

Learning from Lockdown:

Employment and Social Isolation in Lambeth



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EXECUTIVE SUMMARY

Social isolation and loneliness are known to be strongly associated with a variety of health harms including a higher risk of heart disease and stroke and less likelihood of recovery from long term conditions (Holt-Lunstad et al., 2010). The national strategy on loneliness has largely concentrated on the elderly (Department for Digital, Culture, Media and Sport, 2018) but there is increasing evidence that the impacts of lockdown, including the closure of schools and changes in further and higher education, have led to younger people being most affected by social isolation and loneliness (BU et al., 2020). Some of the strongest risk factors that are now associated with social isolation and loneliness during the pandemic include being young, living alone, on low incomes, out of work and having a mental health condition (What Works Wellbeing, 2020).

While there is some research on how social isolation and loneliness at work can lead to higher rates of sickness and absence and reduced productivity (New Economics Foundation, 2017), there has been much less attention on how social isolation and loneliness impacts on employment and skills (Rözera, et al., 2020). This report, which was commissioned by the Neighbourhood and Wellbeing Delivery Alliance, provides qualitative evidence from a range of local stakeholders across Lambeth on how social isolation and loneliness are impacting on health and its wider determinants, in particular employment and skills support services. It is intended to inform a strategic approach on how social isolation and loneliness can be better addressed and also form part of local anchor organisations' contribution to improving health outcomes for disadvantaged groups by supporting employment and skills.

The report sets out the findings from thematic analysis of the stakeholder interviews, which consisted of 20 participants representing health care providers and commissioners, local government and the community and voluntary sector agencies in Lambeth. The feedback from stakeholders is explored in the context of the local approach and initiatives for addressing social isolation and loneliness and the wider strategy for skills, employment and recovery from the pandemic. The latter is especially important as the last eighteen months have shown us all how challenging it can be when you are socially isolated and lonely. For stakeholders, there is broad consensus that social isolation and loneliness is affecting more people in Lambeth because of the pandemic and that it is important to address this within the context of the wider determinants of health where good employment plays a central role.

Summary of key findings

The key findings cover four areas:

1. The impact on employment and skills
2. The need for lived experience evidence and co-production
3. The role of anchor institutions and social value impact
4. Strategic alignment

The impact of social isolation and loneliness on employment and skills

Stakeholders identify social isolation and loneliness as a barrier to finding employment and that this is becoming more acute due to the impact of the pandemic. There are two main ways that this is perceived to be occurring: firstly, lack of confidence and the loss of soft skills that are leaving people less ready for work and secondly, through communication and digital exclusion.

Service responses, both in terms of those directed at supporting people who are isolated and lonely, and employment and skills support services were viewed by stakeholders as being over reliant on signposting, which has implications for initiatives such as social prescribing. Lastly, stakeholders thought that social isolation and loneliness at work needed to be considered in the context of seeking employment and skills, in particular, through the lens of equality, inclusion and widening participation.

Work readiness

Stakeholders report that there are increasing numbers of people experiencing heightened social anxiety with a subsequent loss of confidence in engaging with employment and skills opportunities. For some people this is associated with mental health problems, which can be exacerbated by being socially isolated and lonely. The ensuing loss of social confidence and rising levels of anxiety is thought by stakeholders to be leaving more people, including younger adults, less able to feel positive about employment opportunities and/or their skills and fearful of participating in job support schemes such as work placements and apprenticeships.

Social isolation and loneliness are also seen to be factors that inhibit people's ability to learn and practice soft skills, such as social interaction, flexibility and problem solving. Stakeholders also comment that it is soft skills that employers increasingly seek and value and that this features more strongly in job specifications. Taken together, the loss of personal confidence and lack of ability to demonstrate soft skills are making more people less ready for employment.

Communication and digital exclusion

Stakeholders report that as people become more socially isolated, they are less likely to hear about employment opportunities through informal peer communications and word of mouth. For people in Lambeth this was thought to be significant, especially those in lower paid employment and for certain industries such as construction, leisure and hospitality and retail. Stakeholders also expressed concerns about ways in which media communications about the negative employment impacts from the pandemic was adding to a sense of hopelessness and leaving people feeling more isolated.

Digital innovations that have taken place during the pandemic are valued, but stakeholders were conscious of those who were less digitally active either through poor digital literacy or lack of access to equipment and affordable connectivity.

This was also seen to be having an impact on employment and skills as more job seeking and training is being provided through digital platforms.

The absence of face-to-face contacts from mental health support services and employment and skills support services was thought by stakeholders to have been harder for those who were already isolated and lonely.

Signposting and social prescribing

Stakeholders report that there has been an increase in signposting services in Lambeth, but these are thought to primarily benefit those who are socially confident. There are concerns that for those who are socially isolated and lonely being passed from one service to another can increase their sense of being socially isolated. This was thought to be important for social prescribing services, with stakeholders suggesting that when dealing with less socially confident people, there is a need to walk them through entry and engagement with services such as for employment support, rather than just signposting.

Some concerns were also expressed about the way in which statutory support services, such as those for mental health had raised their entry thresholds so that only people with serious mental illness had access. This was viewed as having an impact for those who were socially isolated and lonely with associated common mental health problems that could become worse due to their isolation and lack of appropriate service access. The concern is that if people's mental health deteriorates then they can become more isolated and lonely and be less likely to engage with employment and skills.

In work experience

Feeling isolated or lonely at work was seen by stakeholders to be the other side of the coin to those seeking employment and that the two cannot be treated separately. For example, social isolation at work is sometimes viewed as being associated with the experience of discrimination, racism and lack of inclusion and if an employer is perceived to be poor in these areas and to lack diversity and inclusion then people are less likely to see it as an attractive place to work.

Changes in the workplace due to the pandemic such as home working and the reliance on digital communications are also viewed by stakeholders as having an impact on social isolation and loneliness at work. Stakeholders thought that there needed to be greater consideration of how these new ways of working impact on staff wellbeing and how to respond to this.

For the NHS, there is a strong programme of widening participation in employment in health and care careers across Lambeth NHS Trusts. Stakeholders thought that this provided a good opportunity to consider the impact of social isolation and loneliness on employment and how current programmes to address equality, discrimination, inclusion and widening participation could support this.

The need for lived experience evidence and co-production

Stakeholders were asked to consider the way in which the associations between social isolation, loneliness and employment are relatively undeveloped in research. While this lack of focus was recognised, stakeholders held some strong views about how it should be addressed, most importantly, that any further development should be done from the perspective of lived experience through a robust model of co-production. Stakeholders cited local evidence from Lambeth that demonstrated the value of this approach, for example the Lambeth Young Black Men's Project and the methods used for producing *An Equitable Recovery from Covid-19: Insights from Lambeth*. For stakeholders, the groups that are most affected locally and are considered a priority include: young people with special educational needs; older people who are not able or ready to retire; students; veterans and the Black, Asian and Hispanic communities on the basis that they are already challenged in the employment and skills market.

Some stakeholders expressed concern that assumptions should not be made, in the absence of lived experience evidence, about how social isolation and loneliness was impacting different community groups. Stakeholders suggested that any development of lived experience and co-production work to address social isolation and loneliness should build on what works locally. It ought to include an appropriate governance mechanism that can redress the power imbalances that exist for community members and ensure that there are sufficient resources to adequately remunerate community members who will contribute their lived experience as peer researchers.

The role of anchor institutions and social value impact

There is an increasing focus on the role of anchor institutions in supporting health and economic recovery in Lambeth and nationally. The recently formed South East London NHS Anchors Network is exploring the potential benefit of a local approach to anchor development for NHS organisations. Amongst the key issues that are being explored is the definition of what constitutes an anchor and how best to understand social value in this context. For an area like Lambeth the role of anchors is different to other areas in the UK as it has a rich mixture of local anchors such as three NHS Teaching Trusts, the local council, a range of highly regarded universities, colleges and schools. It is also home to a number of national anchor organisations such as the Department of Health and Social Care, Public Health England, the Old Vic, London Philharmonic Orchestra, the National Theatre and the Imperial War Museum.

Stakeholders recognised the potential value of anchors in supporting the health and economic wellbeing of Lambeth, this was viewed as most significant in terms of procurement and employment. When considering the role of anchors in the context of social isolation and loneliness stakeholders identified two areas of intervention that could be strengthened:

1. **Supporting the wellbeing of the current workforce** through development of policies to support staff working from home, ensuring that reliance on digital communications did not leave staff isolated and providing protections against the unintended impact of compulsory vaccinations at work and ways in which this might lead to some staff feeling isolated.
2. **Strengthening pipelines for the future workforce** through greater collaboration such as between human resources and public health and between health services and those providing employment support such as DWP. Other examples included providing incentives for local social enterprise development, lending facilities, land and access to buildings and maximising opportunities for volunteers to translate their experience into competencies that can support learning pathways and career development.

Strategic alignment

Social isolation and loneliness are viewed by stakeholders as being amongst the most significant features of the pandemic, which needs greater consideration for recovery from the perspectives of both health and wellbeing and economic recovery. However, there is a perceived risk that strategy to address this could be dissipated across a variety of different organisations and services.

Stakeholders thought there was a potential disconnect between the health focus on social isolation and loneliness and the links with employment and skills. For example, stakeholders that are directly involved in employment support and skills did not feel that social isolation and loneliness featured as a strategic priority.

Some stakeholders also thought that there was some duplication of effort and that where services are focusing on one aspect of employment support or a particular group who are socially isolated and lonely there could be greater efforts in joining different approaches together. One example that was cited included the use of community connectors to link people with leisure and sports activities and how attempts to increase employment and skills in these areas could work with community connectors.

Stakeholders thought that social isolation and loneliness was more than a health issue and that there could be greater alignment of local anchor actions across health and the economy to better support those groups and communities where this was thought to be a problem. However, further strategic development in this direction should be done based on robust, local lived experience that is led by the communities that are affected and supported through anchor engagement and commitment.

Recommendations

The recommendations are based on the evidence from stakeholders and seek to address the critical thematic issues that they have identified. In the first instance these are for consideration by the Neighbourhood Wellbeing Delivery Alliance and Lambeth Together.

Recommendation 1: Strengthen the local lived experience evidence base

- Identify a local community group who has reach into one of the priority groups identified by stakeholders and who can lead a programme of lived experience and co-production to develop the local evidence base.
- Secure an appropriate level of funding for the above that ensures there is capacity to fulfil the programme aims and that the benefits will be realised over the longer term.
- Establish a governance structure to have oversight of the programme with a lead anchor organisation such as an NHS Trust or the local authority and participation from local employment support and skills providers.

