

# Housing, Ageing and Racial Inequality

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**Developing an  
anti-racist Good  
Home Hub model**

**October 2025**



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# Executive Summary

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This report, commissioned by the Centre for Ageing Better and delivered by the Race Equality Foundation (the Foundation), explores the specific housing needs and barriers experienced by Black, Asian, and minoritised ethnic individuals aged 65 and over in England. It assesses how the Good Home Hub model, Ageing Better's localised, one-stop shop for home improvement services can be made more equitable, anti-racist, and culturally responsive.

The report, grounded in extensive literature review, qualitative interviews, and group discussions, finds that systemic racism, historical housing inequality, and cultural disconnection is at the heart of poorer access to home adaptation services for older people from minoritised communities. Despite growing awareness of the need for home improvements, many older adults from Black, Asian and minoritised ethnic backgrounds delay necessary changes due to mistrust, financial constraints, poor service design, and the absence of services that are intentionally inclusive, anti-racist and meaningfully reflect and respond to the needs of all communities.

Key themes emerging from the evidence include:

- **Structural inequalities:** Participants reported long-term experiences of neglect, racism, and inaction by public bodies undermining their willingness to seek help.
- **Trust and cultural inclusion:** A lack of culturally competent services that fail to meet the needs of communities they serve erodes trust, forcing reliance on informal networks for support and advice.
- **Differences in housing experience:** Minoritised ethnic groups are more likely to live in insecure, poor-quality housing, and to experience financial hardship even when owning homes.
- **Barriers to service access:** Digital exclusion, unclear referral processes, poor communication from service providers, and limited provision of support for language needs deter older adults from engaging with available services.
- **Health and ageing:** Inadequate housing exacerbates health and mobility challenges, impacting safety, independence, and quality of life.

The report concludes with a clear call to embed anti-racist practices, cultural competence, and co-production with communities into the design and implementation of the Good Home Hub model. It argues for systemic reform across housing policy, service delivery, and evaluation to ensure inclusive, effective support for all older adults.

# Introduction

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**This report presents findings from a review of literature and stakeholder engagement commissioned by the Centre for Ageing Better to better understand the housing and home improvement needs of Black, Asian and minoritised ethnic individuals aged 65 and above in England.**

The project also sought to provide recommendations on how to make Ageing Better's existing Good Home Hub model anti-racist, accessible and responsive to the specific housing needs of older Black, Asian and minoritised ethnic individuals. This project will support Ageing Better with the effective implementation of local Good Home Hubs across the country.

The Centre for Ageing Better is a national charity working to tackle inequalities in ageing. Ageing Better has been developing a framework for local-one stop shops offering advice and support on home improvements, adaptations and repairs. This is called a Good Home Hub As part of this work, Ageing Better aims to develop a framework for an anti-racist Good Home Hub to ensure this service is accessible and beneficial to all communities, recognising that there are ethnic disparities in access and uptake of home improvement services.



The project undertaken by the Race Equality Foundation (the Foundation) aimed to gather insights and recommendations from a wide variety of stakeholders including Black, Asian and minoritised ethnic individuals with lived experience aged 65 and above, voluntary sector, community and faith organisations, statutory services and service design experts involved in the planning and delivery of the Good Home Lincs; a pilot service funded by the Good Home Alliance, (a partnership between Lincolnshire County and District Councils). The insights from key stakeholders will ensure the hub is accessible and meets the needs of minoritised ethnic communities.

## Outline of Good Home Hub model



## What the existing evidence tells us

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Ensuring that homes are accessible to their occupants through home improvements and housing adaptations is a legal requirement in the UK (Zhou et al., 2019). Various factors contribute to the need for these adaptations, especially among individuals with disabilities, those with health issues that could affect their mobility, and older people. As of 2023, 15% or 3.8 million homes failed to meet the Decent Homes Standard; the private rented sector had the highest proportion of non-decent homes (21%) while the social rented sector had the lowest (10%). Among owner occupied homes, 14% failed to meet the Decent Homes Standard (DLUHC, 2024a).

Of the 7.5 million people of all ages living in a non-decent home in England, approximately 2.3 million are aged 55 and over (Centre for Ageing Better, 2025e). Research indicates a clear link between poor housing conditions and increased health risks, with substandard housing potentially worsening existing health conditions (Yazdanpanahi and Woolrych, 2023).

There is strong evidence showing that minoritised ethnic communities face significant inequalities in housing, including lower home ownership rates for some minoritised ethnic groups, higher risk of insecure tenures, and poorer housing conditions due to the effects of systemic racism and its manifestation in social and economic disadvantages (de Noronha, 2019; Centre for Ageing Better, 2025d).



However, little to no attention has been given to their access to and experiences with home improvement services. This is concerning given that the data shows this cohort are part of an increasing ageing population who are more likely to experience inequalities that could require them to need home improvement related support services (Beech et al., 2022). Moreover, despite the growing need for housing adaptations, there is a significant gap in research and policy regarding the access, experiences, and outcomes of Black, Asian, and minoritised ethnic groups in relation to home improvement services and adaptations.

