Centre for Ageing Better

Home Improvement Services in England

National Evaluation Executive Summary

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in partnership with:

Sheffield Hallam University | Centre for Regional Economic and Social Research

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UK Collaborative Centre for Housing Evidence

University of Stirling

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Introduction

This report presents the main findings from the national evaluation of home improvement services in England. The Centre for Ageing Better appointed the 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 to conduct the evaluation. The evaluation ran for 18 months between May 2023 and October 2024.

The evaluation builds on the Good Home Inquiry[1] which called for more effective local delivery of home improvement services across England. Better evidence is required to demonstrate the contribution and impact these services make, and to nationally influence for increased prioritisation and investment.

Older people, particularly those living in the private rented or owner-occupied sector, are more likely to reside in a home that poses a risk to their health and to have their health conditions adversely affected by poor quality homes (Centre for Ageing Better, 2023).[2]

Many homes are in a state of disrepair, with over 3.5 million homes failing to meet the Government's Decent Home Standard. Research by the Building Research Establishment (BRE) for Ageing Better, and undertaken as part of this evaluation, indicates that over 50 per cent of the non-decent homes in the owner-occupied sector are headed by someone aged over 55.

Latest estimates[3] suggest that 759,000 households, or seven per cent of all households with a person aged 55 years or over across England, need an adaptation and do not have an adaptation. This means that half (49 per cent) of households in England with a person aged 55 who need an adaptation do not have one.

[1] The Good Home Inquiry | Centre for Ageing Better (ageing-better.org.uk)

[2] Centre for Ageing Better (2023b). Lost Opportunities: A decade of declining national investment in repairing our homes. Centre for Ageing Better.

[3] Counting-the-cost-report.pdf

Home improvement services

Home improvements refer to all kinds of physical changes, modifications and assistive devises that can be put in place in a home to support healthy ageing (McCall et al., 2023).[4] They include major and minor adaptations ranging from the provision of level access showers and wet-rooms, alterations to room layouts, toilet replacements and stair lifts to handrails, ramps, lighting improvements, heating controls, key safes, and monitoring equipment for individuals with health conditions such as dementia (Centre for Ageing Better, 2017).[5] Home improvement services are also often a place to seek information and advice. Services sometimes extend their offer to deal with affordable warmth and energy efficiency issues and include support for dementia and help with creating dementia sensitive environments.

Home improvement services are vital given the ongoing importance of 'ageing-in-place' and providing support and resources to help people remain living in their own homes and community settings.

Over the last decade or so funding for home improvements and housing renewal has been cut. A recent report suggests that some £2.3 billion of funding for grants has been withdrawn over this period (Centre for Ageing Better, 2023).[6] A lack of clear Government guidance to local councils (Mackintosh and Heywood, 2015)[7] also results in a fragmented policy landscape in which available grants and home improvement services remain location dependent, likened to a 'postcode lottery' (McCall et al., 2023).[8]

This patchy landscape and lack of available funding make for an ineffective and inefficient home adaptation service process (Zhou et al., 2019).[9]

[4] McCall, V., Gibb, C., & Wang, Y. (2023). The 'fight' for adaptations: Exploring the drivers and barriers to . International Journal of Building Pathology and Adaptation.

[5] Centre for Ageing Better. (2017). Room to improve: The role of home adaptations in improving later life.

[6] Centre for Ageing Better (2023). Lost Opportunities: A decade of declining national investment in repairing our homes. Centre for Ageing Better.

[7] Mackintosh, S., & Heywood, F. (2015). The Structural Neglect of Disabled Housing Association Tenants in England: Politics, Economics and Discourse. Housing Studies, 30(5).

[8] McCall, V., Gibb, C., & Wang, Y. (2023). The 'fight' for adaptations: Exploring the drivers and barriers to . International Journal of Building Pathology and Adaptation.

[9] Zhou, W., Oyegoke, A., & Sun, M. (2019). Adaptations for Aging at Home in the UK: An Evaluation of Current Practises. Journal of Ageing and Social Policy.

Methodology and Evaluation Activities

The evaluation addresses four main objectives 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.**
- **Inspire local policy makers to improve their service offer using learning from case studies about how best to implement change.**

The evaluation is organised under several workstreams headed up by consortium partners. Key components of our approach include updating BRE's cost of poor housing and adaptations models for older households, analysis on decent homes by region by older people, an online survey of home improvement services across England, case studies with eight home improvement services, and an economic evaluation based on Value for Money (VfM) and cost benefit analysis (CBA) frameworks.

Our approach centralises the lived experiences of services users and a whole strand of work is dedicated to embedding lived experience into the evaluation. The stakeholder engagement work package covers a range of different activities including stand-alone engagement and dissemination activities, as well as some research activities which provide an important avenue to substantive stakeholder consultation through the course of the evaluation.

The case studies

A main objective of the evaluation is to provide case studies of areas of best practice which are currently delivering high quality services. During the evaluation scoping phase, we consulted on case studies and eight areas were chosen.

The areas cover six English regions, and include rural areas, major urban conurbations, urban with city and town locations, and some urban areas with significant rural parts. The case studies offer a range of services and different types of support incorporating innovative aspects to the delivery of home improvement services. Some of the selected case studies are situated within their local council or organise more arm's length. Some operate like one stop shops and fit more with the Good Home Hub model of simplified access to information and services.