Recommendation 2: Anchor strategy and development

- Use the potential of the South East London NHS Anchors Network to contextualise the translation of anchor roles and contributions at a neighbourhood level, using social isolation, loneliness and employment as the lens.
- Through the NWDA members convene a workshop to explore the findings from this report and how individual anchor organisations can strengthen their support and interventions for increasing employment amongst those who are socially isolated and lonely.
- Establish a mechanism for translating the feedback from the lived experience programme on what local people expect from anchors into defining and shaping anchor contributions at neighbourhood levels. This learning can be used to inform the corporate social responsibility policies of industry anchors and leveraging more focused approaches to the Social Value Act amongst statutory anchors.

Recommendation 3: Organisational and system learning – widening participation

- Work with the equality leads and directorate managers across the NHS providers to design a pilot learning programme for social isolation and loneliness that encompasses recruitment of those groups:
 - furthest away from employment as a result of being socially isolated
 - existing staff who are socially isolated and lonely at work
- Establish evaluation metrics for identifying and measuring social isolation and loneliness that can inform the South East London ICS's programme of work to reduce health inequalities.

Summary of key findings and evidence

Recommendation 1: Strengthen the local lived experience evidence base

Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
Identify a local community group who have reach into one of the priority groups identified by stakeholders and who can lead a programme of lived experience and co-production to develop the local evidence base.	<p>There is a lack of lived experience evidence on the links between social isolation, loneliness and employment.</p> <p>Priority groups affected are thought to be: Young people; Black, Asian and Minority Ethnic communities; ESOL learners; Disabled people; Older workers/adult learners and veterans.</p>	<p>Research base is underdeveloped – there is some work on social networking impacts of unemployment (Rözera, et al., 2020; Peterie et al., 2019).</p> <p>Local research calls for more lived experience evidence on key issues to support mental health of the Black community (South London and Maudsley NHS Foundation Trust and Black Thrive, 2020)</p>	Led from within NWDA as part of Lambeth Together	<p>Social isolation and loneliness strategy - Improving demographic and priority group identification and monitoring to support targeting of interventions</p> <p>Skills and employment strategy – create evidence on what works in terms of supporting our most marginalised communities such as Black residents</p>
Secure an appropriate level of funding for the above that ensures there is capacity to fulfil the programme aims and that the benefits will be realised over the longer term.	<p>Stakeholders warn against danger of ad hoc, time limited initiatives</p> <p>Peer researchers need to be adequately compensated for their time and expertise</p>	The Social Innovation Partnership (2020)	Could be a partnership funding approach with local and national anchors	<p>Social isolation and loneliness strategy - Allocating dedicated resources to meet identified needs over the long term</p> <p>Skills and employment strategy - Co-ordinate our policy and procurement levers to create opportunities for local businesses and quality jobs for local residents.</p>
Establish a governance structure to have oversight of the programme with a lead anchor organisation such as an NHS Trust or the local authority and participation from local employment support and skills providers.	<p>Stakeholders expressed concern that local community groups need to be empowered to participate on equal terms</p> <p>Anchor roles need to be defined on the context of social isolation, loneliness and employment support</p>	South London and Maudsley NHS Foundation Trust and Black Thrive (2020)	NHS Trusts, Lambeth Council, Community Agency; Integrated Care Partnership	<p>Social isolation and loneliness strategy - Strengthening partnership working, in particular between statutory services and the community and voluntary sector across the life course</p> <p>Skills and employment strategy - Embed a partnership approach to the understanding and delivery of skills and employment provision in Lambeth</p>

Recommendation Two: Anchor strategy				
Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
Use the potential of the South East London NHS Anchors Network to contextualise the translation of anchor roles and contributions at a neighbourhood level, using social isolation, loneliness and employment as the lens.	<p>The Lambeth anchor economy is different to other parts of the country with a mixture of national and local anchors.</p> <p>There is a lack of clarity on what constitutes an anchor and how front-line roles understand anchor responsibilities.</p>	<p>South East London Population Health and Equality Executive (2021)</p> <p>UK Commission for employment and skills (2015)</p>	<p>NWDA contribution to SE London NHS Anchors Network</p> <p>NHS Trusts</p> <p>Lambeth Council</p>	<p>Social isolation and loneliness strategy - Strengthening partnership working, in particular between statutory services and the community and voluntary sector across the life course</p> <p>Skills and employment strategy - Embed a partnership approach to the understanding and delivery of skills and employment provision in Lambeth</p>
Through the NWDA members convene a workshop to explore the findings from this report and how individual anchor organisations can strengthen their support and interventions for increasing employment amongst those who are socially isolated and lonely.	<p>Need to focus employment and skills support on work readiness – increasing social confidence and soft skills</p> <p>Digital exclusion and ways in which services reach out to those who are socially isolated</p>	<p>Bentley et al. (2016); Total jobs survey (2020); Ford et al. (2011); Clarke (2016)</p> <p>Age UK (2018); Lloyds CDI (2020)</p>	<p>NWDA with participation across lead agencies for social isolation and loneliness and employment and skills support.</p>	<p>Social isolation and loneliness strategy - Enabling wider inclusion and participation in particular thinking about digital inclusion and the wider socioeconomic impacts</p> <p>Skills and employment strategy - Enable our residents to be more resilient and unlock their potential through upskilling, reskilling, training provision and apprenticeships</p>
Establish a mechanism for translating the feedback from the lived experience programme on what local people expect from anchors into defining and shaping anchor contributions at neighbourhood levels. This learning can be used to inform the corporate social responsibility policies of industry anchors and leveraging more focused approaches to the Social Value Act amongst statutory anchors.	<p>People in work are increasingly feeling socially isolated and lonely – anchor responses need to address changes in working practices from the pandemic e.g. working from home and digital reliance</p> <p>Anchor programmes need to go beyond procurement and employment and think about in work inclusion, discrimination and widening participation.</p>	<p>Firoz et al. (2021)</p> <p>The Social Innovation Partnership (2020)</p> <p>CLES (2017)</p>	<p>NWDA working with existing programmes for social isolation and loneliness and building in lived experience co-production programme</p>	<p>Social isolation and loneliness strategy - Reinforcing the strategic approach so that addressing social isolation and loneliness is part of broader cross sector programmes</p> <p>Skills and employment strategy - Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future</p>

Recommendation Three: Organisational and system learning – widening participation

Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
Work with the equality leads and directorate managers across the NHS providers to design a pilot learning programme for social isolation and loneliness that encompasses recruitment of those groups furthest away from employment as a result of being socially isolated and wellbeing of existing staff who are socially isolated and lonely at work.	<p>The view of stakeholders is that in work experience, especially wellbeing at work is fundamental not only to current productivity but also to attracting the workforce of the future.</p> <p>Stakeholders suggested that anchor employers could be more innovative in their approaches to developing pipelines for the future workforce, for example, by targeting groups that are more socially isolated and thus further away from employment and skills.</p>	<p>NHS WRES Reports</p> <p>NHS People Plan</p> <p>NHS Long Term Plan</p>	<p>Guys and St Thomas' NHS Foundation Trust; South London and Maudsley NHS Foundation Trust and Kings College NHS Foundation Trust.</p> <p>SE London ICS</p>	<p>Social isolation and loneliness strategy - Enabling wider inclusion and participation in particular thinking about digital inclusion and the wider socioeconomic impacts</p> <p>Social isolation and loneliness strategy - Reinforcing the strategic approach so that addressing social isolation and loneliness is part of broader cross sector programmes</p> <p>Skills and employment strategy - Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future</p>
Establish evaluation metrics for identifying and measuring social isolation and loneliness that can inform the South East London ICS's programme of work to reduce health inequalities.	There is a need to better understand the experiences of staff who have been or continue to be shielding and the heightened social anxiety they may have over the return to workplace settings. This includes understanding about how current isolation from colleagues has impacted on feelings of social isolation and loneliness.	South East London Population Health and Equality Executive (202	SE London ICS	<p>Social isolation and loneliness strategy - Incorporating interventions so that impacts reach beyond traditional health interventions into the wider social determinants of health and wellbeing</p> <p>Skills and employment strategy – create evidence on what works in terms of supporting our most marginalised communities such as Black residents</p>

1. INTRODUCTION

The health harms associated with social isolation and loneliness have been known for many years, but the focus has largely been on the elderly and those with long term conditions. The Covid-19 pandemic has led to greater awareness of the impact of social isolation and loneliness on other groups, in particular young people. There is also growing recognition of the ways in which social isolation and loneliness can be a barrier to finding employment and how the changing nature of working practices is leading to more employees feeling isolated and lonely.

This report, which was commissioned by the Neighbourhood Wellbeing Delivery Alliance (NWDA) as part of Lambeth Together, provides the strategic mapping for stage one of a wider programme of work that will reduce the health and social harms associated with unemployment and being socially isolated and lonely. The specific objectives were:

- Understand from stakeholder perspectives how social isolation and loneliness is impacting on health and its wider determinants in particular employment and skills support services.
- Identify which local community groups are most affected and how stakeholders think their lived experience can be used to inform improvements in support services.
- Define the ways in which Health & Care organisations (some of which are not anchor institutions) can respond to social isolation, loneliness and employment.

The strategic context for this work is critical as it encompasses both health and economic recovery from the pandemic. So, although the impetus for this programme came from the NWDA and Lambeth's Loneliness and Social Isolation Strategy for 2020 – 2023, it is equally important for Lambeth's Skills and Employment Strategy 2020 – 2023.

1.1 Methods

In total there have been 20 interviews with a range of stakeholders from across NHS health care providers and commissioners, local government and the community and voluntary sector. Agencies and partnerships represented include:

- North Lambeth Primary Care Network
- Neighbourhood Wellbeing Delivery Alliance Leadership Group
- South London and Maudsley NHS Foundation Trust
- Living Well Mental Health Network Alliance
- Guys and St Thomas' NHS Foundation Trust
- South East London Integrated Care System
- Lambeth London Borough Council
- Lambeth Employment and Skills Board
- Lambeth Made Employment, Skills and Education
- Children and Young Peoples Delivery Alliance
- Department of Work and Pensions

- Hyde Foundation
- Walcott Foundation
- Black Thrive
- Impact Brixton
- Lambeth College
- Age UK Lambeth
- LDN Apprenticeships
- Health Education England

Thematic analysis (Braun and Clark 2006) was used to identify a range of perspectives and issues of concern about social isolation, loneliness, and employment in Lambeth.

