

# Better homes, better lives:

The role of home  
improvement services in  
boosting the nation's  
health and wellbeing

February 2025

[ageing-better.org.uk](https://ageing-better.org.uk)



# Key findings

**Housing is a key determinant of health, wellbeing and financial security. The quality of our homes can mean the difference between a good later life or one that is marred with ill-health and poverty. Despite this, support to help people maintain, repair and adapt their homes is inconsistent across England, resulting in damp, cold and hazardous living conditions for millions of people.**

This report is based on work commissioned by the Centre for Ageing Better to understand the positive impact that comprehensive home improvements services can have on people's health and wellbeing, as well as reducing the demand on local public services. The research included a cost-benefit evaluation in order to inform national and local policymakers interested in meeting the needs of an ageing population, keeping people well for longer and improving the quality of their homes.

The key findings from the evaluation are:

- Over 8 million people in England live in homes that fail to meet basic decency standards, with 2.3 million homes containing at least one of hazard that is a serious and immediate risk to a person's health and safety (a Category 1 hazard). These unsafe homes cost the NHS £1.1 billion annually, with £595 million attributed to homes headed by people aged 55 and over.
- Home improvement services are vital to improving homes for millions of people. However, the availability of services across England varies significantly, leaving many without the support they need to repair their unsafe homes. The eight comprehensive home improvement services included in this evaluation are deemed 'exemplary' and show case what is possible.
- Across the eight services evaluated, figures for the latest financial year available show support was delivered to 17,950 households across 12 months. These interventions included handyperson jobs, energy efficiency upgrades and hospital discharge support.

- Service users reported significant benefits including enhanced independence, improved safety and better mental wellbeing. Testimonials highlight how even small adaptations, such as grab rails restore confidence and reduce anxiety. The ‘one-stop-shop’ model of many of the evaluated services was also praised due to how easy it was for service users to access and use the range of services available.
- Adaptations to the home that aim to prevent falls have significant potential to reduce demand on local health services. With an estimated saving for the NHS of £1.10 for every £1 spent, and a saving for society of £4.56 for every £1 spent.
- The evaluation also found that home adaptations installed by home improvement agencies as part of a hospital discharge service reduced the need for formal caregiving and enabled faster hospital discharge, saving £2,690 per discharge and reducing average bed days from 15 to 9.
- Despite the successes and impact of home improvement services, limited funding, rising material costs and workforce shortages continue to hinder the ability of services to meet growing demand.
- The UK government must develop a national strategy to fix cold and dangerous homes. This should set out detailed plans to improve poor-quality homes across all tenures and bring together work on housing currently divided between different government departments, such as health and social care and net zero. It must be backed by sufficient, long-term funding and include a mechanism for delivery at the local level, such as Good Home Hubs.
- Local authorities should ensure that residents have access to Good Home Hubs, local one-stop shops that provide support on all aspects of home repairs and adaptations. See our Good Home Hub model for more information.



# Introduction

**England's housing crisis is a complex and pressing issue, deeply interwoven with public health, social care, and national ambitions for net-zero.**

Poor housing conditions, including cold, damp, and structurally hazardous homes, have far-reaching consequences for individuals and society as a whole. Over 8 million people in England live in homes that fail to meet basic decency standards, with 2.3 million homes containing at least one hazard that is a serious and immediate risk to a person's health and safety (a Category 1 hazard) (English Housing Survey, 2023). The evidence shows that older adults are disproportionately affected by living in unsafe homes compared to other groups, with 60% of excessively cold homes occupied by individuals aged 55 and over (Ageing Better, 2024).

The connection between inadequate housing and negative health outcomes is well-established. In 2022/23 alone, 5,000 excess winter deaths were attributed to cold homes, highlighting the life-threatening consequences of inadequate heating and insulation (End Fuel Poverty Coalition, 2024). Falls, exacerbated by hazardous housing conditions, resulted in 234,000 emergency admissions for people aged 65 and over in 2019/20 (Office for Health Improvement and Disparities, 2023). These preventable health issues place an unsustainable burden on the NHS, with poor housing costing the healthcare system £1.1 billion annually, of which £595 million is attributable to homes headed by people over 55 (Ageing Better, 2024).



Economic repercussions extend beyond healthcare costs. Residents of unsafe homes often face increased utility bills due to poor insulation and inefficient heating systems, compounding financial stress for those on fixed or low incomes. The average cost to repair a home to decent standards is a relatively modest £3,618, yet deferred maintenance and systemic underinvestment exacerbate housing conditions, making eventual repairs more expensive. Addressing cold housing for older people alone could save the NHS £325 million annually (Ageing Better, 2024), while eliminating all major hazards in older people’s housing could reduce formal and unpaid care costs by £1.1 billion annually by 2027 (LSE, 2024).

Addressing the quality of housing is not just a matter of individual wellbeing—it is a societal imperative. By tackling the poor housing of millions of people, we can unlock a cascade of benefits: improved public health, reduced strain on health and social care services, economic growth through job creation in housing improvements, and significant strides toward achieving climate goals.

By exploring real-life examples and offering practical recommendations, this report summarises the findings of an evaluation that demonstrates how increased provision of comprehensive home improvement services can enable a healthier population, strengthen the resilience of public services and result in better economic outcomes. The findings illustrate why action is needed from both local and national policymakers to address safe and suitable housing as a critical priority. With the right resources and focus, homes can be a place where everyone feels secure, comfortable, and able to thrive.