Case study location characteristics

Organisation	Type of Local Authority /Organisation	Region	Urban or Rural*	IMD**	Diverse***
Case Study A	**District Council/HIA**	**North West**	**Urban / Significant Rural**	**89**	**Less diverse**
Case Study B	**City Council/ Independent non-profit**	**Yorkshire**	**Predominantly Urban**	**55**	**More diverse**
Case Study C	**District Council /HIA**	**South East**	**Predominantly Urban**	**182**	**More diverse**
Case Study D	**Unitary Authority / Arm's length HIA**	**North East**	**Predominantly Urban**	**5**	**More diverse**
Case Study E	**City Council/HIA**	**North West**	**Predominantly Urban**	**6**	**More diverse**
Case Study F	**Unitary Authority/HIA**	**South West**	**Urban / Significant Rural**	**146-265**	**Less diverse**
Case Study G	**City Council/CC**	**East**	**Predominantly Urban**	**52**	**Less diverse**
Case Study H	**City Council/ Independent non-profit**	**South West**	**Predominantly Urban**	**65**	**More diverse**

*Rural or Urban source - ONS Rural Urban Classification Look up tables
**ONS Index of Multiple Deprivation (1 most deprived)
***ONS Population Profiles for English LAs

For example, Case study E 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. Within the local authority there is a high level of deprivation

Case Study E provides the following services:

- **Healthy Homes Assessment / Home Safety Check.**
- **Odd jobs / handyperson services.**
- **Disabled adaptations/DFGs.**
- **Home Repair Grants.**
- **Caseworker service.**
- **Lists of trusted contractors to carry out home improvements.**
- **Hospital discharge and reablement services.**
- **Making homes warmer / more energy efficients.**
- **Welfare and benefits advice.**
- **Information and advice on how to fund home repairs.**
- **Providing loans to low-income owners.**
- **Small grants, e.g. dementia or assistive technology.**
- **Mental health support.**

They work with various external partners, including Local Citizens Advice and other benefits and advice organisations, local GPs, local health and social care providers, Integrated Care Partnerships, and mental health services.

Although the case studies selected for the evaluation serve to illustrate examples of good practice, it should be noted that some of them are experiencing significant change, and most are facing ongoing challenges associated with service demand and level of funding.

The nature and scale of home improvement services

We conducted an online survey to find out about home improvement services, the type of services they deliver, who receives these services and benefits from them, and how services are funded. The survey is based on 28 responses and is not a representative sample, but the findings give an indication of the nature and scale of home improvement services in England.

Most responses to the survey were from local authorities providing home improvement services. A small number of independent Home Improvement Agencies or charities also responded.

Funding

Most of the funding received by the organisations responding to the survey came from their Disabled Facilities Grant (DFG) allocation. More than 90 per cent of home improvement service organisations in the survey provide disabled adaptations service or DFGs and three quarters of them receive more than £1million in DFG.

Whilst other local authority pots of money often make up the second biggest source of funding for home improvement services, the amounts reported are less than DFG funding received, and just over a third of organisations say they receive no funding from other local authority sources

Almost half of the organisations responding to the survey make their own financial contributions to the service and a similar proportion, 45 per cent, receive energy efficiency or warm homes funding. More than two thirds of services receive funding from other sources. A smaller proportion of organisations (16 per cent) say they receive Health Service funding.

Most organisations responding to the survey say that their funding has been stable or increasing over the past three years and expect it to stay the same or increase a little over the next three years.

This seemingly positive picture of stable funding, however, should be set within a context of the increasing costs of adaptation work, greater need, and a growing demand for services which is outstripping funding.

What services are delivered

Most home improvement service organisations provide disabled adaptations or DFGs to enable residents to carry out adaptations. Just under two thirds (64 per cent) of organisations said that they provide hospital discharge and reablement services, and 57 per cent say they provide services to make homes warmer or more energy efficient. Half of respondents said they provided an odd job or handyperson service. Less common services include providing information and advice on how to fund home improvements, and Healthy Homes Assessments or home safety checks, which are provided by just over a third (36 per cent) of organisations responding to the survey.

Compared to other organisations who answered our survey, a greater proportion of the case studies provide social prescribing hubs (three case studies), small grants, hospital reablement services and services that help people to make their homes warmer.

Working with related service providers

The online survey reveals that home improvement services work with a range of other organisations. Most (89 per cent) have worked with local health and social care providers over the past three years. Sixty-one per cent say they have worked with other voluntary and community organisations, and 57 per cent say they have worked with mental health services.

The case studies work closely with a range of partners and stakeholders across different sectors reflecting the breadth of their service offer. They take a proactive approach to developing close working relationships to deliver specific projects and services. Several of the home improvement services are integrated with a wider network of local authority services, health, and care providers, and third sector organisations delivering services such as hospital discharge and funding OTs.

The number of households supported

There is a wide variation in how many households are supported by each home improvement service. Almost half of the organisations responding had supported up to 500 households in the space of a year. A fifth of organisations has supported between 500 and 1000 households, while a quarter of organisations reported that they had supported 1,000 or more households.

All the case studies typically support well over 1000 households annually. Figures for the most recent years collected indicate the case studies supported thousands of service users.

Home improvement services are supporting more households and most expect demand for their services to continue to rise. Over three quarters of organisations responding to the survey said that the number of households they have supported over the past three years has increased, with almost 40 per cent stating that the increase was over 20 per cent.

Who is being supported

Home improvement service users are mainly older people, people with a disability and/or health condition, owner occupiers, and those on low incomes. The demographic and tenure breakdown may vary slightly with varying emphases across services, but this pattern holds true across different services and areas.

Specific services such as DFGs also support a mix of adults and children. Eligibility rules for commissioned services often vary by age and between different services. There is evidence that age thresholds are increasing due to funding constraints and the greater needs of older clients.

The case studies are trying to make their service more accessible by building connections and increasing their efforts to reach out to under-represented communities through outreach work.

Main benefits

In the online survey we asked home improvement services what they considered to be the main benefits of the services and interventions they deliver for their clients.

Most organisations (82 per cent) said that one of the main benefits of their service was reducing minor illnesses such as colds. 79 per cent of home improvement organisations said that reduced emergency admissions were a main primary benefit of their service, and the same proportion said that reducing fuel poverty and creating a more accessible home were benefits. Two thirds (68 per cent) said that less worry/reduced mental health problems was one of the main benefits.