The mapping is informed by a review of the evidence base including relevant strategy documents, surveys and reports alongside feedback from the 20 local stakeholders.

The interviews were conducted on a confidential basis and no individuals have been identified. Where quotations are used in the report these are done to represent common themes from several stakeholders.

The report concludes with recommendations for the next steps focusing on the need to build the lived experience evidence base and developing local anchor strategy and organisational responses to addressing social isolation, loneliness and employment.

1.2 Why social isolation and loneliness matters

Social isolation and loneliness have long been associated with a variety of health harms, for example:

- has proved to be as damaging as smoking 15 cigarettes a day (Holt-Lunstad et al., 2010).
- is associated with a 50% decrease in survival from serious health conditions such as coronary heart disease (Williams et al., 1992) and this has been likened to the risks arising from stress and anxiety at work (Valtorta et al., 2016)
- leads to an increased risk of Alzheimer's and developing dementia (Cacioppo and Hawkey, 2009)
- leads to more frequent and longer stays in hospital and earlier entry to residential care (Social Finance, 2015).

Being unemployed has profound impacts on social isolation and loneliness as having weaker social ties makes it harder to regain employment and reduces opportunities for informal learning and participation in volunteering. For the long term unemployed, social isolation can become one of the biggest barriers to regaining employment and for those who are just becoming unemployed, effective action to strengthen their social connections is essential to support their return to employment before problems become more entrenched (Peterie, et al., 2019).

Evidence from across Europe found that in areas where the exposure to poverty risk, as a result of unemployment, there were larger gaps in social participation and that unemployment goes hand in hand with social withdrawal.

There is also an intensification of the negative health and social harms that are triggered by cumulative disadvantage (Dieckhoff and Gash, 2014).

Loneliness at work, especially for those in more precarious employment, for example those on zero hours contracts, can affect productivity and health and wellbeing at work (Bentley et al., 2016).

There is growing evidence that isolation and loneliness at work is increasing as a result of the pandemic, for example:

- 46% have experienced loneliness during lockdown.
- 44% of those who are socially isolated or lonely feel dissatisfied with their employment

There has also been an increase in numbers of people, especially younger people who have become more isolated at work during lockdown:

- 67% say working from home has negatively affected the variety of social interactions
- 74% of younger workers feel lonely during lockdown

(Totaljobs survey of 2,000 UK workers conducted from 23rd July to 27th July 2020)

The economic costs of social isolation and loneliness in employment in terms of sickness and absence and lost productivity are considerable. The cost to UK employers of loneliness at work is estimated to be £2.5 billion per year the majority of which (£2.1billion) falls on private sector industries (New Economics Foundation, 2017).

There are various associations between wellbeing, job satisfaction and loneliness at work including memory, recall and recognition, distraction due to negative thoughts, reduced motivation, evaluative skills and problem-solving skills (Ford et al., 2011).

2. SOCIAL ISOLATION, LONELINESS AND EMPLOYMENT

Stakeholders identify several ways in which social isolation and loneliness are impacting on employment and skills in Lambeth. Many of these are related to the Covid-19 pandemic and the imposition of social restrictions and many stakeholders expressed concerns that there could be long lasting effects from this, which are not fully understood:

“The fallout from the pandemic in terms of anxiety during lockdown and more people being isolated is huge and we have yet to see the full impact of this.”

Stakeholders viewed social isolation is viewed as having a detrimental impact on job seeking, especially for those having to change careers or the sector they might work in which can create more anxiety:

“There is a growing skills and confidence gap and the relationship between mental health and isolation has an impact on people making them feel it’s harder to step forward to apply for a job, especially if it’s in a different industry or sector.”

2.1 Work readiness – loss of confidence and soft skills

One of the biggest impacts from social isolation and loneliness is the loss of confidence in social interactions and what are described by stakeholders as soft skills:

“People have lost their confidence, there is a lot of anxiety about going out their homes, there are fewer opportunities to practice the soft skills that are needed for work.”

Soft skills have long been recognised as a characteristic of good employees; recognising that abilities and personality traits that influence attitudes at work and behaviour can be just as important as technical knowledge (Capelli, P 1995). They are linked with the ability to interact with others through social skills, confidence and self-reflection (Clarke, 2016). There are a wide range of ways in which soft skills are described in the literature including:

- Personal confidence in social situations
- Communication skills
- Flexibility and being open to learning
- Being able to adapt to changing circumstances
- Empathy and self-awareness

Social isolation and loneliness can inhibit and restrict people’s ability to practice and develop these skills and the view of stakeholders is that there is insufficient attention from employment support services on supporting people with soft skills:

“The more isolated you are, the more out of practice you are with social skills, but these skills are increasingly a key requirement among employers.”

Some skills providers and employment support services have recognised this and have started to adapt their services in response, but stakeholders expressed concerns that there is still a strong emphasis on formal qualifications and functional skills that risks neglecting the need for soft skills. This is thought to be a factor in people not taking up work experience opportunities and apprenticeships.

Young people in particular are thought to have missed out on social skills development through the closure of schools and interruptions in further and higher education:

“Even young people who were unable to attend university have become more isolated and unable to practice their soft or critical skills such as teamwork, negotiation skills, problem solving with other people...If young people are unable to practice these skills face to face with other people, then they don’t have the opportunity to build these work ready skills.”

This is further compounded by increases in anxiety and mental health problems that are thought to be strongly linked with social isolation and loneliness:

“Some of the experiences raised by students are horrendous - the things they’re having to deal with - a lot of bereavement and lots of anxiety and worry about themselves losing jobs or their parents losing jobs. We can’t underestimate the scale of the social isolation, anxiety and mental health.”

“Many of our clients also have a background of poor mental health, which has deteriorated during the pandemic, because they found themselves out of work and became lonelier at home.”

2.2 Communication and digital exclusion

Stakeholders report that many people who are socially isolated and lonely are seeking work, but they don’t know where to start looking and have less interaction with others where they might hear about employment opportunities:

“For some people, social isolation and feelings of loneliness have become overwhelming and they found it difficult to reconnect with people in their communities and to find out the best ways to get back into work.”

For those in lower paid employment, finding work through word of mouth is a common feature but this has greatly reduced due to social isolation during the pandemic:

“The way people get jobs is through word of mouth, especially for low-income groups but if they are socially isolated then they can’t get jobs in this way, this has serious implications for people who are already struggling.”

This is thought to affect certain industries such as construction, leisure and hospitality and retail.

Media communication about the declining employment market and knowing people who have lost employment due to the pandemic are also thought to be adding to a sense of helplessness:

“Some of our service users have expressed feelings of helplessness as a result of watching the news and talking to other people who have also become unemployed.”

There are concerns about the ability of employment support services to reach people who are socially isolated and knowing how best to encourage them to connect with support services:

“The more someone was socially isolated, the more difficult they found it to reconnect and to find out about services that could help them with employment.”

Digital exclusion, which is also viewed as contributing to social isolation, is a big factor in people’s inability to engage with skills and employment services:

“Wi-Fi poverty is an increasing issue. During the pandemic, young people have had to engage in education and mental health support online, and this is an issue for some vulnerable young people who do not have access to Wi-Fi and digital equipment.”

“Digital exclusion is a big issue. Face to face service delivery had to change during the pandemic to digital delivery. But for many people without access to devices or the internet this is a big problem. Many employment programmes are struggling to access these people as they have moved to digital communications.”

Even telephone communications are thought to be problematic for some isolated people:

“Job centres were closed during the lockdown, and many statutory services now tend to work over the telephone, including employment work coaches. But some people find it difficult to discuss issues over the telephone and find it easier to discuss the issues around job searches and to have support face to face.”

For people with mental health problems the reliance on digital support services including the telephone is thought to be adding to social isolation and feelings of loneliness.

Being unable to engage with employment support services face-to-face is thought to be adding to social isolation and feelings of loneliness, including loss of confidence and being able to talk about personal strengths and opportunities:

“I found that people wanted someone to sit down with them and to help them do it, rather than just talk over the phone. They feel more confident expressing themselves in person than over the phone about what work they want, what type of work they are looking for, what their skills are, what they want to work on. Just having the social contact makes it easier, meeting up with someone in person you feel better about talking about your strengths and you have more confidence.”

As social restrictions are lifted many services are returning to face-to-face contacts, but some are continuing to rely on digital communication and some educational provision is likely to remain online.

Job searching tools are also increasingly digital with people left to navigate a variety of online sites. For those who are less digitally literate or who lack connectivity and equipment this can be problematic:

“A lot of people feel that they have not been supported well enough by statutory job support services, especially when they need extra help to use online job searching tools and they struggle to make sense of the wide range of options”.

2.3 Sign posting services and social prescribing

Stakeholders expressed concerns at what they saw as an over reliance on sign posting services, which make people aware of various support options but don't necessarily help people to engage with them. For those who are socially isolated and lonely being passed from one service to another can increase their sense of being socially isolated:

“If all a service does is refer people on then they are left feeling alone to deal with that, it can make them feel even more isolated.”

Rather than just sign posting people, stakeholders thought there needed to be greater emphasis on holding the case and walking people through entry to a new service:

“People who are socially isolated need more hand holding and a warm introduction to support services, they lack the confidence to start something new on their own.”

The NHS Long Term Plan is committed to building the infrastructure for social prescribing in primary care including:

- 1,000 new social prescribing link workers in place by 2020/21, with significantly more after that; and
- at least 900,000 people will be referred to social prescribing by 2023/24 (NHS England, 2019).

Social prescribing is being used in primary care to support GPs to make non-medical referrals to services and community support agencies that can improve health and wellbeing. NHS England and Improvement sees social prescribing as working well, when people can be easily referred to link workers from a wide range of local agencies, including:

- pharmacies
- multi-disciplinary teams
- hospital discharge teams
- allied health professionals
- fire service and police
- job centres
- social care services including housing associations
- voluntary, community and social enterprise organisations.

Social prescribing is intended to be a supplement to active signposting which works best for people who are already confident and skilled enough to find their own way to services after a brief intervention. This is an important distinction and one that stakeholders feel is not always understood, as active signposting would not be sufficient for people who are socially isolated and lonely:

“Social prescribing is great, but it tends to focus on signposting and not actual provision, which is needed for people who are more socially isolated. Essentially this creates more demand for services that are oversubscribed already.”