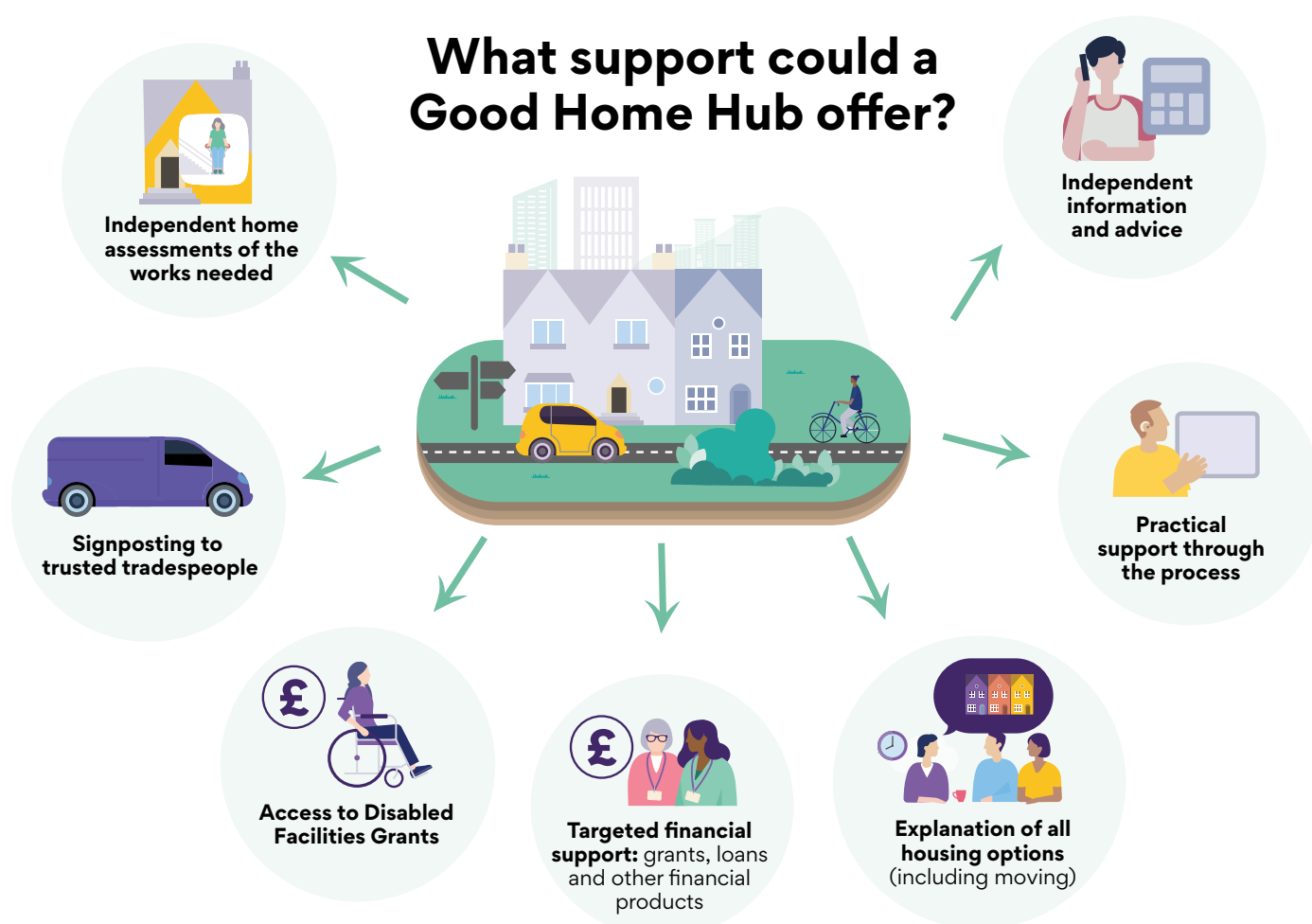


## Comprehensive home improvement services

In 2021, as part of our Good Home Inquiry, the Centre for Ageing Better conducted research with people living in poor-quality homes to understand what services would need to be in place locally for all residents to be able to repair, maintain and adapt their homes (Ageing Better, 2021).

In an ideal scenario, support would be there for all those who need it: those who cannot afford to pay for the repairs, those who can pay but need support to manage the process and others who only need some online information and advice. From this engagement and discussion with a large number of other stakeholders, we were able to define a vision for a comprehensive home improvement service. We call this a Good Home Hub.

A Good Home Hub is a one-stop-shop that provides support on aids and adaptations, repairs and maintenance, and energy efficiency. Providing support to people from all tenures and abilities to pay, delivered in partnership between local authorities, charities and businesses.



## About the evaluation

To build the evidence on the Centre for Ageing Better's concept of Good Home Hubs as a solution to the millions of unsafe and unsuitable homes in England, an evaluation was commissioned to assess the impact, effectiveness, and value of comprehensive home improvement services in the handful of areas where they exist. The evaluation sought to understand the role of these services in supporting vulnerable populations, improving living conditions, and delivering benefits to health and social care systems.

The evaluation was conducted by a consortium led by Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University, in partnership with the UK Collaborative Centre for Housing Evidence (CaCHE), the University of Sheffield, the University of Stirling, the Building Research Establishment (BRE) and Foundations.

The project ran for 18 months between May 2023 and October 2024 and involved updating BRE's cost of poor housing and adaptations models for older households, analysis on decent homes by region lived in by older people, an online survey of home improvement services across England, case studies with eight comprehensive home improvement services, and an economic evaluation based on Value for Money (VfM) and cost benefit analysis (CBA) frameworks.

The three main objectives of the evaluation were to:

- **Fill an evidence gap in research around the availability and impact of home improvement services.**
- **Provide case studies of areas of best practice which are currently delivering high quality services.**
- **Demonstrate to national and local policy makers the impact of comprehensive home improvement services on individuals' health and wellbeing, and on wider housing, health and social care pressures.**

In addition to collecting evidence on the scope and nature of comprehensive home improvement services, the evaluation sought to explore how they are funded, the role of key funding sources like Disabled Facilities Grants (DFGs), and how funding levels impact the delivery of services. It aimed to identify the systems, structures, and partnerships that enable effective service delivery, as well as any approaches that improve access for those in need. Additionally, the evaluation aimed to capture how these services contribute to broader goals such as supporting continued independent living and improved housing conditions across England.

# Mapping the scale and scope of home improvement services

There is no single source of information about the availability of home improvement services across England. As such, this research began with a survey of home improvement services to understand the variation in support available to residents across England.

Across a period of six months, 27 responses were received, achieving an approximate response rate of 10% of home improvement services across England. All of the organisations who responded to this survey, except two who were not council services, provided Disabled Facilities Grants (DFGs) for their residents. Beyond DFGs, the services offered begin to vary significantly. 69% provided hospital discharge support, 62% initiatives to improve warmth or energy efficiency and 54% a handyperson service. For elements such as information and advice and loans to low-income homeowners, the number fell to 38% and 31% respectively.

The majority of organisations offered six or less of the services, but five organisations offered close to 10 different services. Whilst other services may be available to residents through another local organisation, discussions with stakeholders suggest that this is often not the case and that, even where they are offered, they may not be well connected locally, meaning that it could be difficult for residents to navigate between services.

Beyond Disabled Facilities Grant funding, organisations' funding varied for a number of reasons. Excluding DFGs, total funding varied from £73,000 to £13 million, with an average of £1.8 million. When compared with levels of non-decency in the local area – used here as a proxy for need – there was little correlation. In three areas that all have around 20,000 non-decent homes, the local home improvement services spent between £3-£10 million on services other than DFGs.

The average cost of supporting beneficiaries calculated from survey responses was £6,610.



