Randomised controlled trial with economic and process evaluations of domiciliary welfare rights advice for socioeconomically disadvantaged older people recruited via primary health care (the Do-Well study)

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Dedication: We dedicate this report to Emma Noble, the lead researcher on this project, who died tragically, aged 46, in the second year of the study. Emma was a registered general nurse who worked in the NHS for 14 years prior to her appointment to Newcastle University in September 2004. Emma worked as a researcher in the School of Neurology, Neurobiology and Psychiatry, and the School of Education, Communication and Language Sciences, before she was appointed as a Research Associate in the Institute of Health & Society. Emma worked on the Do-Well study from its inception and was central to establishing the trial. She was a highly valued member of the team. Her sudden and unexpected death was a shock, not only to her family, friends and colleagues, but also to study participants to whom she was a great source of support. She is greatly missed.

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Plain English summary

The Do-Well study

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Plain English summary

P oorer older people are more likely to need extra money and equipment to help them remain at home and cope with poor health. Welfare rights advice services can support those eligible to claim benefits, but we do not know if receiving these benefits improves health. This study evaluated advice given at home to people aged \geq 60 years from general practices in poorer areas. The service was provided by local government or voluntary organisations in North East England. Seven hundred and fifty-five people received the service immediately or after 24 months. We measured health and well-being before the service and 12 and 24 months later.

Among the 381 people who received the service immediately, 84 were eligible for additional benefits. Those who received new benefits were in poorer health and were less physically active than those who did not. We found no evidence that the service improved health or well-being during the period of the study, but there was some indication that it resulted in access to more care. However, those who received benefits valued them and told us how they felt their health and well-being had improved. On average, the new service cost £44 per person, £17 per person more than usual care. Although we are uncertain whether this service promotes health, the social and financial gains for those who received new benefits or care are clear. Longer-term follow-up of study participants or further evaluation using different types of research may help to find out whether or not the service can improve health.

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