This can be an issue when the thresholds and entry criteria for statutory services are raised to a such degree that those who are perceived to have fewer complex problems cannot access support. Social isolation and loneliness and associated anxiety and common mental health problems are often not seen as a priority:

“There is a real appetite to address the need for social interaction but it’s not something people recognise as a core priority.”

2.4 In-work experience

Social isolation and loneliness are increasingly being recognised as a problem for those in work. This predates Covid-19, for example the growth in welfare at work policies that are focused on work and homelife balance, lone and remote working and how increased stress at work can lead to employees feeling isolated and lonely.

There is limited research on social isolation and loneliness in employment but changing work patterns and environments as a result of the pandemic has brought renewed interest in this. Studies have focused on forming social relationships at work, social skills, team building, management and personality traits (Firoz et al., 2021).

For stakeholders, changes that have come about in work practices due to the pandemic such as home working are having a profound impact. It was stated that while the novelty for office workers might have been there in the beginning, there are now blurred lines between the boundaries of when to stop working, and a loss of the sense of purpose around going out and engaging with other people, instead of being completely virtual all the time. This has helped to increase social isolation and loneliness:

“The workplace is a key place to buffer against isolation, but home working may create more loneliness.”

However, this is not necessarily true for all groups as local lived experience surveys have highlighted that for some Black workers, working from home provided a relief from toxic work environments that were characterised by racism and discrimination (The Social Innovation Partnership, 2020).

2.4.1 Equality, discrimination and inclusion in employment

There has been a lot of focus on employment and skills support schemes for preparing people for work, but there has been less attention paid to the preparedness of employers to provide a work environment that is healthy and inclusive and free from discrimination. Social isolation and loneliness at work may be a manifestation or symptom of deeper underlying issues with structural inequalities in the workplace.

Stakeholders considered the perceptions that people have about employers from the perspective of equality and discrimination was fundamental to attracting and sustaining a diverse workforce and that this mattered even more to those who are socially isolated:

“If you are feeling isolated then how you perceive an organisation matters, for example, being able to see people working there who are like yourself.”

2.5 Widening participation in the NHS

For NHS anchor employers in Lambeth equality, diversity and inclusion is a priority and this is being specifically linked to the widening participation in employment agenda. Some of the challenges identified by stakeholders include:

- **Recruitment** – Advertising and recruitment for the NHS locally in Lambeth is predominantly done through national platforms including NHS Jobs and Glassdoor (the latter is in fact an international company based in San Francisco). These processes are not best suited to all applicants and for those who are socially isolated and lonely they can be even more challenging. Where NHS organisations are setting targets as anchors to increase local employment this needs to be matched with specific recruitment avenues that are more likely to attract local people.
- **Organisational culture** – there have been some high-profile examples nationally of NHS organisations having a culture of bullying and harassment and this impacts on local perceptions of the NHS as a good and inclusive employer.
- **Career progression** – the NHS is a significant local employer in Lambeth but some communities, for example the Black community, do not perceive it to be good at creating opportunities for career progression into senior roles.
- **Community engagement** – unless you are a service user, local communities can feel distant from the NHS and there is a need for NHS organisations to use their anchor roles to better support partnership working with local community groups.

While there are some examples of this with respect to service improvement and quality, there are fewer examples of using community engagement to promote employment opportunities in the NHS.

These are core organisational challenges that speak to a much wider agenda of addressing discrimination and inequalities. However, social isolation and loneliness is recognised by stakeholders as an important area of consideration in these programmes. Stakeholders suggest three ways in which this needs to be advanced:

- a. Generic recruitment and employment practices within human resources, for example:
 - i. through the development of job specifications so that these do not exclude people on unnecessary criteria for the role;
 - ii. greater use of local media and communications to advertise and promote vacancies including the offer of informal discussions that may be more accessible for those who are socially isolated and lonely;
 - iii. promoting the diversity of NHS roles and careers, for example digital and logistics, which may be under appreciated amongst those who are more socially isolated.

- b. Directorate and service level, for example:
 - i. widening the opportunities for job experience placements in particular specialities, in ways that takes greater account of social integration needs, personal support and adaptations;
 - ii. developing job coaches and mentors who will work with priority excluded individuals amongst prospective employees, students and people on work experience and apprenticeships;
 - iii. Strengthening the service offer for vocational employment and skill support in priority areas such as mental health and rehabilitation where social isolation and loneliness are known to be significant areas of need.

- c. Partnership working, for example:
 - i. collaboration with existing community based employment and skills projects such as the Black Thrive Employment Project;
 - ii. maximise the use of existing health alliances to develop greater cross borough learning networks between health, employment and skills such as with the Walcott Foundation;
 - iii. ensure that the development of NHS related sector based academies are inclusive of those who are farthest from the employment and skills market;
 - iv. work with DWP to better understand how social isolation and loneliness is a barrier to the uptake of employment and work experience opportunities in the NHS locally;
 - v. support learning for the South East London Integrated care System on how widening participation and addressing social isolation and loneliness can help reduce health inequalities.

3. LIVED EXPERIENCE AND CO-PRODUCTION

Stakeholders want to see the lived experience of local residents in Lambeth at the heart of programme development to address social isolation and loneliness. This should not be about consulting people; it should be community led with active engagement and co-production that is focused on empowering people to change their circumstances for the better.

3.1 Local examples of good practice

Although relatively small scale, there are some excellent examples of lived experience work in Lambeth that also provide important insights into how lived experience work and co-production can be done effectively.

3.1.1 Lambeth Young Black Men's Project

Lambeth Clinical Commissioning Group (CCG) commissioned Black Thrive and the South London and Maudsley NHS Foundation Trust to develop the Lambeth Young Black Men's Project. This consisted of a collaboration between Black Thrive and the Mental Health Promotion Team to highlight effective strategies for both prevention and earlier help-seeking for individuals within Black male communities.

The project used a co-production model that aimed to amplify the largely absent voices of Black men in existing research and to ensure that perceptions about their own mental health and wellbeing were heard.

The project identified a range of interventions that could be commissioned by Lambeth CCG and also how statutory and third sector organisations can effectively work in partnership to support co-produced service development initiatives (South London and Maudsley NHS Foundation Trust and Black Thrive, 2020). The project was undertaken in three phases:

- Interviews and focus groups with young Black men and professionals working in Lambeth (24 participants)
- Online survey (54 participants)
- Focus group to co-design interventions based on the survey (5 participants)

The final report makes a number of recommendations for ways in which mental health services can be improved including the need to prioritise more research and understanding to build the evidence base for initiatives and interventions that support Black men's mental health.

3.1.2 An Equitable Recovery from Covid-19: Insights from Lambeth

The project aimed to understand the current experiences of Black people and what would be needed to support community-wide recovery in the aftermath of COVID-19. It used a community-based research methodology which promoted the involvement of the local community at every stage in the research process. The project recruited 12 community researchers who interviewed 37 people (The Social Innovation Partnership (2020)).

The report highlights the challenges of effectively engaging local people and the dangers of parachuting in researchers who have no connections to the communities they are researching.

A primary principle of the project was that ‘research should be done by the people for the people’ using community researchers who have lived experience. Learning from this process includes:

- ***The need to support not only the interview participants but also the community researchers themselves.*** When conducting research in your own community and drawing on your own lived experience, having continuous conversations about racism and discrimination can be triggering, traumatic and draining. This led to the creation of the Community Researchers Wellbeing Fund – funded by Guy’s and St Thomas’ Charity – to provide holistic and easily accessible wellbeing support to community researchers.
- ***Being aware of new insights*** that are often neglected in mainstream research, for example there were particular issues for people who self-identify as Black in recording interviews, gaining consent and medical scepticism. These challenges would be much greater for a researcher with no connection to the community.
- ***Enabling different sets of skills*** to develop that allows the community researchers to share their perspectives on the data and findings. As a model, the community research programme develops the existing skills of individuals and builds a team that together produce new research.
- The research ***captures the different voices of the interview participants*** as well as the community researchers. Naming the lead community researcher responsible for the write-up embodies the sense of community leadership and ownership that was embedded from the start.

There is a call to explore new and alternative research processes that are better suited to capturing nuances within communities and amplifying the value of the lived experience of community researchers.

3.2 Lived experience and selection of priority groups

While there is broad consensus amongst stakeholders about the importance of addressing social isolation and loneliness in the context of employment, there is very little lived experience evidence that would shed light on which groups should be a priority focus for further work. In some respects, there is a risk of this becoming a chicken and egg question: the selection of priority groups should be informed by lived experience, but the absence of lived experience evidence could be used as an argument to not focus on particular priority groups.

This cannot be resolved at the level of individual projects or left to be championed by community groups alone, there needs to be consensus at a strategic level.

Based on the feedback from stakeholders and the earlier strategic mapping and alignment, this would best be done through a joint programme of work between Lambeth Together and the Neighbourhood Wellbeing Delivery Alliance and the Lambeth Skills and Employment Board. Evidence from stakeholders that can help support the selection of priority groups includes:

3.2.1 Young people with special educational needs

Young people with special educational needs are viewed as being particularly isolated. These young people are already more distant from work life because of the barriers that they are facing and because most businesses are not set up to include people with more diverse needs:

“...with the current situation and saturated jobs market, these young people are even further away from stepping into employment.”

3.2.2 Older people

There is a need for older people entering retirement and understanding the impact of this, for example how people will deal with the loss of purpose once they finish working and how this can make them become isolated.

“It is too narrow to say it’s just linked to employment because it’s important to look more widely at education or volunteering. We are talking about having a purpose – this is what reduces isolation. A lack of purpose affects people’s mental health and employment is one way of giving people purpose. We need to give people structure and a reason to get out of bed in the mornings.”

3.2.3 Current students

Stakeholders report that students have said that they found it hard continually being out of college, both young people and adults. They also found that more students were likely to have dropped out of education during the pandemic than usual, which is thought to be associated with the lessening of contact with wraparound support services and being less able to receive support from their own peers socially:

“The isolation of younger people in London is greater than people think. Young people that finish university and move to London can find they are living in an expensive city, sharing a flat with strangers, and starting a new job, which can result in them becoming isolated and lonely.”

3.2.4 Black, Asian and Hispanic communities

There is mixed evidence on the lived experience of social isolation and loneliness for different ethnic community groups:

- There is a lack of understanding about the cultural context of social isolation and loneliness and how lived experience narratives may differ for some groups.
- Language can be a significant barrier for the Hispanic community to engage with employment and skills support and ESOL provision is considered to be a powerful tool to combat social isolation and loneliness for the community.
- Exclusionary organisational culture and practices resulting from racism and structural inequalities may be impacting significantly on the lived experience of social isolation and loneliness.
- The differential impacts of Covid-19 for Black, Asian and Hispanic communities in Lambeth are thought to have aggravated social isolation, in particular digital exclusion and for people who have been shielding.