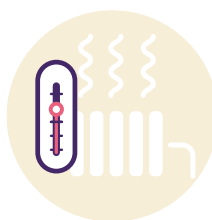
## The interventions delivered across the country included:



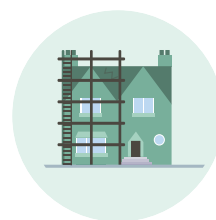
Healthy Home Assessments



Disabled Facilities Grants (DFGs)



Making homes warmer and more energy efficient



Home repair grants



Odd jobs and handy person services



Lists of trusted contractors to carry out home improvements



Information and advice on how to fund home repairs



Social prescribing hubs



Welfare and benefits advice



Hospital discharge and reablement services



Loans for low-income owners



Small grants, e.g., for dementia or assistive technology

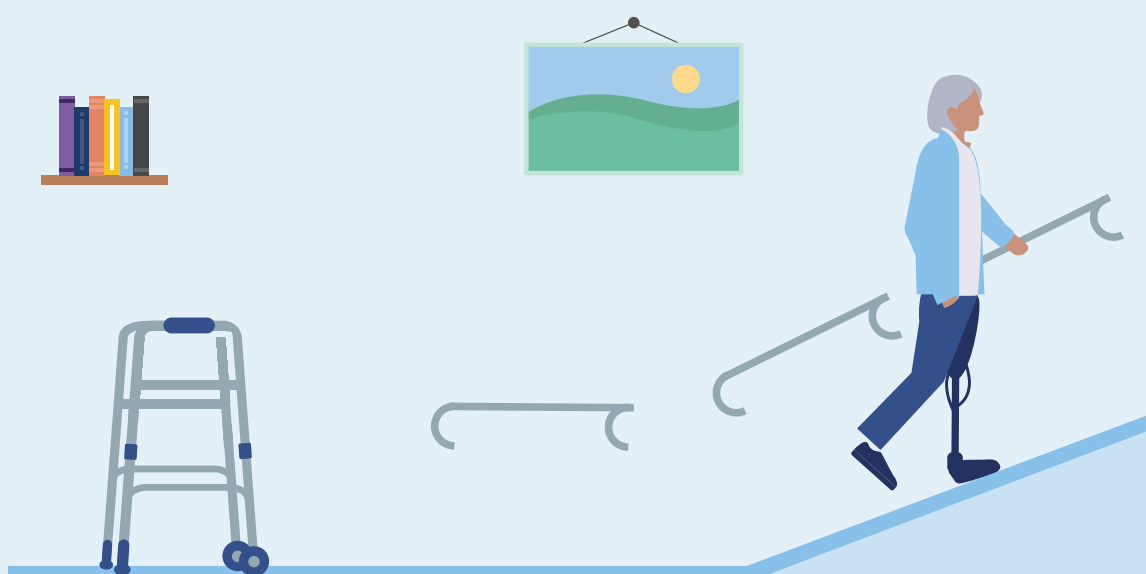
However, the amount varies relating to specific characteristics of the home improvement service. The research identified that the larger the range of services being offered, the lower average expenditure per beneficiary. Results from the survey home improvement services offering a limited number of services (four or less) had on average a lower average expenditure per beneficiary - £7,040 - compared to those with a middling number of services (five to eight) - £7,960 per beneficiary. However, the home improvement services that offered nine or more different services had on average the lowest average expenditure per beneficiary -£3,390 per beneficiary. This suggests that up until a certain point increasing the number of services on offer by home improvement service reduces the expenditure required: more services are associated with an enhanced and cost efficient service offer.

The survey reiterated what is widely accepted in the sector -that levels of funding for home improvement services rarely match levels of need. Local authorities are operating with such extreme funding constraints that unenviable decisions have to be made about what and who to prioritise.

# Understanding the impact of Good Home Hubs

To estimate the impact of Good Home Hubs across England, eight comprehensive home improvement services were selected as case studies for the evaluation on the basis that they provide a range of services that mirror the Good Home Hub model (see Table 1) and are known to be examples of best practice.

The areas cover six English regions, including rural areas, major urban conurbations, urban with city and town locations, and some urban areas with significant rural parts. Some of the selected case studies are part of the local council while others are separate organisations largely funded by their local authority. Further detail about the case studies is available in a separate publication, available [online](#).



**Table 1: Breakdown of the eight services included in the evaluation**

|              | Type Authority / Org      | IMD | One stop shop | Healthy Home Assessment | Energy Efficiency | Trusted Tradespeople | DFGs | Financial support | Preventative support | Advice | Practical support |
|--------------|---------------------------|-----|---------------|-------------------------|-------------------|----------------------|------|-------------------|----------------------|--------|-------------------|
| CASE STUDY A | City/HIA                  | 89  | No            | Yes                     | Yes               | Yes                  | Yes  | Yes               | Yes                  | Yes    | Yes               |
| CASE STUDY B | City/HIA                  | 55  | No            | Yes                     | Yes               | Yes                  | Yes  | No                | Yes                  | Yes    | Yes               |
| CASE STUDY C | City / HIA                | 182 | Yes           | Yes                     | Yes               | Yes                  | Yes  | Yes               | Yes                  | Yes    | Yes               |
| CASE STUDY D | Unitary / Arms length org | 5   | Yes           | Yes                     | Yes               | Yes                  | Yes  | Yes               | Yes                  | Yes    | Yes               |
| CASE STUDY E | City/HIA                  | 6   | No            | Yes                     | Yes               | Yes                  | No   | No                | Yes                  | Yes    | Yes               |
| CASE STUDY F | Unitary / HIA             | 146 | Yes           | Yes                     | Yes               | No                   | Yes  | Yes               | Yes                  | Yes    | Yes               |
| CASE STUDY G | City / CC                 | 52  | No            | Yes                     | No                | No                   | Yes  | Yes               | Yes                  | Yes    | Yes               |
| CASE STUDY H | City/HIA                  | 65  | No            | Yes                     | Yes               | No                   | No   | Yes               | Yes                  | Yes    | Yes               |

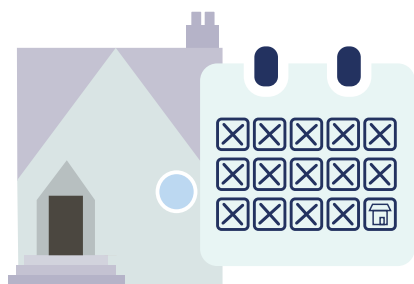
## How much did the evaluated services cost?

From the available existing data, the costs to run the services included in this evaluation ranged from 1.7 million to 18.7 million. The large variance is due to many factors such as the size of the service and the number of services they offer, however it is important to note the significant differences in current costs.

The mean cost of delivering the services who provided information was £6.9 million, whereas the median cost was £3.9 million.

This spend covered a range of essential costs, including staff salaries, recruitment, and training to ensure skilled and motivated teams. It also encompassed the delivery of interventions such as materials, equipment, contractor fees, and direct financial assistance to clients.

## What did the evaluated services deliver in a year?

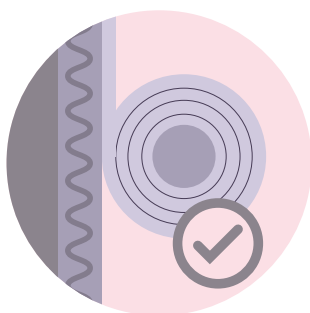


Across the eight services evaluated,  
support was delivered to

# 17,950

**households** across 12 months

A breakdown of the services provided was not available in all case study areas, however of the information the evaluation did receive, the services carried out:



## 4,727

energy efficiency and  
retrofit upgrades



## 12,276

interventions to facilitate  
hospital discharges



## 4,584

minor adaptations



## 9,802

handyperson jobs



## 1,951

completed DFG grants

## Case study D: the services offered and number of people helped

**Case Study D** is an independent charity that primarily operates within and is funded through the city council but provides some services that span across local authority boundaries into neighbouring boroughs. The proportion of non-decent dwellings is higher than the national average 19.2 per cent compared to 16.7 per cent as of 2019.