Organisations reported that other benefits, beyond those listed in the survey, were a decrease in home carers needed or fewer hours of home care required. They also told us that there are measured impacts in relation to people remaining independent in their own home.

The quality of home improvement services

The case study home improvement organisations provide a comprehensive service by offering lots of different services. They also receive lots of referrals from a diverse range of organisations and partners – with clear referral routes and eligibility criteria to ensure that the people who can benefit from the service have priority accessing it.

They also provide a comprehensive service offer through:

Developing their services over time and responding to need.

As mature organisations the case studies are seen as being better able to understand how home improvement services can work to support the wider system, respond to local government priorities, and take better strategic approaches. Over time services have evolved and developed to become more comprehensive.

For example, Case Study H benefits from significant 'public and political support' in the region, due to its longstanding presence, strong connections with related service partners, and record of delivery. This situation had enabled the home improvement service to access philanthropic funding throughout their years of operation.

Their delivery model - One stop shops, holistic support, and integrated service delivery models

Case studies strive to provide a holistic offer, and some case studies are adopting more integrated approaches to deliver a comprehensive service. Some services are simplifying access and bringing services together to operate more like a hub or 'one stop shop.'

For example, Case Study A adopts a one-stop-shop model to deliver adaptations. Within the one-stop-shop approach, DFG acts as the hub of the service with adjacent services supplementing the DFG process to provide a wraparound service. Case Study D and F are integrated with health and adult social care to provide adaptations, prevention, and home repairs. They streamline existing provision bringing together a multitude of agencies to form collaborative multi-disciplinary teams. Having such a commitment to joint action across local government, health, social care, and housing, encourages more effective joint working.

Flexible use of funding and good relationships with commissioners and funders

Good relationships with commissioners and funders are vital enablers to the flexible use of funding and the capacity to offer a more comprehensive home improvement service. Working closely with these parties helps to inform service development and create further opportunities.

For example, Case Study B regularly consults with managers and commissioners in stakeholder organisations to align their service offer with changing needs and funding opportunities. Consultation with Health and Housing in the City Council led to the expansion of their weatherproofing service and the inception of a new service around air quality.

Putting caseworkers at the heart of their service

Most case studies are putting caseworkers at the heart of what they do. Caseworkers are particularly important for smooth and effective delivery and are the single point of contact for the client. For example, caseworkers are undertaking initial visits and triaging clients, assessing eligibility for the different home improvement services. Caseworkers are pivotal in bringing in other staff such as surveyors and assembling the package of support, tailoring the level of provision to the needs of the client. Caseworkers described their role as helping to navigate the system on the client's behalf and to get the best outcomes possible.

Cross referrals and wrap around service

In the case studies, cross referrals to different parts of their own service and beyond to other agencies happen regularly and are embedded in the way the services work.

Staff reported that clients often have more than one need. For example, people may be referred for one issue initially, such as income maximisation, but caseworkers assess clients for any other issues during their visit to the client's home and through their conversations. An individual might need a benefits check and a key safe, so the caseworker and handyperson team would both receive referrals.

Cross referrals are part of multi-agency working and providing an efficient wrap around service to clients. Staff need to be well-informed of the different services that are available and may be appropriate, allowing them to cross-refer where this could be useful.

Co-location and/or working closely with other related services

Several of the case studies benefit from being co-located and/or working closely with other connected services such as OTs and reablement services. This arrangement facilitated a more effective comprehensive service offer. Being co-located or meeting regularly with staff from other aligned services enables cross referrals, and better discussions about cases.

For example, caseworkers in case study G stated that having the whole team co-located in the same office (e.g. technical officers, caseworkers, OTs, etc.) supporting good communication and team working helped the whole home improvement process to be as efficient as possible. They reflected that doing joint visits (e.g. caseworkers and OTs) was beneficial as one person can be focused on talking to the client while the other is observing the home environment.

Having appropriate systems and strong administrative support to back a comprehensive offer

The case studies highlight the importance of having good administrative support and appropriate case management systems. This assistance supports the delivery of an effective holistic service and minimises duplication when making cross referrals.

Having a strong administrative team and core staff members who are aware of all the available assistance is crucial to the effectiveness of the service, particularly in terms of making and maintaining connections.

In Case Study D, the administrative team are key in ensuring effective triaging and referrals into the most appropriate services. Although each member of the team has their own areas of the service, they share information using the same system. There is one record for each service user, but they can make referrals to multiple services depending on need, which prevents duplication.

What are the main constraints on the services

We asked the case studies about the main constraints affecting their service and it is clear funding is the most pressing concern.

DFG Funding and costs

Recent inflationary pressure, particularly on material and labour costs, has made delivering what people need within the DFG cap of £30,000 increasingly challenging. Councils may use top up grants where possible, but even with top up grants, extensions are difficult to complete within funding limits. Reliance on top up grants risks the sustainability of home improvement services.

Local authority funding and commissioning

Local authority funding has declined in real terms and is becoming a strategic risk for home improvement services.

From a commissioner's point of view (Case Study E), it is becoming increasingly challenging to decide which services can be funded, e.g. due to rising costs of labour and materials, higher demand, and changes to legislation. Mandatory adaptations (e.g. stairlifts) are costing more and leaving less available for discretionary adaptations (e.g. heating).

Funding insecurity is also resulting in the services being provided becoming less generous. During the evaluation, services were cut or were being recommissioned, and the expansion and development of services in some areas was being hindered due to funding limitations. In Case Study B, insecurity, and fluctuations in their funding from core local authority contracts meant the team is unlikely to grow in the short-term.

Variation across areas and local authorities

The comprehensiveness of the service offer provided by some case studies varies across geographical and local authority areas and is often dependent on the specification of each locality's commissioned service(s). This variation affects the extent of, and the quality of the service offered, and some people miss out completely.

Variation in contracts can create challenges for referrals, and the staff and customer service teams who manage the service across boundaries.