“Having to do everything online has been particularly challenging...There have been health flare ups for people, which have been exacerbated by Covid because people have been unable to leave the house and were shielding and have not been able to see family members for support.”

Further feedback from stakeholders on the selection of priority groups for development of the programme of work includes:

- Build on what exists rather than trying to create something new, for example the Black Thrive employment support programme.
- Establish an appropriate governance mechanism that can redress the power imbalances that exist for community members.
- Ensure that there are sufficient resources to adequately remunerate community members who will contribute their lived experience as peer researchers.
- Use a logic model and methods of engagement that ensure the benefits of the programme are sustainable and can be practically realised in the long term for the target beneficiaries.

3.2.5 Veterans and their families

Veterans and their families are known to experience problems readjusting to civilian life including finding employment and re-skilling. It is estimated that 20% of veterans claim unemployment benefit in the first year after leaving service and that support for those from lower ranks and those who leave early is most important (Burdett et al., 2019).

Some stakeholders have active programmes to support veterans into employment in Lambeth and they report that social isolation and loneliness can be a factor for these individuals and their families.

4. ROLE OF ANCHOR INSTITUTIONS AND SOCIAL VALUE IMPACT

The role of anchor institutions in supporting health, employment and recovery from the pandemic is a priority for Lambeth and pan London. Much of the focus is on how to increase anchor commitments on procurement spending that will directly benefit the local communities and ensuring that there is a robust pipeline for employing local people.

4.1 The Lambeth anchor employment market

The local employment market in Lambeth is characterised by having fewer large anchor employers and a larger number of Small, Medium Enterprises (SMEs).

Lambeth is home to several important national anchor organisations, for example for health including the Department of Health and Social Care and Public Health England; for culture including the Old Vic, London Philharmonic Orchestra, the National Theatre and the Imperial War Museum. However, it is not easy to assess the direct benefit of these national anchors to local employment and the health and wellbeing of Lambeth residents.

Lambeth is also serviced by three significant NHS anchor organisations: Guys and St Thomas' NHS Foundation Trust; South London and Maudsley NHS Foundation Trust and Kings College NHS Foundation Trust.

Lambeth has some major educational anchors including Kings College London, London South Bank University and the Academy of Contemporary Music.

Ease of connectivity across London means that the local anchors will attract people from elsewhere in London. It also means that some Lambeth residents seek employment opportunities outside of the local area.

This broader context of being situated in London and the wider pan-London benefits of major anchor institutions needs to be better understood.

For stakeholders there is a common appreciation of the importance and value of anchor institutions in economic recovery, but there are also some varied views about the definition of what constitutes an anchor institution and how anchor functions are realised and enacted in frontline health service delivery.

4.2 Definition of anchor institutions

The concept of anchor institutions goes back to the early 2000s when universities began to take on greater social responsibility roles for supporting economic development in the communities where they were situated. Over the last two decades much of this work has focused on partnerships between Higher Education Institutes, local government and business enterprises, which have tried to leverage the powers of

these anchors in procurement, employment and ownership of land and buildings to address long standing economic inequalities.

Health services have tended to play a peripheral role in these activities, but the NHS Long Term Plan highlighted the importance of the NHS as an anchor and sought to identify best practices in anchor roles that could be further developed and adopted across England (NHS England, 2019).

Although the definition of anchors remains imprecise, these are generally thought to be large public sector or not for profit organisations that have a significant stake in a specific geography that makes them unlikely to relocate. Anchors have control over large resources and assets including procurement and spending power, employment and training and ownership of land and buildings. Anchors share a common mission for the improvement of the local area economy and wellbeing of people through their stewardship of public funds and responsibilities to meet national standards on impact and value (Health Foundation, 2019).

In addition to large public sector organisations, there is increasing interest in the role and contribution of private industry anchors for example, large employers who are invested in a local geography and are less likely to be subject to the vagaries and uncertainty of the changing economy. Many of these organisations have adopted strong approaches to their corporate social responsibility, in particular environmental sustainability and philanthropy.

The collective assets of the community, voluntary and social enterprise sector are also considered as an anchor for local communities, but at an individual organisational level there is a lack of stability and financial security that would normally be associated with an anchor.

4.3 The Public Services (Social Value) Act 2012

The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before they start the procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure benefits for their area or stakeholders.

The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems (Cabinet Office, 2021).

From January 2021, the Cabinet Office's Social Value Model must be applied to all new procurement activity in the allocation of central government funding. The policy outcomes that the Social Value Model seeks to achieve include:

- Covid-19 Recovery
 - Help local communities to manage and recover from the impact of COVID-19
- Tackling economic inequality
 - Create new businesses, new jobs and new skills
 - Increase supply chain resilience and capacity
- Fighting climate change
 - Effective stewardship of the environment
- Equal opportunity
 - Reduce the disability employment gap
 - Tackle workforce inequality
- Wellbeing
 - Improve health and wellbeing
 - Improve community integration

(Cabinet Office, 2020).

4.3.1 South East London NHS Anchor Development

An initiative led by the South East London Population Health and Equality Executive and Kings Health Partners is considering the potential merits of establishing an approach to convening an anchors network in South East London.

The idea behind the approach is that South East London NHS anchor institutions could take a more proactive, positive role in local communities as a means of helping to mitigate some of the negative social and economic effects of the pandemic whilst reducing local health inequalities. In addition to this, by taking action on the wider determinants of health, this will ensure that NHS anchors are rebuilding a system which is more resilient for the future.

A roundtable of key stakeholders took place in June 2021 to discuss the proposal, assess the current position and identify how best to move forward for maximising impact on workforce, procurement, property, the environment and partnership. Arguments in favour of strengthening NHS anchor collaboration for the area include:

- Creating a network that can use its collective powers and voice to encourage other organisations in the local economy to adopt similar practices.
- Develop greater intentionality and shared purpose around an anchor mission, allowing prioritisation of local issues and needs.
- Focusing on implementation and using the network to enable decisions to be made more swiftly.
- Building and amplifying the existing good practice across South East London.
- Helping to drive and track progress as well as convening and establishing relationships across anchors in a locality.
- Opening opportunities to access new partnership funding for the area.

Further meetings have been proposed to continue this dialogue and strengthen the contribution of NHS anchors across South East London. This will include generating shared principles and objectives with the flexibility for each organisation to determine the most appropriate path to implementation.

This should allow for different processes/constraints, and more importantly, the different priorities of local communities around each anchor institution (South East London Population Health and Equality Executive, 2021).

4.4 Anchor contribution to addressing social isolation, loneliness and employment

Feedback from stakeholders on how anchors can better address social isolation, loneliness and employment includes two building blocks and one cross cutting theme.

4.4.1 Building block one: Existing workforce wellbeing

As leading and significant employers, anchor institutions need to demonstrate their ability to look after the wellbeing of the existing workforce, taking full account of the workforce challenges and impact on health and wellbeing arising from the pandemic. The view of stakeholders is that in work experience, especially wellbeing at work is fundamental not only to current productivity but also to attracting the workforce of the future. Areas that are thought by stakeholders to be particularly relevant to social isolation and loneliness at work include:

- Working from home
- Reliance on digital technologies
- Mitigating the negative impact from compulsory vaccinations for employment

Working from home

The pandemic has ushered in new ways of working with significant numbers of staff working from home. As social restrictions are lifted there is a return to workplace settings, but for some staff working from home is likely to become a permanent part of their work experience. Currently, the full implications of this in terms of the lessening of social interactions in the workplace are not fully understood. Stakeholders have highlighted some areas of welfare at work policy that will need to be addressed:

- There is a need to better understand the experiences of staff who have been or continue to be shielding and the heightened social anxiety they may have over the return to workplace settings. This includes understanding about how current isolation from colleagues has impacted on feelings of social isolation and loneliness.
- Differential preferences for and circumstances at home may create unintended workforce divisions, for example between men and women or for different ethnic groups of staff. This could mask issues of inequality and discrimination at work, which may leave some staff more socially isolated and lonely.
- Adaptations made in the workplace for staff who are disabled may not be replicated in home environments and lack of access to these could further isolate disabled workers.
- While for some groups home working may provide a relief from toxic work environments, this should not detract from the need to address the culture of the workplace and how employers can be more inclusive in their employment practices.

Reliance on digital technologies

The pandemic has escalated the use of digital technologies in the workplace and brought many benefits to communications and travel time. However, there may also be a tendency for the reliance on digital communication tools to adversely change social interactions at work. For example, stakeholders report that there are fewer opportunities to form new relationships with colleagues outside of one's team when using digital communications.

Stakeholders also report that there is a need for employers to develop etiquette for conducting meetings digitally that promotes better social interaction. For example, if people have their video turned off when someone is speaking or presenting it can increase their sense of isolation from others. Also, non-verbal behaviour, which is said to account for 70% of communication, can be harder to notice or interpret during a digital meeting.

Digital literacy in the workplace is known to be an area that has significant shortfalls in some sectors, for example in the care sector. This, alongside differential access to connectivity and equipment may lead some workforces to be more digitally excluded than others.

Compulsory vaccinations in employment

Stakeholders expressed concerns about the potential for compulsory vaccination in some employment sectors to isolate and alienate certain parts of the workforce who may be either unable to have the vaccine or who are more likely to be vaccine hesitant.

Some stakeholders thought that there were particular risks that mandatory vaccination in employment could lead to further divisions on racial and ethnic lines with some Black and Asian staff members being left more isolated. While some of these policies are being introduced by national government, it will fall to local employers to implement them, and anchor employers should lead the way in setting good examples for workplace inclusion.

4.4.2 Building block two: Future workforce

Stakeholders viewed social isolation and loneliness as a barrier to employment and that this is strongly correlated with existing inequalities. For example, groups that are known to be at higher risk of social isolation and loneliness such as disabled people, those who lack proficiency in English, carers, people with long term conditions and single parents also face greater challenges in finding good sustainable employment.

Stakeholders with lead responsibilities for employment support and skills services report that they are having to adapt practices to address problems associated with social isolation and loneliness.

Some also report that more people are disengaging with support services as their isolation and loneliness has become more entrenched through the pandemic.