**This service has contact with around 6,000 clients a year.**  
In 2022-2023:



**6,702**

Home repairs or  
handyperson visits



**11,956**

people helped with hospital  
discharge and reablement



**1,919**

people supported to assess  
how to improve their home  
/ Healthy Homes  
Assessment



**862**

people helped to find a Trusted  
contractor to carry out home  
improvements



**1,044**

people were given  
information and advice  
on how to fund repairs



**1,335**

people received welfare  
and benefits advice



**23**

people supported with loans  
to low income owners/support  
to self-funders



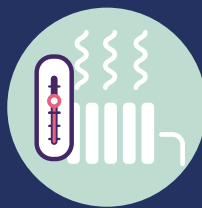
**96**

people benefited from  
other support provided



**19**

people helped with  
Dementia Grants



**254**

people supported to make  
their homes warmer / more  
energy efficient

## What were the estimated cost savings from the home improvement services?

The estimated mean cost of adaptations to prevent falls is:

**£1,600**



**£7,050**

is saved for the

**NHS**

every time a fall is prevented

**£29,140**

is saved for

**Society**

every time a fall is prevented

For every  
**£1**  
Spent on  
fall-prevention  
adaptations



an estimated  
cost saving of

**£1.10**

is saved for the

**NHS**

For every  
**£1**  
Spent on  
fall-prevention  
adaptations\*



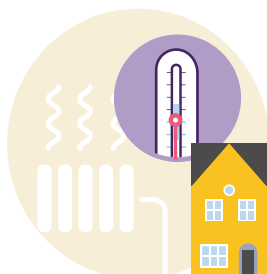
is saved for

**£4.56**

**Society**

\* Cost to society cannot be individually isolated, it however includes the following: higher energy costs, higher insurance premiums, higher paramedic costs, additional cost pressure on housing services and higher maintenance costs.

For every  
**£1**  
Spent on  
solutions for  
cold homes



**£10.12**

is gained by

**Society**

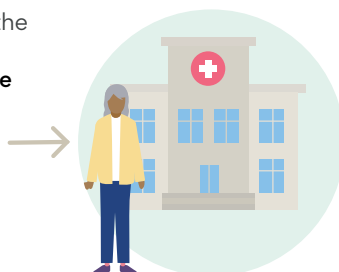
The estimated cost saving to

**Society** is

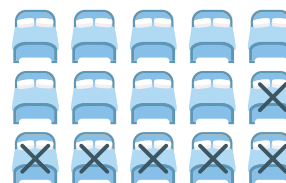
**£82 million**

by addressing excess cold in just 1,000 homes that are fuel poor and at risk of harm from excess cold

The average cost saving to the  
**NHS** as a result of early  
discharge from hospital due  
to support from home  
improvement services  
is **£2,690**



With the average number of bed days  
being reduced from 15 to 9.



The value of wellbeing  
benefits from adaptations is

**£2,790 to £3,230** per beneficiary

## EXAMPLE 2

# Case study B: estimated impact of fall-prevention measures



The figures below illustrate the potential value of case study B's fall-prevention activities. They do not include additional advantages of the service, for example, greater independence and reduced fear of falls, which means that the full return on investment will be greater.

To find out more about the analysis, please read the full evaluation research report available on our [website](#).

### Interventions:

# 3,443

Fall interventions delivered (22/23)

# 860.75

Number of falls prevented

# £1,599

Mean cost to falls prevention interventions

# £5,505,802

Total cost of falls prevention interventions

saving to the  
**NHS**

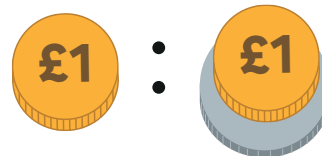
# £7,049

Estimated cost saving of each fall prevented to the NHS

# £6,067,016

Total estimated savings to the NHS

Return on investment: £1: £1.10



saving to  
**Society**

# £29,143

Estimated cost saving of each fall prevented to society

# £25,084,682

Total value of falls prevented to society

Return on investment: £1: £4.56



## **Benefits to public services, climate goals and the economy**

Through undertaking extensive surveys, analysing existing evidence provided by the evaluated services and conducting interviews with service users, commissioners and service providers, the evaluation found that home improvement services provide a range of key outcomes for their beneficiaries directly as well as for other services and wider society. Most of these outcomes are likely to be additional, which means they have occurred as a result of intervention from the home improvement service.

### **Health and social care**

The evaluation found that home improvement services play a critical role in safeguarding the health and independence of vulnerable populations by preventing health crises and reducing reliance on social care. The findings highlight the impact of targeted interventions such as hospital discharge services, fall prevention adaptations and hazard reduction strategies, which contribute to safer living environments and better health outcomes. Through integrated approaches and collaborative partnerships, the evaluation demonstrated how these services enhance the efficiency of health and social care systems and as a result deliver significant cost savings as outlined earlier in the report.

#### **Reduce demand for social care services**

Adaptations and repairs carried out by home improvement services enabled individuals to remain in their homes safely and independently, with practitioners and service users signifying how proactive measures to reduce risk of injury or ill-health reduced reliance on external care.

Falls are a leading cause of injury and hospital admissions among older adults (OHID, 2022), but within this evaluation certain interventions delivered, such as fall prevention measures and removal of hazards, decreased the likelihood of incidents in the home and therefore decreased the likelihood of the need for a social care intervention.

For users with mobility issues, adaptations such as widened doorways, level-access showers, and ramps removed barriers to safe navigation in the home, fostering confidence in their ability to live independently. Practitioners signified that this reduced the need for care placements and long-term reliance on formal caregiving services. Therefore, the ability to age in place not only preserved users' autonomy but also lessened the financial and resource strain on social care systems.



## CASE STUDY

### Case Study E

Case Study E significantly reduced the demand for social care through its hospital discharge service. The hospital discharge service provided a seamless transition for patients discharged from hospital including transport, minor home adaptations, and follow-up calls within 72 hours.

In addition, an additional support service offered up to four weeks of emotional and practical assistance for patients recovering at home, helping them regain confidence and independence. By addressing issues like food preparation, home safety, and emotional well-being, the service minimised reliance on social care visits or community support services.

Cross-referrals between teams, such as caseworkers and handypeople, ensured clients received comprehensive support without unnecessary duplication of effort. Together, these services enabled older adults to safely remain in their homes post-discharge, significantly alleviating pressure on social care systems.

### Enhanced efficiency of health and social care services

Home improvement services worked closely with social care teams, facilitating smoother referrals and better communication. This integrated approach, which was present in several of the evaluated areas, prevented duplication of effort and ensured timely delivery of services. For example, strong partnerships between occupational therapists and caseworkers allowed for a seamless flow of information and resources, optimising care delivery.

Strong relationships between not only individuals, but teams and external organisations, led to rapid responses for urgent cases. Programmes with multiple partners such as hospital discharge support provided immediate adaptations, such as temporary ramps or grab rails, which allowed individuals to leave hospital sooner. The quick turnaround for urgent repairs or safety measures prevented delays in care and enabled social workers to focus their time on more complicated cases.