This literature review aims to explore key themes related to access and experiences of home improvement and housing adaptation services among older adults from Black, Asian, and minoritised ethnic backgrounds in England and to address some of the significant gaps in research identified. The focus is on individuals aged 65 and above, as they are more likely to require housing adaptations and are also more likely to live alone.

Living alone is a risk factor for social isolation and can be caused by people being unable to leave their homes – a result of accessibility issues within the home for example – which can lead to poorer health outcomes (Centre for Ageing Better, 2025). Living alone may also increase reliance on external support and reduce informal assistance from family members or carers, making the accessibility, appropriateness, and timeliness of services even more critical. However, there is limited understanding as to whether such individuals can access the support they need and whether these services are appropriate and timely.

The review begins by outlining the housing needs in the context of an ageing population in England, before examining access and utilisation of home improvement services and specific barriers that may prevent individuals from obtaining necessary support. The review also considers the role of cultural competency in home improvement services and its impact on service delivery, before exploring the outcomes of home adaptations.

### **Demographic trends and housing needs**

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According to the latest 2021 Census data, over 10.4 million people – 18.4% of the total population - were aged 65 and over, compared with 16.4% at the last census in 2011 (ONS, 2021). Data also highlights in England and Wales, 93.3% of this age group identified as White, a decrease from 95.5% in 2011 (ONS, 2021) while the remaining 6.4% comprised individuals identifying as Asian (3.9%), Black (1.5%), Mixed or Multiple ethnic groups, and Other ethnic groups (1.3%) (ONS, 2021). It is anticipated that the proportion of older adults from Black, Asian and minoritised ethnic backgrounds will continue to rise in the coming decades.

Evidence also shows that more than a quarter (30%) of all households were headed by someone aged 65 or older, which equates to 7.4 million households in total (Department for Levelling Up, Housing and Communities, 2024b) The Centre for Ageing Better's Better Homes, Better Lives (2025) highlighted that nearly 90 % of homes in England lack all four basic accessibility features required to be considered visitable under minimum housing standards, with accessibility varying by age and region.

However, there is a shortage of accessible, specialist housing for older adults (UK Parliament, 2020), meaning that many existing homes will require modifications to remain liveable. As such, an increasing number of people from minoritised ethnic backgrounds with diverse needs will likely require housing adaptations to remain in their current homes and to age well.

### **Aids and adaptations: staying safe at home**

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Evidence suggests that minor home modifications are both effective and cost-efficient in preventing falls and injuries, enhancing the ability to perform daily tasks, and improving mental well-being (Powell et al., 2017). Such adaptations may include the installation of ramps, grab rails, stairlifts, or modifications to bathrooms and kitchens to improve accessibility. Older adults often require assistance with home maintenance, repairs, and adaptations to help them remain in their homes for longer (Zhou et al., 2019). The adaptation process involves multiple procedural steps including referral, allocation, assessment, funding, and installation, often initiated by healthcare professionals or, in some cases, self-referral (Zhou et al., 2019). While major adaptations have been studied less extensively, the available evidence suggests they can also help individuals achieve similar benefits in certain situations (Powell et al., 2017).

Despite the known benefits of home improvement services, accessing support in a timely manner and to a high standard is an ongoing challenge for many (UK Parliament,

2020), with research suggesting that clients frequently wait months or even years for adaptations to their homes (Zhou et al., 2019). In addition, there appears to be a lack of clear guidance for Black, Asian and minoritised ethnic communities on best practices for implementing timely and effective housing adaptations (Robinson et al., 2024).

Another key challenge is the limited availability of evaluations of home improvement services according to ethnicity. Until recently, these services had not been assessed through any formal process, making it difficult to understand their effectiveness or impact. To address this, the Centre for Ageing Better commissioned one of the first structured national evaluations of home improvement services (Centre for Ageing Better, 2025a). This evaluation filled an evidence gap by examining how these services are delivered, who they benefit, and what outcomes they produce. It showed that high-quality home improvement services can have a profound impact—not only on individuals' health, safety, and independence, but also on reducing pressure on housing, health, and social care systems. However, despite these important insights, there is still limited evidence on how these services are experienced by people from minoritised ethnic backgrounds. There remains a lack of data on whether home adaptations are equally effective, accessible, or culturally inclusive for minoritised ethnic communities (Frost et al., 2024).

## Racism and housing inequality

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Structural and systemic inequalities of racism and discrimination shape the housing experience of Black, Asian

and minoritised ethnic communities within England (REF, 2019). Housing deprivation is a significant concern, with most minoritised ethnic groups more likely than White British groups to live in the most deprived ten percent of neighbourhoods, except for the Indian, Chinese and White Other ethnic groups (REF, 2019; MHCLG, 2020). Housing deprivation is particularly high amongst Bangladeshi, Black African and Pakistani individuals living in terraced houses and flats, (REF, 2019), as well as amongst recent migrants (Yazdanpanahi and Woolrych, 2023).

Pakistani and Bangladeshi (9.5x) and Black (5.7x) households are much more likely to be living in overcrowded households compared with White British households, (Fitzpatrick et al., 2022). Overcrowding, which is a key indicator of housing deprivation, can lead to negative health outcomes, social isolation, and diminished quality of life. This issue is compounded by historical and systemic factors that have limited access to quality housing for these groups.

