is associated with reduced stress and anxiety, especially for low-income mothers. Losing this is likely to be</p>

Protecting the health of the working age population and their families as lockdown reduces

	Group	Scale	Risks
			damaging to their mental health, through reduced control .

Protecting the health of the working age population and their families as lockdown reduces

Appendix 1

COVID-19 Social Mitigation

Donna Burnett, Public Health Scotland

Vittal Katikireddi, University of Glasgow

Theocharis Kromydas, University of Glasgow

Deborah Shipton, Public Health Scotland

Martin Taulbut, Public Health Scotland

Pamela Smith, Improvement Service

Robert McGregor, CoSLA

Mhairi Paterson, North Ayrshire Council

Rachel Thomson, NHS Ayrshire and Arran/University of Glasgow

Jo-Anne Valentine, NHS Fife

Lynda Thomson, NHS Highland

Val McNeice, Glasgow City Council/GCPH

Peter Craig, University of Glasgow

Sharon Currie, Public Health Scotland

Robert Atkinson, Public Health Scotland

Protecting the health of the working age population and their families as lockdown reduces

-
- ⁱ Public Health Scotland, 2020.
- ⁱⁱ Health Equity in England: the Marmot Review 10 Years on, 2020.
- ⁱⁱⁱ <http://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty>
- ^{iv} Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: a systematic review and meta-analysis of unemployment and all-cause mortality. *Soc Sci Med*. 2011 Mar;72(6):840-54.
- ^v Katikireddi, S.V., Leyland, A.H., McKee, M., Ralston, K., and Stuckler, D. Patterns of mortality by occupation in the UK, 1991–2011: a comparative analysis of linked census and mortality records. *The Lancet Public Health* 2017.
- ^{vi} ONS. [Coronavirus \(COVID-19\) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020](#).
- ^{vii} Taulbut M, McCartney G. [Health outcomes and determinants by occupation and industry in Scotland, 2008–2011](#). NHS Health Scotland, 2016.
- ^{viii} Timpson A. [What the quality of work means for our health](#). The Health Foundation, 2020.
- ^{ix} Marmot Review: Fair Society, Healthy Lives, 2010
- ^x [Coronavirus \(COVID-19\) update: Economy Secretary's statement 21 April 2020](#).
- ^{xi} Coutts A. [Active labour market programmes, health and wellbeing: what works and why?](#)
- ^{xii} Written evidence from NHS Health Scotland (ANC0045) to the Work and Pensions Committee Benefits Sanctions Inquiry. Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/work-and-pensions-committee/benefit-sanctions/written/83439.html>
- ^{xiii} Katikireddi SV, Molaodi OR, Gibson M, Dundas R, Craig P. Effects of restrictions to Income Support on health of lone mothers in the UK: a natural experiment study *Lancet Public Health* 2018; **3**(7): e333-40.
- ^{xiv} Wickham S, Bentley L, Rose T, Whitehead M, Taylor-Robinson D, Barr B. Effects on mental health of a UK welfare reform, Universal Credit: a longitudinal controlled study. *Lancet Public Health* 2020; **5**(3): 157-64.
- ^{xv} McManus S. et al. Mental health in context: the national study of work-search and wellbeing. Department for Work and Pensions Research Report No 810. DWP: Sheffield; 2012.
- ^{xvi} Geiger BB. Benefits conditionality for disabled people: stylised facts from a review of international evidence and practice. *Journal of Poverty and Social Justice* 2017, **25**(2): 107-128(22)
- ^{xvii} Chandola T, Zhang N. Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. *Int J Epidemiol*. 2018 Feb 1;47(1):47-57. doi: 10.1093/ije/dyx150.
- ^{xviii} NHS Health Scotland. [Health inequalities. What are they? How do we reduce them?](#) Edinburgh, NHS Health Scotland, 2016.

