A Campaign to End Loneliness Response to the Care and Support White Paper

Last week's long-awaited [Care and Support White Paper](#), draft bill and progress report on social care funding reform were met largely by disappointment. Many feel that the lack of commitment to recommendations of the Dilnot Commission, or indeed an alternative programme of social care funding reform, risk undermining the promised transformation of care and support in England.

As Peter Beresford explains in his recent [Guardian column](#), many preventative services, including those that prevent or alleviate their loneliness, do not survive in a time of austerity: "Service users call for a new emphasis on prevention, which cost-cutting always inhibits."

However, even if we remain cautious that meaningful change can be delivered, we still welcome the White Paper's recommendations on loneliness and social isolation – and will continue to work to ensure policy becomes practice:

"Loneliness and social isolation remains a huge problem that society has failed to tackle"

The White Paper acknowledges that loneliness has a detrimental impact on our wellbeing, citing evidence that it leads to poor physical and mental health. For campaigners and practitioners alike, this is a positive and significant step forward in raising awareness of loneliness as a health, social care and public health issue – and not just a social issue.

It's inclusion in the White Paper is warranted: As our [international research conference on loneliness](#) highlighted last week, research has demonstrated loneliness has a similar impact on mortality as smoking, and is worse for us than obesity. It also has significant links to a range of chronic conditions (including hypertension and depression) and increases the risk of developing Alzheimer's disease by 50%.

It is also encouraging to see the White Paper championing a positive approach – in Chapter Two it recommends that councils build (or use existing) "skills, resources and networks" in communities to support their care users but also enable them to contribute to their communities "where they can and wish to".

In Chapter Four, it is also recognised that carers will require support to maintain their own health and wellbeing, and this will require making sure people are "more aware" of the options available to them to maintain their connections. Becoming a carer can puts us at serious risk of loneliness, as carer and Campaign supporter Daphne explained last month in [her blog](#) – so it is important the Department of Health recognise it in this White Paper.

"We will create shared measures of wellbeing across…both the Public Health and Adult Social Care Outcomes Framework with a particular focus on developing suitable measures of social isolation"

The most substantial announcement for the Campaign, however, is the Department of Health's promise to work with the care and support sector to develop measures of loneliness and social isolation to be included in the 2013/14 Public Health and Adult Social Care Outcome Frameworks.

In June 2011, the Campaign to End Loneliness partners wrote to Paul Burstow and David Oliver to recommend they included a measure on loneliness in the Adult Social Care Outcomes Framework (ASCOF). We explained that loneliness has a negative impact on physical and mental health and contributes to vulnerability of older people, especially on discharge from hospital.

We argued that without an indicator on loneliness in ASCOF, loneliness would never be prioritised on a local level, despite its detrimental impact on health and links to increased hospital admissions. An ASCOF measure would help health and wellbeing boards to measure loneliness and identify how they could effectively reduce vulnerability of older people and contribute to improved health in their older populations.

Some of our work has started to ensure that loneliness is tackled as a health issue in every area across England – our new [loneliness toolkit for health and wellbeing boards](#), funded by the Department of Health, was designed to help the boards measure and commission for loneliness in older age, and reduce its influence on demand for acute health and social care services.

These new ASCOF and PHOF measures on loneliness are therefore a significant extra step towards changing policy – but also practice – in communities on loneliness in older age.

What next?

Through this White Paper, and in funding our loneliness toolkit for health and wellbeing boards, the Department of Health is taking a leadership on addressing loneliness in older age. This needs to be sustained and developed beyond the publication of a White Paper by answering three main questions:

Firstly, Chapter 8 ('Making it Happen') says local authorities "will be expected to take a leadership role", which includes supporting the informal and community networks that help people stay independent. **How will local authorities be held to account if they are not taking responsibility on this?**

Some local authorities already commission services to support people receiving social care to maintain or make social relations, (an example is [Birmingham City Council](#)) but **how can ASCOF and PHOF measures be used encourage others to do commission to maintain or make social relations?**

Finally, how could the Department of Health extend its leadership on tackling loneliness in older age across other government departments? We welcome the way it works already on the issue with the Department of Work and Pensions and believe it should seek cross-departmental working with Transport, Communities and Local Government or Business, Innovation and Skills, to raise awareness of and generate a variety of government policy perspectives on the issue of loneliness.