Research in the 1980s identified substantial discrimination in social housing allocation, pointing to persistent inequalities throughout services for Black, Asian and minoritised ethnic tenants and potential tenants (Harrison and Phillips, 2003; REF 2007). These inequities have contributed to long-standing housing insecurity for minoritised groups, with systemic discrimination playing a role in limiting their opportunities for affordable and suitable housing.

In addition to issues of overcrowding, minoritised ethnic

groups face greater housing quality issues, including inadequate heating, damp, mould, and poor maintenance.

These problems have been found to be more prevalent amongst Arab, African, and Bangladeshi communities (Robinson et al., 2024). Research by the Centre for Ageing Better (2024d) highlights that Black and minoritised ethnic households are significantly more likely to live in homes that fail the Decent Homes Standard, placing them at greater risk of harm and illness.

Poor housing quality can significantly impact physical and mental health, with residents in substandard housing often facing worse health outcomes. For example, inadequate heating and poor insulation contribute to higher rates of respiratory illnesses, while poor maintenance can lead to safety hazards and greater vulnerability to accidents in the home. Inadequate heating and insulation in poor-quality housing are major factors in excess winter deaths (Centre for Ageing Better, 2025b), while extreme summer heatwaves are projected to cause over 5,000 deaths annually in the UK by 2050 without urgent intervention (Centre for Ageing Better, 2025c)

Furthermore, housing deprivation among Black, Asian, and minoritised ethnic groups is compounded by lower homeownership rates, particularly among individuals aged 50-64. Lower homeownership rates among Black, Asian and minoritised ethnic individuals aged 50-64, compared to those aged 65 and older, suggests that housing deprivation among minoritised ethnic groups is likely to worsen over time (REF, 2019; Dillon, 2023).



Black African and Black Caribbean households are particularly vulnerable to housing insecurity because of low homeownership rates. As a result, they are more likely to rely on the private rental market, where they face higher rents and fewer protections, or remain in overcrowded and substandard social housing (Dillon, 2023). This generational inequality in homeownership is linked to a lack of property wealth, which prevents minoritised ethnic groups from benefiting from the financial security that often comes with owning property.

Older individuals from Black, Asian, and minoritised ethnic communities, particularly those aged 65 and over, also experience higher levels of limiting long-term illness or disability, with older Pakistani and Bangladeshi people reporting even greater challenges in this regard (REF, 2019). Evidence shows that people from minoritised ethnic communities have fewer long-term conditions than White British people at ages up to their late 30s but that this pattern is reversed from the age of 50 onwards, when they have more long-term conditions than White British people. (Hayanga et al., 2023) These health disparities are driven by a combination of social and economic factors, including higher rates of poverty, poorer-quality housing, inadequate access to healthcare, and the effects of structural inequalities (Becares et al., 2023; Marmot et al. 2024). As a result, many older adults from these communities are more likely to live longer in poorer health and poor-quality homes.

For many older people experiencing long-term illness, disability and/or the effects of ageing, home adaptations become essential for enabling independent living. However,

many older adults from racially minoritised communities are largely concentrated in urban areas, especially parts of London and major cities, often in the most deprived wards and where there have been the greatest cuts in funding for local government (IFS, 2024) where services may already be stretched. In addition, in the next 10-15 years a shift in family structures is expected to lead to more older people from minoritised ethnic backgrounds living alone. As family dynamics change, an increasing number of older individuals will be living alone, either by choice to maintain independence or due to the necessity of being separated from family members who may live in other cities or countries for employment or other reasons (Beech et al., 2022).

## Summary

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The existing evidence highlights significant gaps and inequalities in access to home improvement and adaptation services among older adults, particularly those from Black, Asian, and minoritised ethnic communities in England. While housing adaptations are legally mandated and essential for enabling independent living, research shows persistent challenges in the delivery and accessibility of these services. Many homes remain substandard, and delays in adaptation processes are common. Minoritised ethnic communities face compounded housing inequalities due to systemic racism, lower homeownership rates, overcrowding, and poor housing quality. Despite being part of a growing ageing population with complex health needs, these groups have received limited attention in housing adaptation research and policy.

# Access and utilisation of home improvement services

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This section explores the current state of home improvement services, focusing on their provision, barriers to access, and utilisation, particularly among different demographic groups, including minoritised ethnic communities.

## Service provision and governance

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The research suggests that a lack of funding, resources and strategy in England limits the effective implementation of housing adaptations and home improvements to those that need it (Centre for Ageing Better, 2021). Access to and uptake of these adaptations vary across local authorities, contributing to inconsistencies in service provision. For instance, a study by Zhou et al., (2019) found that 71 out of 112 local authorities in England implement different adaptation funding systems depending on housing tenure and have no plans to unify this system. The annual number of adaptations completed by most local authorities remains relatively limited compared to the potential demand driven by an ageing population. Additionally, government spending in this area is low, contributing to the fragmentation of housing improvement services (Low et al., 2011). The absence of a national strategy has resulted in inconsistent experiences across different regions. In comparison, housing adaptations appear to be a higher political priority for the Welsh government than for England

and Scotland (Zhou et al., 2019).