Balancing capacity and demand

At a time of growing constraints around funding and costs, balancing capacity and demand is becoming more difficult. Challenges exist among the service user base due to increasing complexity and the reduced ability to pay a top up fee if grants will not fund the entirety of the adaptation.

Pressures on the wider system can cause issues impacting the ability of home improvement services to undertake preventative work. Demand has also increased due to reductions in other support services elsewhere. In some areas there is a back log of cases and growing waiting lists.

Other interviews from across the sector indicate that capacity concerns are a widespread problem and are contributing to waiting lists. A shortage of home improvement staff and a shortage of OTs is impeding the delivery of DFGs in some areas, leading to an underspend on the DFG budget.

Recruiting skilled staff

Case study services are struggling to recruit staff they need with the relevant skills and experience required, including surveyors and technical officers, handy persons, and OTs. This is often due to a lack of applicants and the job roles paying less than similar jobs in the private sector or other opportunities locally.

The inability to recruit staff can limit the ability of some organisations to scale their service or respond effectively to growing waiting lists. Roles such as caseworkers and technical officers are complex and muti-faceted which can also make them challenging to recruit to.

Supply chain issues

Some case studies mentioned issues with securing qualified supply chains to deliver some of their services. For example, in Case Study A, a lack of qualified suppliers to deliver retrofit within the region constrains the rate at which the energy efficiency service can be expanded. Other services also struggled to attract contractors, due to private jobs paying better and more quickly, and being less complex.

Housing association policies

A few case studies mentioned the challenging nature of providing adaptations to housing association tenants due to the length of time and procedural steps involved. The time it takes getting permissions constrains home improvement services from delivering a prompt service, installing an adaptation in a housing association property can cause significant delay.

Changes within housing associations such as staff turnover and the loss of independent living teams make developing stronger partnerships with housing associations more difficult. Case Study H had made some advances in speeding up permissions by developing a joint protocol to handle cases with housing associations, but progress had stalled due to staff turnover within the associations.

Demonstrating impact

The development of services can sometimes be constrained by difficulties associated with demonstrating impact. Funders often want services to evidence the difference they are making, but measuring the preventative effect of services is challenging and there are inherent methodological difficulties in quantifying impact.

Whilst home improvement services collect qualitative data to understand the impact of their services, there remains a lack of formal evaluations to quantify the impact they have on health and care expenditure.

The value and impact of home improvement services

There were a range of key impacts of home improvement services for service users which were reported across the eight case studies.

Independence

Service users overwhelmingly described improving or maintaining their independence as an important impact of the services they had received. This was achieved through a range of interventions depending on client need.

Adaptations often led to feelings of **greater confidence and less of a need to rely on others** for support with day-to-day tasks. Sometimes very small interventions had made a big difference to their levels of independence. For example, an older person described how having a perching stool relieved pressure on their joints allowing them to complete household tasks without support. Larger adaptations improved the **accessibility and safety** of the home.

Supporting physical health

Aids and adaptations and other interventions enabled people to **manage their health conditions** more effectively and enabled them to **recover safely at home following discharge from hospital** after accidents or treatment. Adaptations were frequently described as making a major difference in terms of service users' quality of life and **reducing their pain and discomfort.**

Improved physical environment

Alongside core services which provide adaptations to make people's homes safe and accessible, the case studies deliver a range of additional services with a focus on providing wider support as needed. Many of these services improve the physical condition and environment of people's homes making them safer to live in, warmer, and enhancing the quality of life of residents.

Before, my children and I would be piling things on top of us before we went to bed. But now the house is warm enough that I can even just use a sheet to cover myself, I believe that has improved the quality of my life because I can think better, I can feel human, that's what I wasn't used to.

Service user, Case Study C

Mental health and wellbeing

Many service users reported improvements in their mental health and wellbeing. They felt **safer, more independent, and more confident** in their own home, which **reduced feelings of stress and anxiety**. Some experienced improved wellbeing following adaptations which enabled them to contribute to household tasks and activities that they had struggled with before, giving them back a **sense of dignity**.

It means I'll finally be able to share in the cooking which I'm quite happy to cook and I'll be able to do that much, much better. [...] It's going to make life so much easier all in all.

Service user, Case Study B

Services often also had **wider impacts on the family and friends** of service users, reducing their stress and **improving their relationships**.

The services enabled people to stay in their homes and age safely in place. For many, this was important in terms of maintaining their independence, but also as they had an emotional attachment to their homes and had important local social networks, which were important factors in their overall wellbeing. Reducing the impact of **isolation and loneliness** was a key outcome of the support provided by home improvement services.

We would have spiralled downwards, because we would have not known that there was anybody to help us. I think [his dementia] would have got a lot worse. I think we'd have been a lot more isolated, wouldn't we?

Service user, Case Study E

Personalised approach

Personalised support was particularly valued and provided service users with a **positive and high-quality** service, **tailored** to their needs. **Having a caseworker was highly valued by participants** as it gave them a **single point of contact** with the home improvement services and many service users described the important **impact of building positive, trusting relationships with their caseworkers**.

Service users often explained that they had struggled with the **complexity of accessing multiple services**, in terms of understanding the processes they needed to go through and accessing relevant services.

> **If you need to contact someone regarding something, there's always one person that you can directly get in touch with rather than having different departments.**
>
> **Service user, Case Study D**

Caseworkers were often described as being **caring and empathetic** and going above and beyond to support service users. This was particularly important as service users may be initially cautious to get involved. Some are concerned that they will **lose control** and not be able to stay in their home, whilst others had experienced **negative interactions with other services**.