## CASE STUDY

### Case Study D

Case Study D enhanced the efficiency of health and social care services through its integrated and multidisciplinary approach. The agency's hospital discharge service ensured seamless communication between hospitals, occupational therapists, and the home improvement service to facilitate rapid home adaptations following discharge.

For example, the Prevention Liaison Officer, a trusted assessor, coordinated minor repairs such as installing grab rails or clearing clutter, within hours of referrals. This ensured that patients could leave the hospital promptly, reducing bed occupancy and preventing delays in treatment for others. Their use of a single point of contact system streamlined processes, minimising duplication of assessments across services.

The service's ability to cross-refer clients internally further contributed to efficiency. Staff were trained to assess multiple needs during visits, such as the requirement for assistive technology, energy efficiency upgrades, or caseworker support. This holistic approach allowed clients to access multiple services without navigating separate systems, saving time and resources.

## Carbon emissions and reducing fuel poverty

The evaluation found that home improvement services have been instrumental in reducing carbon emissions through energy efficiency measures and the adoption of low-carbon technologies. By upgrading insulation, installing energy-efficient heating systems, and introducing renewable energy solutions such as solar panels, these services have helped to lower energy consumption in older homes and reduce bills. These efforts align with national decarbonisation goals, addressing both environmental priorities and the financial challenges of fuel poverty for vulnerable households.

### Reduction in carbon emissions

Often guided by national priorities and using the associated national provided funding available, reducing carbon emissions has become priority for many of the evaluated services and a core part of the service they deliver. The evaluated home improvement services implemented a range of energy efficiency measures, including insulation upgrades, draught-proofing and double glazing. Interventions which are all proven to significantly reduce energy loss in homes.

Many services offered programmes that supported the transition to low-carbon heating technologies, such as energy-efficient boilers, air-source heat pumps, and solar water heating systems. Replacing outdated, inefficient heating systems with modern, sustainable alternatives reduced reliance on gas and other fossil fuels. In some cases, homes were equipped with renewable energy generation systems, such as photovoltaic solar panels, further decreasing carbon emissions.

These upgrades ensured that homes met or exceeded energy performance standards aligning with national decarbonisation objectives. Programmes funded by initiatives like the Green Homes Grant and similar schemes were instrumental in achieving these objectives, ensuring progress toward energy performance certification standards and emissions reduction goals.

#### CASE STUDY

### Case study F

Case study F made significant strides in reducing carbon emissions through its comprehensive energy retrofit programme. During the period of the evaluation, the service retrofitted more than 200 properties, implementing a range of energy efficiency measures, including insulation, microgeneration technologies, and heating system upgrades.

These retrofits not only improved the thermal efficiency of homes but also significantly lowered energy consumption, reducing carbon footprints across the county. For example, insulation upgrades prevented heat loss in older properties, while the installation of microgeneration technologies, such as solar panels, allowed some households to generate renewable energy on-site. By focusing on properties with high energy usage, the service maximised its environmental impact and contributed directly to local and national decarbonisation goals.

### Tackling fuel poverty

Fuel poverty, a significant issue for low-income households, was effectively addressed through targeted energy efficiency measures delivered by home improvement services. By focusing on retrofitting homes with better insulation, energy-efficient heating systems, and other upgrades, these interventions reduced the amount of energy needed to heat homes, making them more affordable and comfortable for residents.

For many vulnerable households, the rising costs of energy was creating financial and health challenges. Home improvement services included in this evaluation prioritised these populations, ensuring that support reached those in greatest need.

Measures such as draught-proofing, installing energy-efficient boilers, and providing winter warmth essentials like blankets and heaters not only lowered energy bills but also improved health outcomes by reducing exposure to cold-related illnesses. By integrating energy efficiency measures into their offerings, home improvement services demonstrated how addressing fuel poverty could also advance environmental objectives.

#### CASE STUDY

### Case study C

**Case study C has been at the forefront of addressing fuel poverty through sustainable and green solutions tailored to vulnerable residents.**

The home improvement service leverages funding from the Winter Warmth Grant and Gas Safe initiatives to provide free boiler servicing, draught-proofing, and minor heating repairs for low-income and disabled households. These measures improve energy efficiency and ensure that

homes remain warm during colder months without increasing energy costs. By replacing inefficient heating systems and reducing energy wastage, the service helps residents reduce their energy bills while contributing to environmental goals.

In addition to direct interventions, the service promotes sustainable practices by educating residents on energy-saving behaviours, further empowering them to manage long-term costs. The service is closely aligned with the government's strategies for tackling fuel poverty by focusing on practical, low-carbon solutions that benefit both the environment and financially vulnerable populations.

## Enhancing the resilience of England's housing stock

Several of the evaluated home improvement services are working to strengthen the resilience of England's housing stock to climate change by addressing vulnerabilities in older, inefficient homes. Improvements carried out by the services made homes more adaptable to extreme weather events, which are expected to become more frequent due to climate change.

Beyond weatherproofing, the integration of renewable energy systems, such as solar panels and microgeneration technologies, home improvement services have also tackled long-term challenges posed by England's ageing housing stock.

Repairs to structural elements, such as roofs, windows, and walls, have addressed critical maintenance issues, preventing deterioration and extending the lifespan of homes. By bringing properties up to modern safety and efficiency standards, these services have reduced the need for costly future interventions and contributed to a more sustainable and resilient housing system.

### CASE STUDY

#### Case study H

**Case study H has improved the resilience of England's housing stock through its energy efficiency programme and targeted retrofitting efforts.**

The service focused on upgrading homes with low Energy Performance Certificate (EPC) ratings, ensuring they met higher energy efficiency standards. Key interventions included the installation of insulation, draught-

proofing, and boiler replacements, which enhanced thermal efficiency and reduced reliance on non-renewable energy sources.

These upgrades not only improved the comfort and safety of homes but also prepared them to withstand future climate and energy challenges. The service's integration of green technology and tailored solutions for vulnerable households has strengthened the long-term durability and sustainability of the local housing stock and surrounding areas, directly contributing to national goals for resilient and energy-efficient homes

## **Creating jobs and efficiently spending government funds**

Home improvement services provide a great opportunity to contribute to the economy by creating jobs, supporting local businesses, and reducing public spending on healthcare and social care. The evaluated services provide an insight into how investments in retrofitting and repairs stimulate local supply chains while improving the financial stability of households through lower energy costs.

### **Job creation and employment opportunities**

The evaluation found that home improvement services provided direct employment opportunities across multiple roles, including handypersons, caseworkers, technical officers and administrative staff. These roles were critical to the delivery of services within the evaluation, ensuring local residents received timely and high-quality interventions.

Many of the staff who work for the home improvement services have specialised skills, such as occupational therapists and energy efficiency assessors. The demand for such skills is ever increasing and these existing programmes are contributing to the development of a skilled workforce capable of addressing complex housing and health needs for years to come.