Home improvement services often fall under the jurisdiction of the Local Authority services. However, very few local authorities currently consider the uptake of these services according to the demographics of service users, which includes a stark lack of data on ethnicity (Yang, et al, 2022). One paper suggests that the resources to age well in place are unevenly distributed, with some groups having more advantages (Buildings and cities, 2021) but does not go beyond this to stipulate which groups have an advantage and why. Another study identified that older individuals from minoritised ethnic groups found it more difficult to find appropriate housing due to a lack of accessible housing but did not go as far as to explore the experiences of accessing housing or home improvement services by this cohort. Robinson et al. (2024) identifies that there is a lack of evidence about housing and home improvement services experienced by minoritised ethnic individuals in England and highlights the relationship between where you live and the quality of life you will experience: noting that where a person lives determines their access to essential resources such as healthcare, education, green spaces, and employment opportunities.

### **Barriers to access**

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The limited literature we have has highlighted several barriers to accessing home improvement services, which can prevent individuals from receiving the support they need. Key barriers include poverty, language and communication challenges, uncertainty about where or who

to approach for housing-related support, and the lack of trusted tradespeople to carry out the necessary work (Yang et al, 2023). Many individuals also rely on informal networks—family, friends, and neighbours—when seeking assistance, but these networks may not always be reliable or effective in addressing the complexity of home improvement needs (Ageing Better, 2021). Financial constraints are an importance consideration, as those who lack the resources to fund housing adaptations often face delays or complete inability to make necessary modifications to their homes.

A significant issue in accessing housing improvement services is also the lack of clear, accessible information targeted at older people (Zhou et al., 2019). This information gap can result in people living in poor living conditions that negatively impact their physical health, mental well-being, and social engagement. For example, a study carried out by the Centre for Ageing Better found that older people dealing with housing issues like damp and mould often avoid inviting others into their homes due to the embarrassment or shame associated with their living conditions (Centre for Ageing Better, 2021).

The design of modification/adaptation equipment has been found to play a role in deterring people from accessing home improvement services. Many available home adaptation solutions are clinical in appearance, which can make them unappealing for those wishing to maintain a homely environment (Bailey et al., 2019). Consequently, people may resist modifications that feel intrusive or out of place in their homes (Powell et al., 2017; Bailey et al., 2019). Alongside these design-related challenges, emotional

attachment to one's home can prevent individuals from making necessary changes, even when such modifications would enable them to remain in their homes longer (Centre for Ageing Better, 2021).

The lack of culturally inclusive services, in both design and delivery, may also play a significant role in shaping access to and the experience of home improvement services for Black, Asian and minoritised ethnic communities. Existing literature highlights how these barriers are not simply about individual preferences, but stem from deeper structural inequalities and a history of exclusion from public services (Beech et al., 2022; de Noronha, 2019). For instance, a survey conducted by the Housing Learning and Improvement Network in 2022 found that African, Caribbean, and South Asian respondents felt that their cultural and religious needs were frequently overlooked by existing specialist homes. These unmet needs included access to essential religious facilities such as prayer rooms or ablution facilities, culturally appropriate food and social activities, celebration of cultural and religious holidays. In the same study, 37% of South Asian respondents reported that their reluctance to seek specialised housing services stemmed from concerns that their cultural or religious needs would not be met by staff. These issues reflect a broader lack of trust in statutory services, rooted in past experiences of racism, neglect, and institutional inaction, which can contribute to lower engagement with, and access to, essential housing adaptation long-term. It highlights the urgent need for services and organisations to embed anti-racism and cultural inclusion in the design and delivery of their services, to ensure that the needs of diverse



communities are met.

It seems evident that the housing challenges faced by minoritised ethnic groups are likely to be compounded by the fact that these populations are more likely to reside in socially and economically disadvantaged areas (ONS, 2021).

As a result, the barriers to accessing home improvement services, such as financial constraints and lack of culturally appropriate support, are likely to be even more pronounced. However, despite the implications of these issues, there is a notable lack of data on the uptake of home improvement services among different ethnic groups. This lack of data makes it hard to truly understand how people from racially minoritised communities seek help, and it creates challenges in making sure services meet their needs fairly.

### **Utilisation of home improvement services**

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In recent years, there has been a growing recognition of the need for home improvements and adaptations, especially as individuals age and encounter challenges in the home. For instance, a 2021 report published by the Centre for Ageing better noted that since the pandemic 70% of adults were more aware of issues or improvements needed in their homes, with over half of those aged 50 to 69 years expressing a strong desire to make changes (Centre for Ageing Better, 2021). Meanwhile, one study found that most older individuals (56% of survey respondents) from South Asian and African/African Caribbean communities expressed a desire, and possible need, for assistance in adapting their current homes to continue living there as they age (Beech et al., 2022).