> **They've shown a degree of empathy that we felt was missing on occasions in other organisations. You tend to find this I think with volunteer organisations, they're doing it for different reasons.**
>
> **Service user, Case Study B**

There were many examples from service users of **positive experiences** with the home improvement services which had been crucial in the outcomes they had experienced. These were very often linked to the personalised approach and relationships that they developed with the Home Improvement Service staff

A key impact of this personalised service was **raising awareness** of the services that are **available** to service users and helping them to **access** them. Before engaging with the home improvement service many service users had not been aware of the services and support available to them. They valued the simplicity of the process of working with a caseworker.

Improving financial resilience

A key part of caseworkers' roles is income maximisation. Service users were often unaware of the benefits they may be entitled to and found the application processes difficult due to their complexity and sometimes a lack of digital skills. People who are struggling financially can become isolated, supporting people to apply for benefits helped with finances and enabled some people to reconnect with family and social networks.

> **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**

Other services such as energy efficiency measures helped service users to save money, and offering low cost finance to help with the cost of improvements was beneficial for some. However, some services reflected that people were often unwilling to take up low-cost finance, and these parts of the services tended to be under-utilised.

The value of home improvement services for other stakeholders and services, and the wider system

Home improvement services were seen as **high-quality trusted providers**, which frequently **support multiple local authority priorities** via a single team. This was particularly the case for 'one-stop-shop' type services which are providing a **holistic range** of support and **cross-referring** within and beyond their service.

Many services operated a *'no wrong front door approach'* meaning that service users will be given a **holistic assessment** of their needs rather than being offered an intervention in isolation.

Stakeholders acknowledged the **high-quality level of service** that the home improvement services provided, going **above and beyond** to support those who need it and not turning people away.

The **connections and relationships** that home improvement services have with other delivery partners and complementary services, as well as community groups and target demographics was felt to be key to their success and impact. Stakeholders reflected that this approach facilitated collaboration and cross-referrals meaning that the service is **integrated, accessible and efficient**.

Cost effectiveness and economic analysis

Commissioners, other stakeholders, and service users overwhelmingly describe the case study services as providing **value for money**. Stakeholders and service users see home improvement services as **trusted providers**, they have a **good reputation** built up over their years of operation. They often help to **support wider strategic objectives** (e.g. for local authorities and the NHS).

The positive established reputation enabled them to deliver **complementary services** beyond those commissioned through the local authority and **generate additional funds**.

The **integrated, collaborative, and multidisciplinary** way in which the services operated was seen as being **efficient**, and therefore likely to be more cost-effective than if services were provided separately. Home improvement services had worked to become more efficient over time by **streamlining** their delivery model to maintain the quality and range of their services despite budget constraints.

One-stop-shop services were also felt to offer **cost efficiencies** as they supported multiple local authority priorities within a single, integrated team, allowing DFG obligations to be fulfilled alongside other services, e.g. those tackling the climate emergency.

From the perspective of local authorities, where funding is often under pressure, the fact that home improvement services can **generate income from other sources**, is beneficial for councils and appreciated by commissioners.

The case study services were also viewed as good value for money by those receiving them. Even service users who were utilising paid-for services not covered by grant funding felt that they were cost-effective. Some had compared the prices with other contractors and found the Home Improvement Service to be cheaper. Service users preferred to utilise the Home Improvement Service as it was endorsed by the council and is a not-for-profit rather than a private contractor. Service user **satisfaction ratings** are also very high, where this data is collected.

Home improvement services **focus on prevention** represented long-term value for money and cost effectiveness. At a time of local authority financial constraints the value in this approach is being recognised. However, it can be **challenging to quantify the impact** of their services, due to the focus on prevention meaning that impacts were more **long term and difficult to attribute** directly to the work of the Home Improvement Service. Some felt that this meant that stakeholders undervalued the service.

Hospital to Home services were a key example cited by commissioners and services in terms of cost savings to the wider health and care system. Hospital to Home services enabled service users to be discharged from hospital safely by providing urgent adaptations quickly. This often involved minor adaptations such as grab rails, key boxes (for carers to enter the home) alongside tech-enabled care. These services meant that discharges could happen more quickly, **reducing bed-blocking** and therefore creating cost savings for the NHS. Commissioners believed these services would likely create further preventative savings by reducing healthcare usage due to service users having a safe environment for recovery, therefore **reducing re-admittance** to hospital, **attendance at GP surgeries** and **delaying the onset of acute care needs**.

We conducted an economic evaluation of home improvement services to provide an understanding of their costs as well as the economic, social and health impact of the outcomes that they provided. It is important to note that there is very limited existing data on home improvement services, particularly that which is collected consistently and comprehensively to allow national level analysis.

There is a particular gap in terms of quantitative evidence linking the activities and support provided by home improvement services to outcomes and impact for beneficiaries, agencies, and society as a whole.

The average cost of supporting beneficiaries (the cost efficiency of homes improvement services) is £6,610. However, the amount varies relating to specific characteristics of the home improvement service.

Home improvement services are likely to 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 and would not have occurred in the absence of the home improvement service.

The evidence base prohibits a comprehensive assessment of the economic returns and Return on Investment from home improvement services. However, **the study has set out illustrations of the value provided by the activity of home improvement services**. This included:

- **costs saving and a positive return on investment for the NHS and society from falls prevention adaptation; the expected return on investment for every £1 spent on adaptations required to prevent falls is £1.10 of cost saving to the NHS or £4.56 to society.**
- **the value of wellbeing benefits from adaptations; £2,790 to £3,230 per beneficiary applying a WELLBY approach.**
- **basic cost saving to NHS from hospital discharge due to freeing up beds; average savings to the NHS of £2,690 per supported hospital discharge before including further direct and indirect costs/benefits.**

Adopting a similar approach, it is possible to provide estimates of the likely costs and return on investment from interventions to prevent harm from excess cold. Using BRE estimates:

