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# Evidence *summaries*

## Updated meta-review of evidence on support for carers

- Policy and research interest in carers continues to grow
- Effective support may benefit patients and carers
- There is no 'one-size-fits-all' intervention to support carers
- Best evidence for interventions that may have an effect on carers:

### *For carers of people with dementia*

- Shared learning
- Cognitive reframing
- Meditation
- Computer-delivered psychosocial interventions

### *For carers of people with cancer:*

- Psychosocial interventions
- Art therapy
- Counselling

### *For carers of people with stroke:*

- Counselling

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The views expressed in this publication are those of the authors and do not necessarily reflect those of the NIHR or the Department of Health.

## Summary of evidence

This summary comes from the findings of a rapid meta-review carried out to update what is known about effective support for carers who support ill, disabled or older people on an unpaid basis, and sets out implications for further research and practice. The work updates a previous meta-review by Parker et al 2010.<sup>1</sup>

Evidence was sought on non-pharmacological support interventions for carers involving any direct outcome for carers and with relevance to the UK health and social care system. We also sought the views of carers who provided feedback on our findings.

Patterns in the literature were similar to earlier work. The quality of the reviews had improved; but primary studies remained limited in quality and quantity. The best evidence focused on interventions to support carers of people with dementia; others supported carers of people with cancer and those following a stroke. Further evidence existed for carers of people with various conditions at the end of life and those with mental health problems; however, this evidence was largely based on analyses of single studies that appeared generally less methodologically robust. Interventions were largely multicomponent with particular emphasis on psychosocial, psychoeducational, education or training aspects. The most common outcomes were mental health, burden and stress, and wellbeing/quality of life. Potential exists for effective support in specific groups of carers. A number of helpful high quality systematic reviews provided the basis of the recommendations made in the report.

Details of the project are presented in the full report available online:

<https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr05120/#/abstract>

## Sources of evidence

High-quality systematic reviews: 27

Medium-quality systematic reviews: 25

Low-quality systematic reviews: 9

## Why is this update important right now?

### *Policy and research*

Policy and research interest in carers – those who provide support, on an unpaid basis, to ill, disabled or older people to enable them to live in their own homes – has grown in importance over the past 30 years. Since 1995, the UK Government has introduced legislation and policy measures aimed specifically at carers, as well as setting up a cross-departmental Standing Commission on Carers. In 2009, the Department of Health commissioned a meta-review for the Standing Commission on Carers from the Social Policy Research Unit at the University of York to inform their thinking about how best to improve outcome for carers, as well as identifying future research areas.<sup>1</sup> The overall conclusion of the meta-review was that the strongest evidence of effectiveness of any sort was in relation to education, training and information for carers. These types of interventions - particularly when active and targeted rather than passive and generic – appeared to increase carers' knowledge and abilities as carers. There was some suggestion that this might thereby also improve carers' mental health or their coping. However, the review concluded that this latter possibility remained to be tested rigorously in research specifically designed to do so and which explored both effectiveness and costs.

Beyond this, there was little secure evidence about any of the interventions included in the reviews. This was not the same as saying that these interventions had no positive impact. Rather what the review revealed was poor quality primary research, often based on small numbers, testing interventions that had no theoretical underpinning, with outcome measures that might have little relevance to the recipients of the interventions.

### *Healthcare commissioning*

Given the increase in published evidence since the meta-review in 2010, the introduction of the Care Act in 2014,<sup>2</sup> the NHS England Commitment to Carers,<sup>3</sup> and an increased emphasis on joint working across social and health services, an updated meta-review was considered helpful to inform both the NHS and future research commissioning in relation to the needs of different types of carers and information about interventions to support them.

## What are the most promising interventions to support carers?

The table below draws together the best available evidence on promising interventions to support carers

<b>Best evidence for interventions that may have an effect on carers</b>		
<i>Type of carer</i>	<i>Outcome improved</i>	<i>Type of intervention</i>
Dementia	Anxiety	Cognitive reframing <sup>4</sup>
	Anxiety	Psychosocial interventions (computer-mediated) <sup>5</sup>
	Burden	Educational interventions aimed at teaching skills <sup>6</sup>
	Burden	Inter-disciplinary education and support <sup>7</sup>
	Burden (although outcome not explicitly defined)	Support groups <sup>8</sup>
	Burden and stress	Cognitive reframing <sup>4</sup>
	Burden and stress	Psychosocial interventions (computer-mediated) <sup>5</sup>
	Depression	Cognitive reframing <sup>4</sup>
	Depression	Meditation-based interventions <sup>9</sup>
	Depression	Psychosocial interventions (computer-mediated) <sup>5</sup>
	Depression	Support groups <sup>8</sup>
Depression	Telephone counselling <sup>10</sup>	
Cancer	Mental health	Art therapy <sup>11</sup>
	Physical distress	Couples-based psychosocial interventions <sup>12</sup>
	Psychological distress	Couples-based psychosocial interventions <sup>12</sup>
	Quality of life	Psychosocial intervention based on problem-solving and communication skills <sup>13</sup>
	Quality of life: relationship functioning	Counselling therapy <sup>12</sup>
Stroke	Family functioning	Counselling <sup>14,15</sup>

## What's most important for future healthcare commissioning and research?

The updated meta-review suggests a number of promising interventions for effective support in specific groups of carers.<sup>16</sup> These include shared learning, cognitive reframing, meditation, and computer-delivered psychosocial interventions for carers of people with dementia; psychosocial interventions, art therapy, and counselling for carers of people with cancer. Counselling may also help carers of people with stroke.

More good quality, theory-based, primary research is warranted. Evidence is needed on the differential impact of interventions for types of carers, together with the effectiveness of constituent parts in multicomponent programmes. Further research triangulating qualitative and quantitative evidence on respite care is urgently required. Overlap of primary studies was not formally investigated in our review and warrants future evaluation.

### References

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