Despite this growing awareness, evidence suggests that individuals often delay making home adaptations until they face a crisis. This delay is often linked to a hesitation to turn homes into clinical spaces (Powell et al., 2017), as well as a lack of awareness of available support for home improvements. When people do seek out home adaptations, they often encounter significant delays, with clients waiting months or even years for services (Zhou et al., 2019). These delays can result in untimely housing adaptations being made (Buildings and Cities, 2021). There are also notable variations in waiting times both within and between different stages of the process across local authorities, with contributing factors identified as insufficient funding and staffing to meet rising demand (Zhou et al., 2019). Research has also argued that the burden is also often placed unfairly on the individual to find solutions and proactively find services to support their housing needs, which can be challenging for people who do not have digital access as well as those who are non-verbal or have English as a second language, among other barriers (Yazdanpanahi and Woolrych, 2023).

Attitudes towards ageing also seem to influence willingness to access home improvement services. In a study carried out by Bailey et al. (2019), 30 participants were asked about their attitudes towards ageing and home adaptations. The findings from the study suggest that older people are likely to delay adaptations due to stigma around ageism and perceived vulnerability of older people, despite the necessity of these adaptations being implemented in a timely manner. Conversely, the study found that participants who are more accepting of ageing are more likely to make

changes to accommodate their needs. However, there has been less exploration of ageing among Black, Asian and minoritised ethnic populations and what drives them to seek change. Evidence in health-related literature suggests that South Asian, African and Caribbean communities are more likely to see ill health and pain as part of the natural ageing process and therefore may be less likely to seek relevant support to address concerns (Rogers and Allison, 2004).

This lack of engagement with services can further exacerbate health disparities within these communities. Accordingly, there is a clear need for targeted research to examine how cultural attitudes toward ageing intersect with experiences of racism and discrimination and how these factors shape and influence the ways people seek help for home improvements.

### **Summary**

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This section highlights key issues in the provision, access, and utilisation of home improvement services, with a particular focus on the experiences of older adults from Black, Asian, and minoritised ethnic communities. Despite growing awareness of the need for housing adaptations, access remains inconsistent and fragmented across England due to a lack of funding, national strategy, and clear governance. Local authority variation and the absence of ethnicity-disaggregated data further obscure understanding of who accesses these services and how.

Numerous barriers hinder access, including financial constraints, lack of information, poor service design, and

limited cultural inclusivity. These challenges are often more pronounced for minoritised ethnic groups, who are more likely to live in deprived areas and face compounded disadvantages. Although many individuals express a desire to improve their homes as they age, adaptations are often delayed until a crisis occurs. This is influenced by factors such as stigma, resistance to clinical-looking equipment, emotional attachment to home, and cultural perceptions of ageing and illness. However, these dynamics remain underexplored within ethnically diverse populations. The absence of targeted data and research on utilisation among Black, Asian and minoritised ethnic groups limits understanding of their experiences and needs, highlighting the urgent need for more inclusive, culturally competent services and greater policy attention to equitable service delivery.

## Exploring lived experience and service design

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The literature review provided an important starting point in understanding the barriers faced by older people from Black, Asian and minoritised ethnic backgrounds in accessing home improvement and adaptation services. However, it also revealed significant gaps in the evidence base, particularly in relation to the lived experiences of older people from diverse ethnic communities and how service design and delivery may impact access and outcomes. To address these gaps, we undertook a qualitative enquiry involving older people and experts in service design and delivery.

The approach was co-designed with a dedicated design group comprising representatives from community organisations, housing practitioners, and individuals with lived experience. This group helped shape the research focus, reviewed topic guides, and contributed to the interpretation of findings. We carried out:

1. Five in-person group interviews with a total of 40 older participants from Black, Asian and minoritised ethnic backgrounds. These were held in partnership with community-based organisations in London, Manchester, Leeds, and Bristol. Participants reflected a diversity of ethnic backgrounds, housing tenures, and local contexts.
2. Four one-to-one interviews with service design and delivery experts involved in the Lincolnshire Good Home Hub pilot, to explore how service models are developed and whether they account for the needs of minoritised communities.

All interviews were thematically analysed using a grounded theory approach, with co-design inputs ensuring that our analysis remained relevant and sensitive to the priorities of the communities involved. What follows are the key insights generated from these interviews, organised around the themes that emerged from participants' experiences and reflections.

## The role of housing tenures/housing situation

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The relationship between housing situation and the ability to age well is especially significant for older adults from Black, Asian and minoritised ethnic communities.

Participants in this research represented a diverse range of tenures, from long-term homeownership to precarious private rentals and social housing and their experiences reflect broader demographic trends. For example, while homeownership was more common in Leeds, Manchester and Bristol, social and private rented accommodation dominated in London, particularly among South Asian women.

The differences in housing situations shaped not only material conditions but also emotional relationships to home, perceptions of stability, and access to support services. For instance, a significant proportion of participants across the five locations reported long-term residence in their current homes, with many having lived in the same property for several decades. Extended residence often provided participants with stability and emotional connection; however, participants also highlighted growing concerns over deteriorating property conditions and uncertainty about how to fund necessary repairs. As such, extended residence — while stabilising — did not shield participants from precarity.

Indeed, while homeownership is often associated with security and positive ageing outcomes in UK housing policy



discourse (Kleinman, 2020), the narratives shared in the group interviews challenged this assumption. Many homeowners, particularly those on fixed or limited incomes, expressed difficulty maintaining or adapting their homes, especially when financial resources were limited. One participant noted: “People are having to take out of their savings to try and pay for it,” drawing attention to the financial precarity faced by older adults who may be homeowners with very little income, a dynamic that disproportionately affects ethnic minority households due to historic patterns of labour market exclusion and reduced access to intergenerational wealth (REF, 2019; Marmot et al., 2022).