- **The expected cost of interventions to address harm from excess cold is £8,106 per household, in 2023/24 prices.**
- **The expected benefit of a prevented harm from excess cold is a £52,230 cost saving to the NHS or £728,182 cost saving to society: both in 2023/24 prices.**
  - **based on the most cautious assumption of relatively limited targeting, it is estimated that interventions in 1,000 households would prevent excess cold harms for 25 individuals. This would provide a cost saving of £1.3 million to the NHS, a return on investment of £0.16 for every £1 spent on interventions to address excess cold. The estimated cost saving to society is £18.4 million, return on investment of £2.27 for every £1 spent on interventions to address excess cold.**
  - **with targeting for fuel poor households, it is estimated that the interventions would prevent excess cold harms for 34 individuals. This would provide a cost saving of £1.8 million to the NHS, a return on investment of £0.22 for every £1 spent on interventions to address excess cold. The estimated cost saving to society is £24.7 million, a return on investment of £3.04 for every £1 spent on interventions to address excess cold.**
  - **with a high degree of targeting (for fuel poverty and risk of harm from excess cold), it is estimated that the interventions would prevent excess cold harms for 113 individuals. This would provide a cost saving of just under £5.9 million to the NHS, a return on investment of £0.73 for every £1 spent on interventions to address excess cold. The estimated cost saving to society is £82.0 million, a return on investment of £10.12 for every £1 spent on interventions to address excess cold.**

What features of the case studies represent good practice

Strong leadership and values underpin the services, and this is central to delivering a good service. Case studies have a mission to promote dignity, independence, control, and quality of life for clients. Service managers drive a proactive ethos, with an outward-facing mentality and ability to see past obstacles – this is a central driver of a good service and has allowed the case studies to maintain and grow services in challenging contexts. Morale is high and staff take accountability for achieving good outcomes for clients.

Case studies take a **holistic and person-centred approach**. Many services are comprehensive, proactively assessing for multiple needs in one visit. Whilst some services were more integrated or co-located alongside aligned services, strong local knowledge, clear referral pathways and good communication were also used to signpost clients. Services support clients to make decisions, ensure that their voices are heard, and have choice in the process. Caseworkers are particularly valued for building trust with clients and managing complex cases.

All case studies provide **preventative support**. This means having the mindset to look at cases holistically and identify potential issues before they arise. Hospital discharge services have been a growing area, with clear evidence of avoiding hospital readmissions.

Most case studies had relatively **low-threshold access** to some services. This supports the delivery of preventative services by getting a foot in the door to pick up other issues in homes. Service access is supported by effective **triage and administration** to ensure a positive customer journey.

The mix of services delivered in case study areas varied but delivered **locally relevant services supporting strategic objectives**. Service offers were designed in conjunction with local strategic partners, and with reference to changing needs, demographics, and population risks.

Developing trust in relationships with key stakeholders and service-users was key. Strategic partners trusted services to deliver, including in complex cases. Service-users trusted services to undertake work, including essential but small jobs, and were comfortable with staff and contractors.

Investment in staff training and upskilling meant that many services could undertake a range of assessments in one home visit. To meet skills gaps, services were developing new in-house training roles.

What are the case studies doing that might provide lessons for other areas

To aid **localism** a number of services had made use of the Regulatory Reform Order to develop a Housing Assistance Policy which provided additional discretionary top-ups for DFG funding or reduced means testing for lower cost work.

Several services undertook community **awareness-raising** to improve **access** to services, particularly focusing on high-need or underserved populations. Setting up facilities in which clients could see and try out home adaptations could reduce some of the barriers to using home improvement services.

There were several examples of new and innovative services which may provide relevant lessons to other areas. All case studies were proactive in seeking a range of supplementary **funding streams** which could fund these services. **Hoarding** interventions had been developed in several areas, with the best services taking a therapeutic approach rather than focusing solely on clearance. Partnerships around **hospital discharge** were another growth area, requiring strong relationships with the NHS, presence to build up awareness and service referrals, and a highly responsive minor adaptations service. Some areas were developing interventions related to **hazards and condition** such as damp and mould, and hazards in the private rented sector. There were also some examples of **support for moving** to more appropriate homes, recognising that moving to adapted or more easily adaptable homes could be beneficial for clients.

Services were investing in **skills and training** to avoid bottlenecks in the system, for example using Trusted Assessors, and developing new specialist technical roles to support the retrofit agenda.

There were several **financing** models, including paid-for services which could subsidies other activities, and a range of loan offers that could help to unlock the funding to undertake home improvements.

Evaluation and data were being used to design services and demonstrate their impact. There were some examples of increasing customer feedback data and building evaluations into pilot programmes.

Future development

Looking to the **future** for their services, the case studies were focused on a number of core issues. There was a need for **consistency of service with local flexibility**, recognising the value of locally designed services but acknowledging the inequalities that arose from a patchwork of provision nationally.

Several case studies saw potential to undertake **energy efficiency, retrofit and fuel poverty** work. This may generate income, draw on and sustain existing expertise within services, and work with a broader demographic including younger families.

Hoarding was viewed as a growing problem in need of tailored interventions.

Whilst beyond the remit of home improvement services, it was also important to consider **new development** and its role in providing a diverse mix of adaptable housing for the future.

Although there were a range of measures, **evidencing impact** was high on the agenda for some services in the future, including qualitative and quantitative approaches.

Considering the future **sustainability** of services, a number of common challenges were evident. Many services were concerned about increasing **demand** and more complex cases alongside funding pressures. **Demographic change** was projected to increase demand significantly among older populations.

The need for home improvements in the private rented sector is likely to expand, as more people in this **tenure** are **ageing**. There were several reports of challenges in adapting housing association homes.

Funding and inflation are major constraints on some of the services delivered by case studies. The cap for DFG funding made it increasingly difficult to undertake some adaptations, with extensions particularly challenging. Whilst the value of capped grants had already been eroded, the recent context of high inflation had caused significant challenges. Funding pressures were ever-present, and services were vulnerable to the non-renewal of discretionary programmes. Access to funding was predicted to remain a major challenge.