Stakeholders suggested that anchor employers could be more innovative in their approaches to developing pipelines for the future workforce, for example, by targeting groups that are more socially isolated and thus further away from employment and skills. In this way anchor employers could have a larger contribution to community development and wellbeing by using their workforce planning resources to target needs rather than solely seeking to meet existing and historical establishment figures.

Actions that stakeholders thought could be usefully developed by anchor employers included:

- Stronger collaboration between public health and human resources to better understand the local area demographics of the potential employment pool and how this could be better used to groups at greater risk of social isolation and loneliness.
- Closer work with DWP and other employment support services to identify unemployed people who are socially isolated and lonely and how they could be ore engaged to take up the offer of work experience opportunities.
- To develop and deploy more mentors who can support new job entrants and those on apprenticeship schemes to be more socialised into the work environment.

- To support local social enterprises in providing incentives for both job seekers and current employees to engage in sports and leisure activities.
- To lend facilities, land and access to buildings for local enterprises and community and voluntary sector agencies that are seeking to increase employment and entrepreneurship.
- To maximise opportunities for volunteers to translate their experience into competencies that can support learning pathways and career development.

4.4.3 Cross cutting theme: Equality, Diversity and Inclusion

Across the above building blocks stakeholders identified equality, diversity and inclusion as a cross cutting theme. Anchor institutions need to demonstrate their leadership as good employers by having robust approaches to promoting equality, creating greater diversity at work and ensuring that employment practices are inclusive.

Stakeholders viewed widening participation in employment as one of the strongest contributions that anchor institutions could make to promoting economic recovery and reducing health inequalities for the whole population of Lambeth.

However, in order to move this beyond aspiration and good intentions stakeholders wanted to see anchor institutions:

- become bolder in their commitments to addressing long-term underlying structural inequalities, for example through active employment programmes that reach into those communities that are less well represented;
- providing staff with training and development in delivery of culturally competent services; and
- engaging with local communities in the co-design and co-production of solutions.

Widening participation was also viewed as an essential component of strategy and planning for addressing social isolation and loneliness, as by definition these are the people who are less likely to participate.

5. STRATEGIC ALIGNMENT

Stakeholders view social isolation and loneliness as an issue of increasing concern that has far reaching implications for the health and wellbeing of local residents. Being socially isolated and lonely are also viewed as important factors in economic recovery from the pandemic as people who are isolated and lonely are also thought to be less able to engage with employment and skills opportunities.

The strategic focus for social isolation and loneliness is being led by Lambeth Council through the Health and Wellbeing Board, and there is Lambeth draft strategy for social isolation and loneliness. The strategy identifies several priority areas for action which are focused on:

- **Improving** demographic and priority group identification and monitoring to support targeting of interventions
- **Strengthening** partnership working, in particular between statutory services and the community and voluntary sector across the life course
- **Incorporating** interventions so that impacts reach beyond traditional health interventions into the wider social determinants of health and wellbeing
- **Reinforcing** the strategic approach so that addressing social isolation and loneliness is part of broader cross sector programmes
- **Allocating** dedicated resources to meet identified needs over the long term
- **Enabling** wider inclusion and participation in particular thinking about digital inclusion and the wider socioeconomic impacts
- **Creating and renewing** the physical environment so that there are safe places for people to meet and interact.

(Lambeth Council, 2020a)

There are some strong examples of projects that demonstrate good practice and are seeking to realise the benefits of the strategic approach. These include:

Age UK – MySocial, which a social membership service and Phone a Friend (600 calls during the pandemic)

Better start early years' service – focusing on children and families who are socially isolated and lonely

Housing – a variety of schemes to support socially isolated residents in social housing including call-ins and doorstep visits during the pandemic, summer camps for young people, developing volunteers to run various community events including coffee mornings and exercise classes for older residents

Project Smith - works at street and neighbourhood level to support the community in building and improving its own capabilities and assets through Community Connectors.

The NWDA also has a **test and learn programme** for social isolation and loneliness which includes collaboration with GP's & other healthcare professionals, ward councillors, community members, SLAM (Older Adults team), Healthwatch, Guys & St

Thomas' (GSTT) Adult Community Services & Neighbourhood Nursing team. The project targets residents who are:

- Living alone
- Over 65
- Have multiple long term health conditions
- Are at risk of increasing frailty (ill health)

Stakeholders recognise the value of the above projects, and many have been involved in the overarching Lambeth Together programme. However, for those that are directly involved in employment support and skills, social isolation and loneliness does not feature as a strategic priority:

“Strategy is not specifically focused on tackling social isolation, and neither are our services.”

Some stakeholders also thought that there was some duplication of effort and that where services are focusing on one aspect of employment support or a particular group who are socially isolated and lonely, there could be greater efforts to joining these different approaches together:

“It is important to join up the various activities and make people aware of the work and help to build collaboration across the different projects.”

There was thought to be potential for more joint work between community connectors and employment services and within social prescribing services such as those focused on promoting use of leisure and sport and employment or skills opportunities in these sectors.

There is thought to be a potential disconnect between health strategies to address social isolation and loneliness and support for employment and skills:

“Public Health are doing work on social isolation and loneliness, but this is not focusing on employment or skills.”

For some stakeholders working directly on skills and employment support, social isolation and loneliness have not been part of the strategic discussion:

“Social isolation hasn't come up in meetings as a specific talking point and hasn't been addressed head on.”

Despite lack of a specific focus, most service orientated providers believe that the work they do is having a positive impact on alleviating social isolation and loneliness;

“The employment and skills strategy is not specific about saying we're addressing social isolation, but it's definitely a benefit of the work that we do.”

5.1 Recovery from the pandemic

Social isolation and loneliness are viewed by stakeholders as being amongst the most significant features of the pandemic, which needs greater consideration for recovery from the perspectives of both health and wellbeing and economic recovery. For example, the Lambeth Together draft Covid-19 Recovery Plan identifies several critical concerns that have been identified by residents of Lambeth that relate to both health and economic impacts of the pandemic:

- There are **increased levels of anxiety** across all communities, with close to half the population feeling more anxious.
- **Half of all BAME households reporting lower income** and 11% struggling to cope
- People from BAME communities are more likely to be involved in home schooling or caring for at risk family or friends, **with effects on individual mental wellbeing and concerns for the future.**
- Faith communities experiencing **grief and feeling unable to access support, with associated loneliness, isolation and impact on individual mental health and wellbeing.**
- Migrants and homeless people experiencing **language barriers** to important information and difficulties accessing online guidance and services, difficulty adhering to hygiene and isolation requirements in crowded accommodation, and worries about potential additional charges in accessing NHS services
- Disabled people and those living with long-term health conditions benefitting from a greater sense of connection and access through new digital services, but with **increased risks of social isolation, and difficulties in social distancing for people with complex needs.**
- **Children and young people are being less active and more anxious** during lockdown and worried about what their life will be like after lockdown, although feeling positive about the virtual support on offer.

(Lambeth Together, 2020)

Priority actions identified in the strategy encompass a wide range of services, demographic groups and interventions including public health promotion, sexual health, support for children and young people, adult mental health, social care and homelessness. While stakeholders recognise these as priorities, there is a perceived risk that efforts could be dissipated across a variety of different organisations and services:

“If everyone focuses on their own service area some things will improve, but we could achieve more by working closer together. We have to think more about what this means for a place-based approach, not just individual organisations and services”

5.2 Lambeth employment and skills strategy

The Lambeth employment and skills strategy does not specifically address social isolation and loneliness. However, there are some strong synergies from the stakeholder feedback that are directly relevant to the Lambeth strategy for social isolation and loneliness, the Covid Recovery strategy and the Lambeth Skills and Employment Strategy. For example, by taking the five strategic objectives of the skills and employment strategy it is possible to identify areas where greater strategic alignment can benefit the collective response and maximise the use of assets and resources as part of a more cohesive place-based approach.

Objective 1: Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future

Changes in employment that have been identified as having an impact on social isolation and loneliness include home working and reliance on digital technologies. Employment and skills support systems need to be able to recognise these issues, understand the demographic groups that affected and how interventions can help.

Employers are placing more demands on soft skills and this an area that is known to be challenging for those who are socially isolated and lonely.

There is scope for existing projects that are focused on social isolation and loneliness to develop intelligence and data on these connections, which could form part of the sharing of insights for the Lambeth Skills and Education Board (LSEB) Knowledge Hub.

Objective 2: Enable our residents to be more resilient and unlock their potential through upskilling, reskilling, training provision and apprenticeships

Social isolation and loneliness can lead to a loss of confidence which in turn affects people's resilience. Signposting alone is unlikely to be sufficient for those who are socially isolated and lonely to engage and participate in skills and employment opportunities. Where services are reaching out to socially isolated and lonely people there is scope to place more emphasis on employment and skills.

Objective 3: Support our residents into employment pathways and entrepreneurial activity, with a particular focus on our Black, young and disabled residents

All stakeholders have a particular focus on inclusion and how to better engage with more diverse service users. Black, young and disabled residents are consistently identified as priority groups in terms of employment, skills and recovery from the pandemic. Social isolation and loneliness can be a barrier to employment pathways and there is a need to better understand the lived experience of priority groups and how they can better engage in co-production of solutions.

Existing services are primarily focused on the level of interventions for addressing social isolation and loneliness with priority groups, there is not yet a specific focus on this alongside support for employment pathways.

Objective 4: Encourage our businesses to be inclusive and resilient, by tackling low pay, in-work poverty and to reduce their carbon emissions

There are associations between social isolation and loneliness at work with low pay and in work poverty. Social isolation and loneliness at work are also important considerations for businesses in terms of staff wellbeing, retention and productivity. The capacity for SMEs to be more inclusive and how this can support their resilience as employers is limited. There is scope to engage more with businesses on understanding social isolation and loneliness at work and how to strengthen connections with existing social isolation and loneliness programmes.

Objective 5: Work with our anchor institutions and major employers to utilise our supply chains and increase spend with local businesses

There is a strong focus on anchor institutions using their procurement and spending powers to greater effect in the local economy and in support of businesses and the supply chain. However, there is a lot more that anchors can do in terms of inclusive employment practices, widening participation and partnerships with local community agencies and groups. There is scope to increase anchor contributions to addressing social isolation and loneliness through adaptations in their employment and skills pipelines and in employee support programmes.

For a more detailed mapping of the findings from the stakeholder feedback and the specific priority actions for the employment and skills strategy see Appendix A.