Such financial pressures were compounded by the lack of reliable support and concerns about exploitation from untrusted tradespeople. Several participants described situations in which a rogue trader fabricated urgent repair needs — a common scam targeting older homeowners (Ageing Better, 2021), with one participant recalling “he said my chimney wanted doing, and he went up, and he come down, he said, ‘oh, your chimney’s not safe’”. The potential for manipulation underscores the risks faced by older adults navigating unregulated repair markets, particularly without trusted intermediaries. These findings echo Bailey et al. (2019) and Ageing Better (2021), who observe that the absence of accessible, vetted, and culturally competent services undermines older adults’ confidence in engaging with essential housing improvements.

In addition to home ownership, a significant number of participants were residents in social housing, including

council-owned properties and housing association tenancies. These narratives added important nuance to the discussion of housing security, highlighting both strengths and acute frustrations. For some, social housing provided a degree of continuity and familiarity. One individual shared:

**“I’m living in a council flat, I’m living there for 30 years, and to be honest, I haven’t find any fault with them yet,”**

This illustrates how long-term tenancy in social housing could offer relative satisfaction and consistency, particularly where staff were perceived as responsive or respectful. However, the more dominant narrative was one of delayed repairs, rigid systems, and eroded trust in providers.

**“For the last year, I’ve been trying to get them to do... I got damp in my bathroom. They just done the plaster yesterday, waiting for the paint next week.”**

**“It took about six to eight months from the council to get somebody to go... there were homes with children in it that shouldn’t have those dilapidated kitchens... One man hasn’t had a bath for over two years because he can’t access the bathroom upstairs.”**

These testimonies speak to the institutional inflexibility and under-resourcing often associated with public housing provision, particularly in the context of austerity and outsourcing (Power et al., 2018). One participant summarised the situation bluntly:

**“You just gotta wait, can’t do nothing about it.”**

A further concern arose around tenure-based constraints. Participants in council or housing association homes often faced limitations on carrying out their own adaptations or home improvements. This not only delayed necessary modifications but undermined autonomy, eroding the ability of older people to make timely adjustments to age safely at home. As one participant observed:

**“If your landlord or the council says that you can't do it, then you're waiting for a long time. The system has no ability to be flexible.”**

While owner-occupation was common, several participants lived in private rented accommodation, a tenure increasingly associated with older adults from minoritised ethnic communities (ONS, 2021). Participants in London — composed of older South Asian adults from Pakistani and Bangladeshi communities — discussed living in rented accommodation and the precarity of private rental tenure, compounded by health vulnerability and inadequate legal protection.

**“I was living in a rented house, and the landlord wants to sell the house. But he didn't tell us that I am selling, somebody is buying the empty house...And he didn't put the deposit in the scheme, nothing... And my husband is disabled and I'm not a good health you know, I've got the cancer... [B]ecause finding rental house is very difficult, because you know some houses for rent but not for wheelchair access, because my husband can't walk and we can't find ground floor flat. But the rent is, you know, it's difficult.”**

These examples reflect the systemic marginalisation of those who do not own property, and the structural challenges embedded in rental tenure — such as restricted rights to modify homes, insecure leases, and limited accountability from landlords (Robinson et al., 2024). The experience of older renters is further complicated by racial inequalities in the private rental market, where discrimination and lower rates of property investment exacerbate poor housing conditions for minoritised ethnic tenants (Dillon, 2023; Beech et al., 2022).

Taken together, these findings complicate dominant narratives around ageing and housing. Housing tenure, length of residence, and household composition determines older people's access to services and their perceived eligibility to access such services, and their engagement and agency in home improvement processes. For older adults from minoritised ethnic groups, this is compounded by intersecting layers of structural racism, generational wealth inequality, and institutional mistrust.

### **Barriers to service access**

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A persistent and widely shared theme across all participant groups was the presence of complex and often overlapping barriers that hindered access to home improvement services. These barriers were not simply logistical or informational, but deeply embedded in broader socio-economic conditions, cultural disconnection, digital exclusion, and systemic inequalities in service design and delivery. Participants described a range of experiences in which attempts to seek help were impeded by limited

financial resources, a lack of clear pathways into services, poor communication by providers, and significant mistrust. Collectively, these accounts suggest that access to support for ageing in place is not equitably distributed, with older Black, Asian, and minoritised ethnic individuals often encountering exclusion at multiple levels of interaction.

One of the most prominent obstacles cited was the lack of accessible and trusted information. Many participants expressed confusion over how to begin the process of seeking support for repairs or adaptations. This was compounded by the fragmentation of services across different agencies, a lack of clear referral pathways, and the reliance on systems that were often inaccessible to older users. As one participant explained:

**“Everything now, you know, you don't actually speak to somebody on the phone. It's all on the phone, it's automated, put this number in, but it's not like you've got it, it's not straightforward, nothing is straightforward.”**

This quote also reflects the frustration that many older adults feel when faced with digital systems. Research by Ageing Better (2021) and Yazdanpanahi and Woolrych (2023) noted that older adults without digital access – particularly those with limited literacy or who speak English as an additional language – are at a distinct disadvantage in navigating support systems increasingly reliant on online/digital tools.