Protecting the health of the working age population and their families as lockdown reduces

- ^{xix} Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: a systematic review and meta-analysis of unemployment and all-cause mortality. *Soc Sci Med*. 2011 Mar;72(6):840-54.
- ^{xx} Katikireddi, S.V., Leyland, A.H., McKee, M., Ralston, K., and Stuckler, D. Patterns of mortality by occupation in the UK, 1991–2011: a comparative analysis of linked census and mortality records. *The Lancet Public Health* 2017
- ^{xxi} NHS Health Scotland. *Good work for all*. Edinburgh, NHS Health Scotland, 2015.
- ^{xxii} ONS. *Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020*.
- ^{xxiii} <http://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty>
- ^{xxiv} Taylor-Robinson D, Lai ETC, Wickham S, et al. Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis *BMJ Open* 2019;9:e029424. doi: 10.1136/bmjopen-2019-029424 <https://bmjopen.bmj.com/content/9/10/e029424>
- ^{xxv} <http://www.healthscotland.scot/media/2521/supplementary-information.pdf>
- ^{xxvi} Richardson E, Fenton L, Parkinson J, Pulford A, Taulbut M, McCartney G, Robinson M. *The impact of income-based policies on population health and health inequalities in Scotland: a modelling study*. *Lancet Pub Health* 2020; 5: e150-6.
- ^{xxvii} Wickham S, Bentley L, Rose T, Whitehead M, Taylor-Robinson D, Barr B. Effects on mental health of a UK welfare reform, Universal Credit: a longitudinal controlled study. *Lancet Public Health* 2020; 5(3): 157-64.
- ^{xxviii} Katikireddi SV, Molaodi OR, Gibson M, Dundas R, Craig P. Effects of restrictions to Income Support on health of lone mothers in the UK: a natural experiment study *Lancet Public Health* 2018; 3(7): e333-40.
- ^{xxix} House of Commons Work and Pensions Committee. PIP and ESA Assessments Seventh Report of Session 2017–19, HC 829. 2018.
- ^{xxx} Barr et al. 'First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study. *J Epidemiol Community Health*. 2016 Apr;70(4):339-45. doi: 10.1136/jech-2015-206209. Epub 2015 Nov 16.
- ^{xxxi} Loopstra R, Reeves A, McKee, Stuckler D. Food insecurity and social protection in Europe: Quasi-natural experiment of Europe's great recessions 2004–2012. *Preventive Medicine*, Volume 89, August 2016, Pages 44-50.
- ^{xxxii} Fitch C, Hamilton S, Bassett P, Davey R, *The relationship between personal debt and mental health: a systematic review*, *Mental Health Review Journal*, Vol. 16 Issue: 4, pp.153-166.
- ^{xxxiii} <http://www.healthscotland.scot/media/2521/supplementary-information.pdf>
- ^{xxxiv} <http://www.healthscotland.scot/media/2521/supplementary-information.pdf>
- ^{xxxv} Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: a systematic review and meta-analysis of unemployment and all-cause mortality. *Soc Sci Med*. 2011 Mar;72(6):840-54.
- ^{xxxvi} Katikireddi, S.V., Leyland, A.H., McKee, M., Ralston, K., and Stuckler, D. Patterns of mortality by occupation in the UK, 1991–2011: a comparative analysis of linked census and mortality records. *The Lancet Public Health* 2017.
- ^{xxxvii} <http://www.healthscotland.scot/publications/good-work-for-all>

Protecting the health of the working age population and their families as lockdown reduces

^{xxxviii} Chandola T, Zhang N. Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. *Int J Epidemiol.* 2018 Feb 1;47(1):47-57. doi: 10.1093/ije/dyx150.

^{xxxix} Coutts A. [Active labour market programmes, health and wellbeing: what works and why?](#)

^{xl} Pulford A, Richardson E, Agbato D, et al. [Informing Interventions to reduce health Inequalities \(Triple I\): National overview report.](#) 2019.