6. CONCLUSION AND RECOMMENDATIONS

This report is the culmination of stage one of what was intended to be a wider, longer-term programme of work that would use the insights gained from stakeholders and the strategic mapping to inform a collaborative approach to addressing social isolation, loneliness and employment in Lambeth. Some of the learning that should inform decisions about the next steps includes:

- Social isolation and loneliness are widely perceived to be a significant problem for increasing numbers of residents in Lambeth.
- Addressing social isolation and loneliness is not a specific area of strategic or service support focus for employment or skills, but it is thought to be a barrier to job seeking or entering into skills and employment opportunities.
- Social isolation and loneliness are not new phenomena for some vulnerable groups, for example the elderly, people with long term conditions, disabled people and those who are recently bereaved. However, the pandemic has greatly contributed to wider groups of people becoming socially isolated and lonely, especially younger people.
- Interventions to address social isolation and loneliness need to go beyond signposting and include longer term relational support to engage with services.
- The issue of social isolation and loneliness is under researched amongst some groups such as the Black community. There may be counter experiential narratives and underlying factors related to racism and structural discrimination that are important to understand before designing or implementing interventions.

There is a potential disconnect in strategic alignment between health interventions to address social isolation and loneliness and broader strategy to address employment and skills and recovery from the pandemic. While there is consensus amongst stakeholders of the synergies across each of these strategies with respect to social isolation and loneliness, this is not seen to be a prominent feature. There is scope for greater system alignment that will maximise the collective efforts and strengthen the impact of current programmes and projects.

6.1 Recommendations

The recommendations are based on the evidence from stakeholders and seek to address the critical thematic issues that they have identified. In the first instance these are for consideration by the Neighbourhood Wellbeing Delivery Alliance and Lambeth Together.

Recommendation One: Strengthen the local lived experience evidence base

There is a need to strengthen the lived experience evidence base for addressing social isolation and loneliness amongst priority groups. The primary focus of work should be based on existing local examples of good practice in lived experience and co-production with emphasis on the programme being led by appropriate community organisations that have reach into and engagement with the priority groups of focus.

However, in order to lead to sustainable benefits this programme of work should be linked to the anchor strategy development with an appropriate governance structure that can manage the power imbalances between anchors and community groups.

Actions

- Identify a local community group who have reach into one of the priority groups identified by stakeholders and who can lead a programme of lived experience and co-production to develop the local evidence base.
- Secure an appropriate level of funding for the above that ensures there is capacity to fulfil the programme aims and that the benefits will be realised over the longer term.
- Establish a governance structure to have oversight of the programme with a lead anchor organisation such as an NHS Trust or the local authority and participation from local employment support and skills providers.
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Recommendation Two: Anchor strategy

There is need to understand the context of social isolation and loneliness as an anchor organisation strategy. This should be considered from the unique perspective of Lambeth as a core constituency in London. Lambeth and London have many significant national and international anchor organisations. This requires a more accurate, nuanced understanding of what anchors can contribute to the dynamics of a very large metropolitan city.

For example, local public sector anchors are less visible in a big city like London where a huge amount of private sector firms globally have their European/ national HQs. This is particularly true of the NHS with several Trusts that are not coterminous with local government and there is the added complication of Iterated Care Systems which overlay the complex, concentrated patchwork of anchor organisations in London.

The anchor movement is quite focused currently on “left behind locations”, where the employment market is typically more concentrated (and declining), commuting times are vastly different and people may have a greater preference for working either closer to home or at home given poorer transport options yet relatively more domestic space.

There are some crucial differences for an area like Lambeth that need to be developed as part of the approach to anchor organisations. One way to do this is by ensuring that local residents are helped to define what constitutes a meaningful anchor and how it can better support the needs and aspirations of local people.

Actions

- Use the potential of the South East London NHS Anchors Network to contextualise the translation of anchor roles and contributions at a neighbourhood level, using social isolation, loneliness and employment as the lens.
- Through the NWDA members convene a workshop to explore the findings from this report and how individual anchor organisations can strengthen their support and interventions for increasing employment amongst those who are socially isolated and lonely.
- Establish a mechanism for translating the feedback from the lived experience programme on what local people expect from anchors into defining and shaping anchor contributions at neighbourhood levels. This learning can be used to inform the corporate social responsibility policies of industry anchors and leveraging more focused approaches to the Social Value Act amongst statutory anchors.

Recommendation Three: Organisational and system learning – widening participation

The three leading NHS providers in Lambeth are committed to widening participation and strengthening their programmes on equality, diversity and inclusion. There is scope and interest in exploring the issues of social isolation and loneliness in this context, and a pilot programme at directorate level could provide useful organisational and system learning.

Actions

- Work with the equality leads and directorate managers across the NHS providers to design a pilot learning programme for social isolation and loneliness that encompasses recruitment of those groups furthest away from employment as a result of being socially isolated and wellbeing of existing staff who are socially isolated and lonely at work.
- Establish evaluation metrics for identifying and measuring social isolation and loneliness that can inform the South East London ICS’s programme of work to reduce health inequalities.

Summary of key findings and evidence

Recommendation 1: Strengthen the local lived experience evidence base				
Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
Identify a local community group who have reach into one of the priority groups identified by stakeholders and who can lead a programme of lived experience and co-production to develop the local evidence base.	<p>There is a lack of lived experience evidence on the links between social isolation, loneliness and employment.</p> <p>Priority groups affected are thought to be: Yong people; Black, Asian and minority ethnic communities; ESOL learners; Disabled people; Older workers/adult learners and veterans.</p>	<p>Research base is underdeveloped – there is some work on social networking impacts of unemployment (Rözera, et al., 2020; Peterie et al., 2019).</p> <p>Local research calls for more lived experience evidence on key issues to support mental health of the Black community (South London and Maudsley NHS Foundation Trust and Black Thrive, 2020)</p>	Led from within NWDA as part of Lambeth Together	<p>Social isolation and loneliness strategy - Improving demographic and priority group identification and monitoring to support targeting of interventions</p> <p>Skills and employment strategy – create evidence on what works in terms of supporting our most marginalised communities such as Black residents</p>
Secure an appropriate level of funding for the above that ensures there is capacity to fulfil the programme aims and that the benefits will be realised over the longer term.	<p>Stakeholders warn against danger of ad hoc, time limited initiatives</p> <p>Peer researchers need to be adequately compensated for their time and expertise</p>	The Social Innovation Partnership (2020)	Could be a partnership funding approach with local and national anchors	<p>Social isolation and loneliness strategy - Allocating dedicated resources to meet identified needs over the long term</p> <p>Skills and employment strategy - Co-ordinate our policy and procurement levers to create opportunities for local businesses and quality jobs for local residents.</p>
Establish a governance structure to have oversight of the programme with a lead anchor organisation such as an NHS Trust or the local authority and participation from local employment support and skills providers.	<p>Stakeholders expressed concern that local community groups need to be empowered to participate on equal terms</p> <p>Anchor roles need to be defined on the context of social isolation, loneliness and employment support</p>	South London and Maudsley NHS Foundation Trust and Black Thrive (2020)	NHS Trusts, Lambeth Council, Community Agency; Integrated Care Partnership	<p>Social isolation and loneliness strategy - Strengthening partnership working, in particular between statutory services and the community and voluntary sector across the life course</p> <p>Skills and employment strategy - Embed a partnership approach to the understanding and delivery of skills and employment provision in Lambeth</p>

Recommendation Two: Anchor strategy				
Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
Use the potential of the South East London NHS Anchors Network to contextualise the translation of anchor roles and contributions at a neighbourhood level, using social isolation, loneliness and employment as the lens.	<p>The Lambeth anchor economy is different to other parts of the country with a mixture of national and local anchors.</p> <p>There is a lack of clarity on what constitutes an anchor and how front-line roles understand anchor responsibilities.</p>	<p>South East London Population Health and Equality Executive (2021)</p> <p>UK Commission for employment and skills (2015)</p>	<p>NWDA contribution to SE London NHS Anchors Network</p> <p>NHS Trusts</p> <p>Lambeth Council</p>	<p>Social isolation and loneliness strategy - Strengthening partnership working, in particular between statutory services and the community and voluntary sector across the life course</p> <p>Skills and employment strategy - Embed a partnership approach to the understanding and delivery of skills and employment provision in Lambeth</p>
Through the NWDA members convene a workshop to explore the findings from this report and how individual anchor organisations can strengthen their support and interventions for increasing employment amongst those who are socially isolated and lonely.	<p>Need to focus employment and skills support on work readiness – increasing social confidence and soft skills</p> <p>Digital exclusion and ways in which services reach out to those who are socially isolated</p>	<p>Bentley et al. (2016); Total jobs survey (2020); Ford et al. (2011); Clarke (2016)</p> <p>Age UK (2018); Lloyds CDI (2020)</p>	<p>NWDA with participation across lead agencies for social isolation and loneliness and employment and skills support.</p>	<p>Social isolation and loneliness strategy - Enabling wider inclusion and participation in particular thinking about digital inclusion and the wider socioeconomic impacts</p> <p>Skills and employment strategy - Enable our residents to be more resilient and unlock their potential through upskilling, reskilling, training provision and apprenticeships</p>
Establish a mechanism for translating the feedback from the lived experience programme on what local people expect from anchors into defining and shaping anchor contributions at neighbourhood levels. This learning can be used to inform the corporate social responsibility policies of industry anchors and leveraging more focused approaches to the Social Value Act amongst statutory anchors.	<p>People in work are increasingly feeling socially isolated and lonely – anchor responses need to address changes in working practices from the pandemic e.g. working from home and digital reliance</p> <p>Anchor programmes need to go beyond procurement and employment and think about in work inclusion, discrimination and widening participation.</p>	<p>Firoz et al. (2021)</p> <p>The Social Innovation Partnership (2020)</p> <p>CLES (2017)</p>	<p>NWDA working with existing programmes for social isolation and loneliness and building in lived experience co-production programme</p>	<p>Social isolation and loneliness strategy - Reinforcing the strategic approach so that addressing social isolation and loneliness is part of broader cross sector programmes</p> <p>Skills and employment strategy - Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future</p>

Recommendation Three: Organisational and system learning – widening participation