Participants not only lacked information but also lacked confidence in the institutions providing it. This reflects

longstanding structural disconnections between statutory housing services and the needs of minoritised communities, which have been documented in earlier housing justice research (REF, 2019; Robinson et al., 2024). As one participant noted:

**“I feel that postcodes can come into it... after a year and about five months, I had damp in my bathroom all across. I called them and when they did come out...they took off all the side of the bath...”**

This quote captures the disconnect between need and response — a common frustration where adaptation requests stalled in bureaucracy or failed to materialise altogether. Beech et al. (2022) highlights this as a systemic failure: even where funding for adaptations exists, service fragmentation, assessment delays, and eligibility confusion often impede delivery. For older adults with multiple health needs, such inaction can severely undermine safety and independence.

Financial constraints were another major barrier. Even where participants had identified necessary adaptations or improvements, the cost of works – or the fear of unforeseen costs – deterred many from acting. As one participant noted:

**“In the case of my wife, because she has problems getting upstairs, it's very difficult to try and create a ramp to get her into the house. And to try and do this, it would be very expensive to do this for her.”**



Though understated, this quote reflects a hesitation that was echoed in multiple accounts, where concerns about affordability led to delay or disengagement with home improvement services. Zhou et al. (2019) found that the current patchwork of local authority support often fails to reflect the reality of economic vulnerability among older adults, particularly in communities where homeownership does not equate to financial resilience. This financial unease is compounded for those who fall outside eligibility for grants yet lack the disposable income for private repairs or adaptations.

In some cases, the lack of clear entitlement criteria or the complexity of applying for support created further disincentives to engage. Several participants referred to bureaucratic hurdles or ambiguous rules around eligibility, particularly when transitioning between services (e.g., from health to housing) or dealing with multiple agencies. One participant in London articulated this sense of confusion and exhaustion with the system:

**We can't get the people who are sitting there to do anything, they will just talk us to death, and we are going to be still living in those premises, because they have no intention of making our lives better.”**

This experience of bureaucratic fatigue aligns with findings by Robinson et al. (2024), who highlight how fragmented service systems – characterised by poor interdepartmental coordination – place a disproportionate burden on older service users, particularly those from racially minoritised groups who may already face linguistic or cultural disconnects from statutory bodies.

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The lack of culturally sensitive service delivery was also a recurring concern. While this overlapped with mistrust in public institutions, it also reflected more specific experiences of miscommunication, disrespect, and assumptions about older people's preferences and household structures. Although this theme will be explored more fully in the section 'trust and cultural relevance,' it is worth noting here that barriers to service access were not just practical but also relational. For instance, participants at the group in Wandsworth raised issues around communication styles and felt that services often failed to reflect their lived experiences.

**“[I]f there's a language barrier, then you should, you should have supporting people who understands their needs and puts their case forward.”**

This reinforces the findings of the 2022 Beech et al., study, which showed that cultural competency is not consistently embedded in the design or delivery of home improvement services, leading to lower engagement and uptake.

These accounts thus reveal a layered and intersecting set of barriers that prevent older Black, Asian, and minoritised ethnic individuals from accessing the housing

improvements and adaptations they require. The consequences of these barriers are not merely delays in service delivery, but deeper inequalities in health, autonomy, and security in later life. Barriers to access — whether digital, financial, informational, or relational — are not incidental, but structural. They are embedded in how services are conceptualised, funded, communicated, and evaluated. While financial, information and communication barriers are faced across communities, older people of Black, Asian and minoritised backgrounds appear to be at greater risk of experiencing them, with the result that that race inequity is often embedded in their lives.

## Trust and cultural relevance

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Participants' reflections revealed that trust in people, services, and systems plays a pivotal role in determining whether and how older adults from Black, Asian and minoritised ethnic communities engage with support for home improvements and ageing in place. This trust was often grounded in longstanding relationships, cultural familiarity, or personal experience, and shaped not only who participants turned to for help, but whether they felt comfortable seeking help at all. Equally, the cultural relevance of services, including whether participants felt seen, heard, or respected in their interactions significantly influenced uptake, satisfaction, and perceptions of safety.

Many participants described relying on informal or community-based networks to access information, recommendations, or practical support. Rather than turning directly to statutory agencies or unfamiliar organisations,

they preferred to consult people they already knew and trusted.

**“The other day I needed to do my bathroom because of all the old structure and everything, and it was word of mouth, I asked my cousin, and he put me on to somebody.**

**I think that's a common issue, is that you know, you might ask a friend or family, but if they don't know, then who's that next point of call to go to?**

**We have links to other places where we can tap into support if you've got such and such a problem...It's like a community. One of my friends from the Association, he said, come and join this association, because we all going to get older. So that is how I came here, that word of mouth, mainly word of mouth.“**

This form of hyper-local trust reflects a broader pattern of relational reliance, where older adults turn inward to their community for advice, validation, or referrals. As supported by findings from Beech et al. (2022) and de Noronha (2019), such reliance often arises from a history of marginalisation or exclusion from mainstream service systems, in which participants experienced cultural insensitivity or a lack of representation.