The **staffing** of services is a key constraint, with common challenges in the recruitment of technical roles. The balance of technical and soft skills is important to the delivery of good services, but ultimately it is challenging to achieve.

Conclusion

Ongoing cuts to local authority funding are a strategic risk for home improvement services. Rising costs, increasing demand, and more complex cases mean the lack of an uplift to the DFG cap is no longer sustainable. It is restricting what services can deliver, making larger adaptations like extensions prohibitively expensive, and increasing the barriers to making existing homes more accessible for older people and people with disabilities.

Whilst the recent Budget announcement of an additional £86million of DFG funding is welcome, challenges remain, and longer-term stability is needed.

There is no defined funding stream for home improvement agencies/ services more generally. The loss of ring-fenced funding under the Supporting People Programme and the removal of Private Sector Housing Renewal funding in 2010 has reduced funding for home repairs and other improvements. Funding for staffing to support services other than DFGs has also been lost and has contributed to the lack of staffing capacity within local authority teams.

Across the sector, these changes in funding have led to a reduction in the range of services offered. Over the last decade or so, many former independent home improvement agencies have moved in house and primarily become '*DFG vehicles*.' If we are to tackle the poor condition of England's homes, specific ring-fenced funding for the provision of comprehensive home improvement services, as well as for DFGs, is needed.

The case for specific funding for home improvement services is reinforced by our findings on how highly valued they are, and by the numerous ways home improvement services contribute benefits to the wider system.

Looking to the future, a reduction in the variation of home improvement services across the country is needed to address inequalities that arise from the existing patchwork of provision. Longer term funding to nurture home improvement services across local authority areas would establish greater certainty and help remove the postcode lottery inherent to current provision.

From a service user's point of view navigating a complex, multi-agency system is inevitably a challenge when looking for help with a home improvement – those needing support with adaptations, retrofitting and general home improvement should be given a single point of contact who stays with them throughout the process. This would make the process simpler, more efficient, and clearer for service users.

However, there remains a lack of awareness of home improvement services amongst potential service users and even within local councils. Local authorities and home improvement agencies should have clear and consistent information and advice around availability of home improvement interventions available and a clear process on who to contact for information.

We hope that our findings around good practice will help to inspire other local services and policy makers, funders, and commissioners to see what is possible.

Finally, findings from the lived experience work emphasise the **importance of home**. Where home improvement processes work well, they do so by improving the *home*, not just the *house*. For this to happen, all those involved at **every stage of the process** need to remember this core point. Policy and practice therefore need to use the language of *'home'* and focus on what this means for people going through the home improvement process, remembering that physical adaptations to the house can have emotional impacts.

Recommendations at a local and sector level

Data and evidence

Home improvement services, local authorities and ICBs should:

- **Improve data collection on the characteristics of home improvement service users and benchmark this data against local population statistics to ensure they are reaching those in need and equity of access.**
- **Work together to improve the quantitative evidence base for service impacts considering how this support can help to make the case for further funding. Specific projects must collect better data on service user outcomes including validated health outcome measures, and ideally linking this to health service use. Ways of improving data include routinely building evaluation into pilot projects, meeting with ICB evaluation teams to discuss methodological approaches and strategies for data collection and analysis, utilising available models such as BRE's cost of poor housing to calculate preventative savings, and commissioning formal evaluations of interventions.**
- **Look to procure efficient case management systems to support customer journeys and invest in good administrative support ensuring core staff understand the available assistance and can refer to every part of the service.**

At a sector level:

- **Best practice in monitoring and evaluation, including strategies to engage service users and improve response rates to feedback surveys, should be shared to help build evidence of the impact of the sector at an aggregate scale.**
- **Support to enable home improvement services to demonstrate their impact and 'make the case' for their services should be enhanced. This could include the development of new and existing toolkits to assess financial benefits of services, introducing training to better support the development of research and evaluation skills within staff teams etc.**

Staffing and skills

Local authorities and home improvement services should consider:

- **The benefits of implementing a Trusted Assessor programme and discuss and work with all involved partners to implement schemes where possible. Clear collaboration is needed from all parties including the local authority, home improvement agency/service and assessment teams to make the system work. Efficient assessment systems often have occupational therapists and Trusted Assessors working together within multidisciplinary teams.**
- **Expanding training and work shadowing opportunities between roles such as OTs and handyperson teams. These occasions can be used to good effect and provide valuable sharing and insight into the home improvement service offer and processes, resulting in higher-quality referrals.**
- **Utilising funding flexibly to resource staff roles that can support the customer journey and improve the response to the demand for services. More specialist roles and training are likely to be needed as services expand and new services are developed. For example, some areas have made a business case to utilise underspend on their DFG budget to create new Trusted Assessor posts in order for surveyors to be freed up to process more complex cases.**

At a sector level:

- **Support is needed to promote working in technical roles within home improvement services and agencies as a career path, which could be targeted at both younger apprentices looking for experience and older tradespeople looking for a career change.**

Control, communication, impact, and choice

Recommendations from the lived experience strand of the evaluation concentrate on three key areas **control, communication, and impact**. In addition, offering **choice** to service users where possible can help give back a sense of control at a time when people using the service may be experiencing many things that are beyond their control.