In addition to in-house staff, these services often require the expertise of electricians, plumbers and builders to undertake much of their work, therefore the existence of home improvement services is indirectly supporting employment by engaging local contractors and ensuring demand for the construction and maintenance sectors.

### **Efficient use of government funds**

In addition to creating jobs and improving skills locally, the evaluated home improvement services have proven to be an efficient use of government funds, delivering substantial returns on investment while addressing critical social and health needs. By proactively tackling risks associated with unsafe housing and enabling individuals to live independently, these services optimise the use of limited resources.

Practitioners emphasised how targeted interventions, such as energy efficiency measures and fall prevention adaptations, generated significant cost savings by preventing hospital admissions and reducing long-term care needs.

Services like the Disabled Facilities Grant highlighted how public funds could be effectively channelled into necessary home adaptations. These changes not only improved quality of life for individuals but also reduced strain on health and social care systems, demonstrating the dual benefits of investing in preventative measures.

The ability of home improvement services to align with broader government priorities—such as reducing hospital discharge delays, tackling fuel poverty, and supporting vulnerable populations—further underscores their value as a strategic investment. These services represent a model of public funding that delivers both economic efficiencies and meaningful social outcomes.

#### CASE STUDY

### Case study H

#### Driving economic impact through job creation and efficient resource use

Case study H has demonstrated significant economic contributions by creating employment opportunities, supporting local contractors, and maximising the efficient use of government funding. Employing over 50 full-time staff, the service provides stable jobs across various roles, including customer service teams, operational caseworkers, technical officers, and handypersons. This robust internal workforce enables the organisation to deliver a wide range of home improvement services while simultaneously fostering

local employment. Additionally, the service subcontracts work to trusted tradespeople for home adaptations, energy efficiency upgrades, and retrofitting, directly benefiting the construction and energy sectors in the regions it serves.

The organisation's use of government funding has been notably efficient. By leveraging grants such as Affordable Warmth, case study H prioritises properties with low Energy Performance Certificate (EPC) ratings and households in critical need of support, ensuring that resources are directed where they will have the greatest impact. This strategic allocation reduces waste while maximising the benefits of available funds. Case study H also curates a list of trusted tradespeople to maintain high standards of work, which minimises the risk of substandard services and associated costs.



## Benefits to service users

Through reviewing existing evidence provided by the case study areas and interviews with service users, commissioners and those who deliver the interventions, the evaluation found that existing home improvement services have significant benefits for their service users. These services greatly enhance the quality of life for individuals by fostering independence, supporting physical health, boosting mental wellbeing and improving financial resilience.

### Increased independence

Home improvement services play a pivotal role in supporting individuals to live independently and remain in their homes for longer. The evaluation found that the installation of home adaptations such as grab rails, stair lifts, ramps and wet rooms empowered individuals to navigate their homes safely, these adaptations were particularly life changing for those with mobility challenges.

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**‘I feel so confident. I have things also to hold so I’m confident on my own now. I don’t have to ask my children, I’m going in the bathroom, sit and wait, keep the door open in case anything happens so they can come and help me. Now I can go on my own whether there’s anybody at home or not, I can go on my own without fear’** (Service user, Case Study C)

Larger physical adaptations reduced reliance on family members and professional caregivers while services such as handyperson repairs addressed minor but critical issues. Undertaking tasks such as fixing doors and replacing lightbulbs enabled users to live more autonomously. Service users noted that making their homes safer and more functional allowed them to regain confidence in their ability to manage their daily lives.

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**‘I can actually just get in the shower without worrying about falling. It’s so easy. It’s a lovely shower. It’s just exactly what I needed. If they hadn’t have put it in, I don’t know what I would have done really.’** (Service user, Case Study D)

### Supporting the maintenance and improvement of their physical health

Through carrying out minor repairs, as well as delivering small and large adaptations to homes, existing home improvement services addressed critical physical health risks and facilitated better recovery outcomes for their service users following health crises.



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**‘[The adaptations are] helping us keeping pace with her progress basically because it’s a gradual process, physio exercises and gradually building up her confidence to tackling the stairs.’** (Service user, Case Study H)

In addition to preventing health crises for many, home improvement services greatly supported those who had experienced bouts of ill-health and had been admitted to hospital. For many, the difference between staying in hospital and being discharged is whether the home is deemed suitable and safe enough to support their recovery. Hospital discharge services, often working within tight timeframes, ensure homes are safe for individuals to recoup at home by installing minor adaptations. These timely interventions prevent readmissions and facilitate better recovery outcomes for people, all within the comfort of their own home.

## **Improved mental health and wellbeing**

All of the improvements carried out to service user’s homes not only contributed to maintaining their physical health, but they fostered mental health benefits by reducing stress, offering emotional support and addressing specific challenges like hoarding.

By creating safe, comfortable and well-maintained living environments, services users stated they felt less stressed and anxious, a feeling shared by their families who felt more comfortable knowing their relatives were safe at home. The emotional support provided by case workers throughout the process of improving homes had a significant impact on service user’s anxiety and mental health. Caseworkers built rapport with users through consistent communication and empathetic engagement, creating an atmosphere of trust in which they explained complex processes, provided reassurance and connected service users to necessary resources.

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**‘We got to a point where you don’t feel like seeing anybody. Then he got quite depressed. It’s helped him a lot, it’s just boosted him a little bit. And it’s helped me quite a bit, believe it or not. So, we’ve both benefited from it.’** (Service user, Case Study E)

Finally, specific services targeted at supporting those with mental health issues such as hoarding interventions, were greatly applauded by service users, as well as health and social care practitioners. By addressing both the physical challenges through activities such as decluttering and removing hazards, as well as providing psychological support in partnership with local mental health organisations and qualified professionals, access to hoarding services reduced feelings of overwhelm, shame and isolation, and encouraged users to reconnect with their community and participate in activities both inside and outside of the home.

**“ ‘The home improvement agency has extended the service using additional philanthropic funding to provide a group support network around service users. The support group is intended to provide a more sustainable solution to the issue by providing an empathetic service that understands hoarding as a mental health issue.’ (Home improvement service employee, Case Study H)**

## **Improved financial resilience**

Several services provided grants for necessary adaptations and repairs, as well as interest-free loans to ease immediate financial pressure. These specific initiatives allowed individuals to address critical repair needs, preventing further damage to the home and costly long-term fixes.

**“ ‘A charge [grant] on the house. My entire family were so happy that that was possible because it was difficult for me to get a loan. This one on the house, no problem.’ (Service user, Case Study C).**

Alongside providing immediate financial support through loans and grants, case workers conducted benefits checks to help low-income users access potential entitlements such as Attendance Allowance and Pension Credit which many were unaware of before.

**“ ‘It was the actual extra money [from benefits applications] that helped us to be able to think [...] we could go out in the community and see people, take your grandkids out.’ (Service user, Case Study E)**

These financial benefits, combined with tailored guidance and proactive support, ensured that users could manage their resources effectively while improving their quality of life. The long-term cost savings and stability fostered by these services were particularly impactful for vulnerable individuals and households.

