**ESRC SEMINAR SERIES UNIVERSITY OF SURREY**

**Key points from plenary session 1: Costs and effectiveness of interventions to support carers**

5 groups were asked to consider three key questions. Answers were broadly similar across the 5 groups and the responses are summarised below.

*What outcomes for carers do you think we ought to be achieving?*

* Quality of life.
* Recognition.
* Empowerment.
* Sleep.
* It is important to recognise the diversity of caring experiences and the need for individualised outcomes.

*How can we include the outcomes that carers actually want themselves in evaluation research?*

* Co-production of research designs, including intervention studies.
* Carer involvement in the development and implementation of research, as well as the dissemination of research findings.
* Need to be mindful of what carers want at individual level and what society needs from carers.
* Need to have a broader focus – not just on the carer but on wider family life.

*How can we assess the cost effectiveness of carer support?*

* Analyse routinely collected data from local authorities.
* Need for clearer indicators in health and social care settings so that things can be routinely measured.
* Involvement of health economists is important.
* Longitudinal perspective is important.

**Key points plenary session 2: Theoretical, conceptual and methodological issues in researching support for carers**

5 groups were asked to develop a study outline relating to *either*:

* Respite care services for carers of children with disabilities.
* Support needs of carers for people with acquired brain injury.
* Impact of specialist dementia nurses on the health of carers of people with dementia.

**Group 1** focused on the impact of specialist dementia nurses on the health of carers of people with dementia and proposed a quantitative research design with a control group. They proposed to measure carers’ emotional health and the impact of specialist nurses on carers’ capacity to care.

**Group 2** focused on the support needs of carers for people with acquired brain injury. They proposed a mixed methods research design, utilising surveys and focus groups. The group recognised the importance of exploring the temporal aspects of the caring experience.

**Group 3** focused on the support needs of carers for people with acquired brain injury. They proposed a qualitative study that engaged with carers as researchers and captured the key stakeholder perspectives (carers, staff in health and social care settings). Biographical narrative interview techniques would be employed to elicit carers’ first-hand experiences.

**Group 4** focused on the impact of specialist dementia nurses on the health of carers of people with dementia. They proposed a quantitative research project, conducted over an eighteen month period that recruited carers prior to them receiving the specialist service and then evaluated the subsequent impact of the service.

**Group 5** focused on the impact of specialist dementia nurses on the health of carers of people with dementia. They proposed a qualitative research design using carer focus groups as the main method of data collection.