Local authorities and home improvement services should therefore:

- **Make sure that everyone involved in the entire home improvement process recognises the importance of home.**
- **Draw on the expertise of those with lived experience of home improvement to map and address barriers in the entire process.**
- **Give those needing support with adaptations, retrofitting and general home improvement a single point of contact who stays with them throughout the process. This would make the process simpler, more efficient, and clearer for service users.**
- **Ensure that service users are given the opportunity to try out aids and adaptations if they want to. Allowing people to take home some small items and/or providing facilities that people can visit to test out and see what larger changes may look and feel like in their home can help build trust.**
- **Offer choice to service-users within the home improvement process, for example enhancing optionality within design choices, or enabling enhanced or additional works on a self-funded basis. This can provide a feeling of control.**

- Think about the aesthetics of products, and aids and adaptations that are being installed in a person's home to avoid the home from looking clinical. This can help convey a more dignified feeling to service users.
- Explore the idea of specialist contractors for home improvements, who are trained in understanding and communicating with older clients, as well as having the technical skills to deliver adaptations.
- Consider the needs of everyone in the household, especially those of carers. Changes to homes impact the whole household, so it is important that adaptations assist carers and do not detract from how other members of the household use the home.
- Ideally have a longer-term focus to account for future needs, rather than simply reacting to the current situation. Think about shifting to more sustainable adaptations and enhancing a home's longer-term accessibility.
- Proactively utilise skills and agency of older people themselves and organisations they are involved in, to raise awareness of home improvement options and support smoother processes.

Rented properties

Our evidence suggests that:

- Tenants need more support to adapt their homes as they age. Housing associations and Arms-Length Management Organisations should help to ensure that their tenants have access to advice about the repairs and adaptations they need, and that the assessment for and delivery of these measures is facilitated in a timely manner.
- Registered Social Landlords (RSLs) should have a named officer to lead on home adaptations, to ensure relevant expertise and facilitate communication with other partner services and clients.

- **There is a role for strategic sector leaders such as the National Housing Federation to understand the prevalence and implications of RSL policies such as blanket refusals for some types of adaptation or related to some tenancies or property types (e.g. new builds, probationary tenancies, wet rooms above the ground floor).**
- **There is a role for the Regulator of Social Housing to ensure that RSLs are meeting their obligations under the Consumer Quality and Safety Standard.**

At a local level, local authorities, home improvement services and housing associations need to develop and improve their relationships to:

- **Develop joint working protocols between local housing associations and home improvement services to better manage adaptations cases and remove barriers which are holding up DFG cases. There are also opportunities for local authorities and housing associations to work together taking a greater role in improving homes under new Consumer Quality and Safety Standard duties.**

We also recommend that working in partnership local areas:

- **Consider the feasibility of developing an accessible housing register, which would categorise homes according to accessibility, facilitating moves into accessible or readily adaptable properties as they become available.**

Recommendations at a national level

We support Ageing Better's call for a national strategy to fix cold and dangerous homes that are damaging people's health.

Addressing the shortage of accessible housing and greater consideration of the housing needs of older and disabled people must become a national priority that is also translated into local plans for housing. Minimum accessibility standard for all new build homes, the 'M4(2)' standard of building regulations must also be implemented.

Funding and consistency

At a national level, our recommendations relate to funding and improving the consistency of home improvement services across local authorities, whilst retaining flexibility to innovate and deliver supplementary services relevant to local needs.

We support the House of Commons Select Committee Report on Disabled people in the housing sector recommendations on the DFG, particularly in relation to the review of the £30,000 upper limit on individual DFGs. The Government has committed to looking at the cap and the way DFG funding is allocated to local authorities; more flexibility and discretion is needed in how local authorities can use their DFG fees.

We would also like to see:

- **National commitment to secure longer term funding specifically for home improvement services, as well as for DFGs, and encouragement for local authorities to fund and develop a Good Home Hub in their area. Such action could help remove much of the uncertainty in planning for home improvement services, reducing some of the variation and the inequalities that arise from piecemeal provision. More stable funding would also help to release some much needed capacity across home improvement services sector that is currently absorbed in trying to secure external funding.**

- Existing comprehensive services (in some local areas) are already well placed to form the basis of such a collaboration or hub and should be developed and funded accordingly. The growth of these services provides useful good practice lessons for the development of Good Home Hubs in other areas.
- Review of the current funding cap of £1,000 for non-statutory services such as minor repairs and adaptations. The current cap only allows for a basic minor adaptations service and does not adequately consider the aesthetics of products. This can contribute to the known issue for service users of adaptations appearing too clinical.
- To accompany additional funding, we would like to see national commitment to raising awareness and promoting the work home improvement services do. This recommendation **must** be delivered alongside our call for further funding and support. Raising awareness without resourcing services to meet increased demand could overwhelm the sector and damage the trust and goodwill services have worked so hard to build.
- Any future funding for the retrofitting of private sector housing must also consider how it can partner with existing local home improvement agencies to act as a 'one-stop-shop' for sourcing trusted contractors and project managing installations.
- Our evidence shows that hoarding is a major concern. Some case studies in the evaluation are responding and developing specialist support around this issue. More evidence is needed to indicate the demand for hoarding services across tenures and a national strategy to manage the rise in incidents. Demand for hoarding services is likely to increase, and support for hoarding become a key part of a comprehensive home improvement service offer. More funding is needed to support decluttering and clearance, ongoing therapeutic support for hoarding, and encourage collaboration with other services.

Recommendations for helping to create more collaborative and connected services

- **We support the DFG Review's recommendation for a new Home Independence Transformation Fund to be set up to help areas develop more integrated services. Resources are needed to help local care, health, and housing partners work together to deliver housing which enables older people and other people with health and care needs to live independently.**

At a local level:

- **Strategic decision-making forums such as ICBs, Health and Wellbeing Boards, etc. should ensure that home improvement services are represented.**
- **Local partners should explore opportunities for work shadowing and placement opportunities, including as part of training for some roles, to enhance awareness, partnerships, and joint-working related to preventative agendas and home improvement.**
- **Data sharing protocols should be built into hospital discharge programmes to enhance the ability of programmes to demonstrate preventative impacts via analysis of health outcomes data.**

- **Opportunities should be taken to build preventive support pathways into standard processes, for example within hospital discharge checklists.**
- **Joint service user mapping between partners such as Adult Social Care, occupational therapists and home improvement service managers can facilitate integrated management of resources to meet client need. Such approaches aid collaboration and identify how processes can be managed more smoothly.**

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