# Issues facing existing home improvement services

The evaluation of home improvement services identified several key barriers that affect the services' ability to deliver timely and effective support to service users. Each barrier highlights areas where both practical and financial support for existing home improvement services is needed to ensure the sustainability and effectiveness of these vital services.

## Funding constraints

Disabled Facilities Grants (DFGs) are a crucial funding source for home improvement services, yet it is often argued that the allocation is insufficient to meet the increasing demand. The ageing population and high prevalence of complex cases has stretched funding to its limits, with many areas unable to deliver adaptations within reasonable timeframes.

Rising costs of materials and labour also exacerbate this issue, often reducing the number of households that can benefit from the available budget. Currently many services are having to provide discretionary grants to cover additional costs beyond the DFG limit, however not all services can offer these grants, and for those that can at this time it is unclear whether they can sustain that additional spend in the future.

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**‘Today it’s really difficult to provide what people need within the financial footprint that we’re looking at. And I think that’s probably the main challenge.’**

(Home improvement service employee)

## Balancing capacity and demand

Those that work for the evaluated home improvement services signified that demand has risen in recent years, however managing this growing demand with limited resources has led to significant challenges, causing delays and often unmet needs for some vulnerable people.

For example, some services reported waiting times of several months for minor adaptations. These delays are especially problematic for individuals at high risk of falls or hospital readmissions, as they may face preventable emergencies while waiting for assistance.

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**‘Our demand is higher, but their needs are much higher and much more complex and the amount of time it takes for our teams to either work with people to try and find solutions for them is really difficult.’**

(Home improvement service employee)

In addition, resources for home improvement services are not equal which exacerbates the challenges of balancing capacity and demand. Areas with higher concentrations of older households or low-income households face disproportionate demand for services, often without the corresponding increase in funding or staff capacity. Conversely, less-affected areas may have underutilised resources such as their DFG allocation, leading to inefficiencies in overall service delivery.

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**‘Rising costs and increasing demand mean that the DFG allocation is not going as far as it did, and local authorities are beginning to struggle.’**

(National stakeholder)

## Competing priorities between prevention and crisis response

Home improvement services face a significant challenge in balancing the urgent demands of crisis response with the long-term benefits of preventative work. While both are essential, the limited resources available often force services to prioritise immediate interventions, leaving preventative measures underfunded and delayed.

Urgent cases, such as facilitating hospital discharges or addressing immediate safety hazards, naturally take precedence. These situations often involve tight deadlines and the need for rapid action to prevent harm or enable safe recovery. For instance, temporary ramps or grab rails may need to be installed within days to allow patients to return home from the hospital.

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**‘Hospital discharges will come to us to say a patient needs to get out of hospital, but they can’t go home until they’ve got grab rails on their front door, or handrails up their staircase.’**

(Home improvement service employee)

The competing demands of prevention and crisis response place significant strain on staff and budgets. Without sufficient resources to address both priorities effectively, services are forced to operate in a reactive mode, limiting their ability to plan and invest in long-term solutions.

## **Recruiting skilled staff**

The inability to recruit skilled staff has emerged as a significant barrier to the effectiveness of home improvement services. The demand for these services continues to grow, but many programmes face challenges in finding and retaining qualified professionals, such as technical officers, occupational therapists, and contractors.

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**‘We tried to recruit a technical officer for seven rounds, and we’ve had to appoint somebody who’s not experienced but has the skills. Our handyman—seven or eight rounds—because you can earn as much in Aldi as you can being a handyman.’**

(Home improvement service employee)

The nationwide shortage of skilled professionals limits the capacity of home improvement services to meet demand. Many roles require specialised training, yet there are insufficient pathways to develop new talent, particularly for technical officers and tradespeople. This has created a bottleneck in delivering essential adaptations and repairs.

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**‘The inability to recruit staff can limit the ability of some organisations to scale their service or respond effectively to growing waiting lists.’**

(Home improvement service employee)

In rural and remote areas, finding skilled contractors or technical staff locally is particularly difficult. This results in longer waiting times and higher costs, as services rely on professionals from outside the area.

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**‘We’ve historically had to go out of the district to get qualified suppliers to deliver retrofit within the region. It’s a real constraint on the rate at which the service can expand.’**

(Home improvement service employee)

## Demonstrating impact

Demonstrating the long-term impact of home improvement services is a significant challenge that affects the ability of these programmes to secure funding and advocate for their value. While the benefits of these services—such as safer homes, reduced health care costs, and improved quality of life—are widely acknowledged, quantifying these outcomes in a way that resonates with funders and stakeholders is difficult. This barrier hampers the ability of services to highlight their full potential and justify continued or increased investment.

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**‘It’s trying to prove the wider benefits of what we do. For example, reducing the risk of falls and hospital admissions saves money for the NHS, but that’s not always an easy link to demonstrate.’**

(Home improvement service employee)

One of the key challenges is that the outcomes of home improvement services, such as reduced hospital admissions or improved mental wellbeing, often take years to materialise. Funders frequently focus on short-term results, such as the number of adaptations completed, rather than the broader, long-term savings and societal benefits. In addition, many of the benefits of home improvement services, such as reduced stress, improved confidence, or the ability to live independently, are inherently difficult to quantify. These outcomes are highly significant for service users but often overlooked in funding decisions.

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**‘We’re trying to build better monitoring systems, but the reality is that proving outcomes like mental wellbeing or independent living isn’t straightforward. It takes time and resources we don’t always have.’**

(Home improvement service employee)

Addressing this barrier requires the development of standardised data collection methods, improved tools for evaluating long-term benefits, and a broader understanding among funders of the value of preventative measures. As one service provider noted, *‘We know the difference these services make, but proving it in the way funders expect is one of our biggest obstacles.’* Overcoming this barrier is essential for ensuring the sustainability and effectiveness of home improvement programmes.

# Top tips for improving and expanding local services

Improving service delivery and expanding the support offered to residents requires a strategic and client-centred approach.

The evaluation highlights how focusing on collaboration, outreach, and innovation, organisations can enhance the quality and accessibility of their services while addressing the diverse needs of their communities. Below are practical and actionable tips for improving service delivery and expanding the local offer of support, helping to create a more inclusive, effective, and sustainable system of home improvement support.