Actions	Stakeholder issues	Research evidence	Lead organisations	Strategic fit
<p>Work with the equality leads and directorate managers across the NHS providers to design a pilot learning programme for social isolation and loneliness that encompasses recruitment of those groups furthest away from employment as a result of being socially isolated and wellbeing of existing staff who are socially isolated and lonely at work.</p>	<p>The view of stakeholders is that in work experience, especially wellbeing at work is fundamental not only to current productivity but also to attracting the workforce of the future.</p> <p>Stakeholders suggested that anchor employers could be more innovative in their approaches to developing pipelines for the future workforce, for example, by targeting groups that are more socially isolated and thus further away from employment and skills.</p>	<p>NHS WRES Reports</p> <p>NHS People Plan</p> <p>NHS Long Term Plan</p>	<p>Guys and St Thomas' NHS Foundation Trust; South London and Maudsley NHS Foundation Trust and Kings College NHS Foundation Trust.</p> <p>SE London ICS</p>	<p>Social isolation and loneliness strategy - Enabling wider inclusion and participation in particular thinking about digital inclusion and the wider socioeconomic impacts</p> <p>Social isolation and loneliness strategy - Reinforcing the strategic approach so that addressing social isolation and loneliness is part of broader cross sector programmes</p> <p>Skills and employment strategy - Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future</p>
<p>Establish evaluation metrics for identifying and measuring social isolation and loneliness that can inform the South East London ICS's programme of work to reduce health inequalities.</p>	<p>There is a need to better understand the experiences of staff who have been or continue to be shielding and the heightened social anxiety they may have over the return to workplace settings. This includes understanding about how current isolation from colleagues has impacted on feelings of social isolation and loneliness.</p>	<p>South East London Population Health and Equality Executive (202</p>	<p>SE London ICS</p>	<p>Social isolation and loneliness strategy - Incorporating interventions so that impacts reach beyond traditional health interventions into the wider social determinants of health and wellbeing</p> <p>Skills and employment strategy – create evidence on what works in terms of supporting our most marginalised communities such as Black residents</p>

Appendix A: Mapping stakeholder feedback to the skills and employment strategy

Objective 1: Create a skills and employment support system responsive to changes in the economy, employer demand and the growth sectors of the future.

Priority: Embed a partnership approach to the understanding and delivery of skills and employment provision in Lambeth	
Actions	Feedback from stakeholders regarding social isolation and loneliness
<p>Create a Knowledge Hub for the LSEB to gather and share insights from providers, employers, residents and wider sources, including specific evidence on:</p> <ul style="list-style-type: none"> • what works in terms of supporting our most marginalised communities such as Black residents • the detailed skills requirements, jobs and career pathways in key growth sectors including the green economy, creative & digital industries and health & social care. 	<ul style="list-style-type: none"> • Social isolation and loneliness are recognised as a priority area of concern, but this is not explicitly understood in the context of employment and skills • The needs of some communities such as the Black community in this context are not fully understood and may differ from that of other communities • Social isolation and loneliness are impacting on access to employment support as people are lacking in social confidence and have increased anxiety about participating in skills and employment opportunities • There is little lived experience evidence on what works in supporting people who are socially isolated and lonely into skills and employment • For some Black people, working from home can provide an escape from ‘toxic’ work environments, for example the exhaustion of everyday working life is compounded by negative experiences in the workplace.
Priority: Ensure that the local skills offer is flexible, able to support more disadvantaged residents and linked to the needs of the local economy	
<p>Use the LSEB insight on skills needs to identify the skills and qualifications required in our key sectors, especially those with skills shortages, and collectively ensure that local provision can meet these needs – either through existing funding streams or through supporting bids and fundraising by local providers.</p>	<ul style="list-style-type: none"> • Problems associated with social isolation and loneliness such as mental health and lack of social confidence is impacting on ‘soft skills’ and people’s readiness for training and employment • There is scope for local health and social care anchors to better coordinate investment and funding with employment support e.g. joint work between health providers and DWP

Objective 2: Enable our residents to be more resilient and unlock their potential through upskilling, reskilling, training provision and apprenticeships

<p>Priority: Ensure all young people have high aspirations, are well informed and have access to high quality careers support, training and opportunities with employers through the Lambeth Made programme and Youth Promise.</p>	
<p>Actions</p>	<p>Feedback from stakeholders regarding social isolation and loneliness</p>
<p>Improve the coordination and breadth of delivery of careers advice, work experience and vocational training for young people using approaches they can relate to and which encourage ambition and personal growth</p>	<ul style="list-style-type: none"> • Social isolation and loneliness are perceived to be inhibiting ambition and personal growth for young people • The impact of the pandemic on the delivery of careers advice, work experience and vocational training has resulted in greater numbers of young people feeling isolated from peers • Increasing social anxiety as restrictions from the pandemic are lifted risk some younger people failing to fully participate in skills and employment opportunities
<p>Priority: Enable adults to reskill or upskill to support access, resilience and progression in the labour market.</p>	
<p>Reskill people from sectors affected by Covid-19 structural changes into sectors that are more resilient and likely to grow in the future such as Creative & Digital; Health & Social Care; and the Green Economy.</p> <p>Support residents engaged in non-accredited community-based adult learning to progress into accredited learning or employment.</p>	<ul style="list-style-type: none"> • Health and social care providers are keen to widen participation in employment opportunities but lack a blueprint for reaching those who are more socially isolated and lonely • Adults who left school early are more likely to be socially isolated and lonely and this can affect confidence to participate or return to formal education and accredited learning • Social isolation and loneliness restrict peer relations that can act as incentives for participation in accredited learning
<p>Priority: Improve the choice and relevance of available apprenticeships and increase the number of residents that benefit from apprenticeships.</p>	
<p>Improve the accessibility of local apprenticeships by drawing together all of the local opportunities into a more coordinated offer, for example through a dedicated website or hub.</p>	<ul style="list-style-type: none"> • Digital exclusion is an important factor in social isolation and loneliness and can inhibit people from benefiting from digital employment and skills support initiatives • Social anxiety is leaving some people reluctant to take advantage of employment opportunities such as apprenticeships

Objective 3: Support our residents into employment pathways and entrepreneurial activity, with a particular focus on our Black, young and disabled residents

<p>Priority: Provide high quality employment support at the local level, with an integrated service across partners that is tailored to the needs of residents and can respond to economic shocks.</p>	
<p>Actions</p>	<p>Feedback from stakeholders regarding social isolation and loneliness</p>
<p>Provide a consistent and accessible employment support and learning offer which is delivered through outreach and co-location in community venues, including health and wellbeing hubs and Children’s Centres, targeting neighbourhoods with the highest levels of unemployment, bringing together services from a range of partners including the council, JCP work coaches and training providers.</p> <p>Deliver employment support alongside community-based non-accredited learning or vocational training to residents with no or low qualifications as a route into employment.</p>	<ul style="list-style-type: none"> • Reaching those who are socially isolated and lonely is challenging and some services have reported a drop in attendance at community venues, which they believe is resulting from increased social isolation and loneliness • There is a perceived link between areas that have higher rates of unemployment and higher rates of social isolation and loneliness, but the evidence of these links is poorly understood • People with low qualifications are perceived to be more likely to experience social isolation and loneliness and be more hesitant to participate in higher routes to employment
<p>Priority: Maintain our long-term commitment through our Lambeth Made Youth Promise to all those aged 16-24 so they can get the support, training and advice they need to access jobs and apprenticeships.</p>	
<p>Provide intensive and personalised employment support for target groups such as care leavers; young people not in education, employment or training; those aged over 50; long-term unemployed residents; people at risk of homelessness or currently homeless; people with long-term health conditions and disabilities, and their carers; and parents of young children.</p> <p>Work with partners to increase awareness of advice and support on how to access local and workplace affordable childcare provision and information on after-school clubs.</p> <p>Ensure there is a sufficient supply of ESOL courses and that residents are aware of the learning opportunities available.</p>	<ul style="list-style-type: none"> • The target priority groups who need more intensive and personalised support are also those more likely to be experiencing social isolation and loneliness • Interventions to address social isolation and loneliness such as befriending services and community connectors need to be considered in the context of linking people more with employment and skills support • Signposting is insufficient on its own to enable greater participation of those who are socially isolated and lonely, for example people need more supportive handovers and warm introductions that can alleviate social anxiety • Parents who are socially isolated and lonely may be aware of services, but require additional support to participate and take advantage of employment support • The provision of ESOL is identified as an important measure to reduce social isolation and loneliness for these groups

Objectives 4&5: Encourage businesses to be inclusive and resilient, by tackling low pay, in-work poverty and reducing carbon emissions; Work with our anchor institutions to utilise our supply chains and increase spend with local business

Priority: Co-ordinate our policy and procurement levers to create opportunities for local businesses and quality jobs for local residents.	
Actions	Feedback from stakeholders regarding social isolation and loneliness
<p>Coordinate public sector procurement strategies to increase spend with local businesses, increase local recruitment, use local training provision and increase adoption of the London Living Wage.</p> <p>Deliver a pilot recruitment partnership with the NHS to test pre-employment support and in-work training/development for high demand occupations.</p>	<ul style="list-style-type: none"> • Procurement strategies for anchor employers do not specifically address the needs of those of those who are socially isolated and lonely • Pre-employment support by NHS employers requires greater focus on those are socially isolated and lonely and the links to widening participation and addressing equality and inclusion
Priority: Encourage and support local employers to provide employment opportunities for residents who face barriers to employment.	
<p>Promote family-friendly jobs that enable parents and carers to achieve a balance between employment and their caring responsibilities.</p> <p>Provide practical training and advice to employers to enable them to better support residents who have faced barriers to employment such as care leavers and people with disabilities.</p>	<ul style="list-style-type: none"> • Lack of flexible employment support is a factor that is thought to increase social isolation and loneliness for those in work • Care leavers and people with disabilities experience particular problems with social isolation and loneliness and support to address this needs to be built in to training and advice
Priority: Influence all local organisations to provide quality jobs and training opportunities to more local residents.	
<p>Promote family-friendly jobs that enable parents and carers to achieve a balance between employment and their caring responsibilities.</p> <p>Provide practical training and advice to employers to enable them to better support residents who have faced barriers to employment such as care leavers and people with disabilities.</p>	<ul style="list-style-type: none"> • Lack of flexible employment support is a factor that is thought to increase social isolation and loneliness for those in work • Care leavers and people with disabilities experience particular problems with social isolation and loneliness and support to address this needs to be built in to training and advice

Priority: Increase the engagement and involvement of businesses in our employment, skills and learning activity.

Expand the engagement of businesses in schools, colleges and adult learning including through work experience and curriculum activity.

Improve our knowledge of local business skills and staff development needs.

- Social isolation and loneliness in work experience opportunities is poorly understood and business, education and skills providers need specific strategies to address this
- Skills and staff development needs need to encompass social confidence at work including team building, equality, and inclusion

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