Dear Kostas

**Re: IPG-09-16-336: A systematic review evaluating the impact of paid home carer training, supervision and other interventions on the health and wellbeing of older home care clients**

Thank you for the opportunity to submit a revision of this paper. We describe below how we have responded to the reviewers’ comments.

**Reviewer: 1**

This manuscript is a systematic review of home carer interventions that reports both quantitative and qualitative studies. The topic is an important one with practical applications. The review shows the dearth of research on this subject which is the main conclusion of the review. Although preliminary in nature, the authors report interesting and useful information about which characteristics may lead to successful interventions such as the importance of a patient-centred approach, needs-focused rather than task-based care, important carer needs such as flexibility in hours. However, there are weaknesses in the manuscript which, if addressed, could improve the quality of the manuscript.

**1. More information about who are these home carers would be helpful. Authors state the workforce exists, but do not describe who they are and who employs them. Why is the well-being of home carers important, who are a paid workforce, alongside patient outcomes – not clear.**

Thank you for this suggestion; we have added the following text to the introduction:

*“In the UK in 2014/15, there were over 10,000 regulated home care providers; 4% were local authority, the remainder independent or voluntary organisations. Paid carers in England were predominantly female (85%); with a broad age range (45-54 the most prevalent age group); two thirds were of British nationality (UKHCA, 2016); demographic profiles similar in other Western countries (Jones et al., 2012). ”*

*“Home carers wellbeing matters, because staff stress and resilience is likely to affect care quality and life quality of clients; and high turnover erodes learning from experience and training.”*

**2. What is an example of what is task-centered vs need-centered would be helpful.**

We have added to the introduction text, which now reads:

*“Standard models of home care is task-orientated: needs (e.g. personal care, meals or shopping tasks) are identified, and help planned to meet them. This may undermine family carers and ‘person-centred care’ and be inappropriate for older people, especially those with dementia (Rothera et al., 2008). By contrast, person-centred or needs-based care aims to see the person with dementia as an individual and focus care around what matters to them.”*

**3. Results section is not well-written and confusing. How it’s organized is not clear. Headings are not informative. The paragraphs run together, and transitions from patient-focused to carer-focused studies are abrupt and at times, I’m unclear what point author is making.**

We have rewritten this section and think that it is clearer now. In particular, we have ordered the presentation of each paper so that client outcomes are presented first, followed by carer outcomes.

**4. On page 10, an article by Symes et al is described. It’s called a qualitative study but also includes a quantitative evaluation. The first study described in on page 8 describes the qualitative component and on page 12 authors describe qualitative themes in general.**

Apologies, we have clarified that the quantitative data is described by Mastel-Smith et al, the qualitative component from the same study by Symes et al.

**5. Abstract reports 10 articles and 8 interventions, then in results section reports 10 papers describing 7 studies.**

Apologies – it is 8 and we have corrected this in the results section.

**Did authors have a rule about reporting higher quality and lower quality studies – seems inconsistent in terms of which ones are described in depth and which are not. Also confusing is ‘1/6’, ‘2/4’ rated as higher quality on page 7 and 8, because authors describe lower quality studies as well.**

We have added to the results section to explain “*We presented all papers due to the paucity of evidence, but described the higher quality quantitative paper in more detail. Because both qualitative and quantitative analyses are included for two interventions, we describe quantitative and qualitative findings together, grouped by intervention type; followed by a synthesis of themes from qualitative papers.*”

**Also, various terms are used, ‘case workers’, ‘care managers’ – which is confusing. Are these same of different roles?**

We have changed this, so that the terms paid carer and care manager are used to refer to these roles throughout.

**6. In Table 1, why are there 2 columns for ‘n’? Table could have one column to describe the quality of the study. Are ‘validity’ assessments same as ‘quality assessment’?**

There is a column for intervention ‘n’ and a column for control arm ‘n’. We have changed the references to validity so that the abstract, methods text, Figure 1 and Tables 1 and 2 are all in line and term this quality assessment.

**7. Discussion section could be better written. First paragraph repeats the results section. Only one intervention was found to have an impact on client outcomes which is important to know, and the description of components is valuable for future intervention development.**

We have reworked this, reducing the review of results.

**Some more explanation of effective interventions done in care home that are relevant to home care would add to the discussion section.**

We have added further information and a reference to a submitted systematic review of care home interventions: “*In care homes, interventions to support staff getting to know, understand and connect with residents with dementia were valued by staff (Rapaport, et al, submitted).*”

**Conclusion is somewhat over-reaching in terms of need for trials. Much needs to be elucidated before a full-scale trial is warranted.**

We have changed the abstract and main conclusion, adopting this advice and that of reviewer two; specifically we have suggested feasibility testing would be the next step, rather than a full trial; this seems on reflection more reasonable, and is the next step we are planning in our centre.

**Reviewer: 2**

**Thank you for the opportunity to read this interesting paper. I would be interested to know the relevant countries when you are referring to findings from various studies as the service systems vary from country to country.**

We have added to the results section to state which countries each study described took place in.

**There are about 7 very long sentences (33-52 word). In each case, breaking into 2 sentences would improve readability. One sentence on abstract, one in introduction and one in the results section do not quite make sense to me.**

We have revised the paper, with a particular focus on sentence length and think that it is clearer now.

**I believe carers does not require an apostrophe on page 13, and "s" is needed in "Our research questions are...."**

Thank you – both amendments made.

**Please specify Randomised Control Trial the first time the term is used.**

Thanks for pointing this out – we have amended the abstract accordingly.

**May I suggest re-writing the conclusion with close reference to the stated research questions.**

We have changed the conclusion, which now directly addresses the research questions.