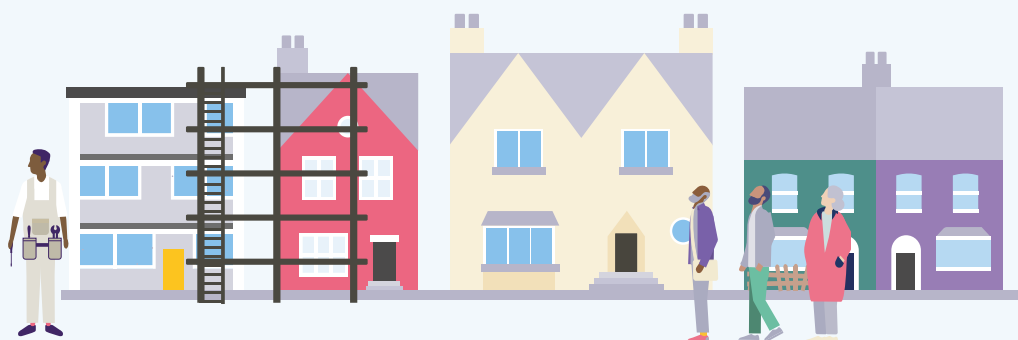
## Top tips for improving existing service delivery

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- 1 Create a clear mission and set of values that guide how everyone in the organisation works every day.** Strong leaders should focus on helping staff understand and prioritise the well-being of clients, ensuring services aim to enhance their dignity, independence, and overall quality of life.
- 2 Make it easy for people to get in touch and ask for help.** Keep access simple and ensure staff are ready to guide them through the process. Use initial visits or simple repair requests as opportunities to identify and address other needs.
- 3 Target in-need groups through proactive community outreach to ensure vulnerable populations are aware of and can access available support.** Outreach efforts can address barriers such as lack of awareness, distrust, or difficulty navigating application processes, ensuring equitable access to services.



- 4 Work closely with other teams and services to create a seamless experience for clients.** Regular communication and shared systems can help avoid confusion or delays. Where possible, co-locate services to make it easier for clients to access everything they need in one place.
- 5 Form strong working relationships with local health services, councils, and community organisations.** Meet regularly with these groups to ensure services work well together, and make sure everyone understands the value that housing improvements bring to health and well-being.
- 6 Provide training to help staff develop both technical skills and people skills.** For example, teach them how to handle difficult situations with empathy and patience, especially when working with vulnerable groups. Support career development with apprenticeships and other training programmes. Train staff to spot potential problems before they grow into bigger issues. Provide flexible, fast-acting solutions like hospital discharge support that prevent further complications. This approach not only helps clients but also saves time and resources for other services.
- 7 Share success stories and positive outcomes through local media, community events, and partnerships.** This helps build trust, raise awareness, and strengthen the service's reputation as reliable and client focused.
- 8 Enhance data collection practices internally and across local partnerships to improve decision-making, streamline service delivery, and demonstrate impact.** Improved data sharing between health, housing, and social care organisations allows for more accurate identification of needs, reduces duplication of efforts, and ensures resources are targeted effectively.





## Top tips for expanding the existing service offer

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We recognise that it is often not possible to create or redesign a whole new service, therefore we recommend that areas start their journey to improving the local offer of home improvement support by undertaking one or several of the following:

- 1 Prioritise streamlining Disabled Facilities Grant processes to ensure effective and timely delivery of adaptations for eligible residents.** By ensuring efficient allocation of DFG budgets, local authorities can maximise the impact of these grants and enhance the quality of life for residents in need.
- 2 Look at opportunities nationally to apply for relevant funding and implement a simple energy efficiency and warmth top up service to provide cost-effective, immediate support for vulnerable households.** This service can address minor home improvements, such as draught-proofing, radiator reflectors, and energy-efficient lighting, which deliver quick benefits in thermal comfort and energy savings.
- 3 Engage with local hospitals and health providers to explore whether there is an opportunity to collaborate on a hospital discharge service to support patients transitioning safely back into their homes.** By addressing housing-related barriers to discharge, local authorities can reduce hospital readmissions, alleviate pressure on healthcare services, and improve patient outcomes.
- 4 Look to establish a handyperson service to provide practical, low-cost support for minor home repairs and adaptation.** A well-coordinated handy person service would align with broader health and housing objectives and offer a cost-effective solution to improving the quality of homes locally.
- 5 Explore opportunities for offering paid-for options for households that can afford repairs and adaptations, creating a sustainable model to support both vulnerable residents and those willing to pay.** Paid services can also appeal to residents seeking reliable, high-quality repairs and adaptations, fostering trust and encouraging the use of local, vetted providers.

# Conclusion

**The findings of this evaluation highlight the profound impact that comprehensive home improvement services can have on individuals, public services and broader society.**

By addressing the widespread issue of England's unsafe homes, these services have demonstrated their potential to improve health outcomes, reduce healthcare and social care costs, and create safer, more comfortable living environments. They have also shown the potential for significant economic benefits, from saving the NHS and society millions annually.

The evidence presented makes a clear case that improving housing quality is not merely a matter of individual well-being but a societal necessity. For older adults and vulnerable populations, safe and suitable housing provides the foundation for independence, dignity, and a better quality of life. Meanwhile, the environmental benefits of energy efficiency upgrades and retrofitting contribute to national efforts to tackle climate change and achieve sustainability goals.

Despite these successes, the report also reveals key barriers that must be addressed to fully realise the potential of these services. Funding shortages, capacity challenges and difficulties in recruiting skilled staff are significant obstacles that hinder timely and effective delivery. Furthermore, the growing demand for these services, coupled with under pressure resources, highlights the need for a coordinated, long-term approach.

To ensure lasting change, the Centre for Ageing Better calls for immediate action at both local and national levels. Policymakers must prioritise housing improvements as an integral part of health, social care, and climate strategies. Increased investment, streamlined processes, and enhanced collaboration between sectors will be essential to overcoming the challenges identified and scaling up the successes achieved.

To conclude, addressing poor housing is a critical step toward creating a healthier, more equitable, and sustainable society. The evidence from this evaluation provides a clear roadmap for action,

offering practical solutions that can transform lives while delivering significant economic and environmental benefits. By acting now, we can ensure that safe, suitable, and energy-efficient homes are not a privilege but a basic right for all.

## **Local recommendations**

In each local area there should be a one-stop shop for all aspects of home repairs and adaptations, with support on everything from finding trusted tradespeople and identifying what work needs to be done, to how to finance repairs and improve energy efficiency. We call this a Good Home Hub. Local Good Home Hubs would build on the good practice in home improvement services already in place across England. They would form a network to share best practice and learning and would be supported by a national framework, adapted to suit different areas, so that wherever you live you receive the same high-quality support.

## **National recommendations**

In order to address the issue and impact of dangerous homes on people and society, the Centre for Ageing Better is calling on the UK government to develop a national strategy to fix cold and dangerous homes that are damaging people's health. This should set out detailed plans to improve poor-quality homes of all tenure types across England and bring together work on housing from multiple government departments. It must be backed by sufficient, long-term funding and include a mechanism for delivery at a local level, such as Good Home Hubs.

**In addition, we recommend:**

- 1 Embedding housing considerations into the NHS's long-term plan** to ensure housing quality is treated as a key determinant of health.
- 2 Allocating dedicated funding streams for proactive housing interventions**, including retrofitting homes and preventing hazards such as falls.
- 3 Strengthening collaboration by making housing a statutory component of Integrated Care Systems**, ensuring that local health, housing, and social care teams work toward shared goals.
- 4 Expanding and streamlining access to nationally available grants and financial assistance for vulnerable households**, reducing barriers to critical home adaptations.

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The Centre for Ageing Better is pioneering ways to make ageing better a reality for everyone, including challenging ageism and building an Age-friendly Movement, creating Age-friendly Employment and Age-friendly Homes. It is a charitable foundation funded by The National Lottery Community Fund and part of the government's What Works Network.