Indeed, participants frequently voiced mistrust of external contractors and service providers, particularly those not personally recommended or associated with a known community organisation. This was not just about

competence, but about safety, fairness, and cultural understanding. One participant expressed it simply:

**“In our community, the Black community, you can always find someone, and they are qualified. There's a hub where, you know, there's an electrician, there's a plasterer, a carpenter, you know...and the one who gets the job is because we recommended, and that works.”**

This emphasis on shared understanding highlights the gap many participants felt between their lived experience and the assumptions underpinning service delivery. The absence of culturally competent professionals – whether in local authorities, housing organisations, or amongst tradespeople – left some feeling vulnerable or misjudged, reinforcing hesitancy to engage.

Several individuals also reflected on past experiences where they felt talked down to, dismissed, or stereotyped. This eroded their confidence in seeking help and deepened existing mistrust. For some, this experience was racialised — shaped by a sense that their ethnicity led to different treatment. As several participants noted:

**“It's down to the area that you live in, you've got some deprived areas... more Somali more Asians, more Blacks. Sometimes, when you say you live in a certain area, you think you might get a different reaction...So sometimes I think it's down to demographics of where you live and how they sum you up.”**

**“You really have to keep going and keep going and, you know, keep pushing to do that. And once you get past a certain age, you really can't be bothered.”**

The findings illustrate that without trust in people, systems, and institutions, even well-designed services are unlikely to reach those most in need. Similarly, cultural relevance, which includes language, communication style, household understanding, and relational practice, is essential to ensuring older adults feel safe and respected when accessing home improvement support.

For older adults from racially minoritised backgrounds, these issues are particularly acute due to historical and ongoing experiences of systemic discrimination and service neglect. As a result, mistrust is often rational, learned, and protective — not a failure of individual willingness, but a reflection of institutional patterns.

## Health, mobility & ageing

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Across all five locations, participants drew a clear connection between their health, mobility, and ageing experiences and the quality and suitability of their housing. Physical and mental health challenges were not experienced in isolation but intertwined with housing condition, layout, accessibility, and service responsiveness. These challenges often intensified with age (Hayanga et al, 2021), and were compounded by structural inequalities, including historical racism in healthcare, poverty, and inadequate housing stock that disproportionately affect older adults from Black, Asian, and minoritised ethnic communities.

Participants frequently referenced mobility limitations as central concerns in later life. Several described adapting



their routines or using workarounds to avoid inaccessible spaces, such as sleeping on the ground floor or avoiding certain rooms. The mismatch between changing physical needs and fixed housing layouts often forced participants to compromise autonomy or comfort, echoing earlier research on ageing and the built environment (Wiles et al., 2012; Beech et al., 2022).

**When I moved in here, into the house, I had a chair lift put in because I used to suffer from sciatica. The bathroom was upstairs, so I had a problem. I used to crawl up to the bathroom, so I put a chair lift. Now I can't get into the bath. I don't get any support, not me.**

Participants also spoke of the desire to remain in environments for as long as possible, even when they may no longer be physically suitable or facing health challenges, reflecting aspirations to age in place. As one individual said:

**“If you’ve got four steps and you can't do steps, they might just move you, as opposed to adapt, which is really, I mean, moving is one of the most unsettling things that later on in life...”**

In Wandsworth, some South Asian participants highlighted the buffering role of family and intergenerational care. Co-residence with adult children or grandchildren provided practical support and emotional companionship, reducing isolation and enabling participants to manage health challenges within the family unit. Yet this model was not universal, and participants also acknowledged the pressures it placed on younger generations or the limitations it created in terms of privacy and independence.

**“I own my own home. When I want some repairs, I have to do it really in August month when my daughter is off work. She's a teacher. So in the holidays she and my son could arrange and then we do the work. But I don't really want to borrow no money with knowing that I'm a pensioner.”**

Participants' accounts also revealed that the condition, usability, and upkeep of the home environment significantly shaped their day-to-day experiences and their ability to live safely and comfortably as they aged. For many older adults from Black, Asian, and minoritised ethnic communities, managing repairs, maintenance tasks, and energy bills posed a continual challenge — constrained by income, physical ability, and access to trusted support. The result was a housing environment that often felt precarious, despite long-term residence or emotional attachment.

Across all groups, difficulty with home repairs and maintenance was a recurring theme. Participants described a growing inability to keep up with necessary tasks — not only because of the physical demands, but due to financial costs and the complexity of finding reliable workers. As one participant reflected:

**“I usually, if I need any help, our community split up in areas, and so I go to the person in charge... I can't apply to any council because they don't give me anything, I have to do myself from my own home.”**

These decisions reflect what Marmot et al. (2022) describe as “health-related housing trade-offs,” where financial insecurity forces people to prioritise immediate subsistence

over long-term safety or comfort. This issue was especially pronounced among older homeowners who owned their own home but had limited income, and among renters who lacked the authority or influence on prompt action from landlords.

These findings show that the physical environment of the home — its condition, upkeep, and suitability — is inseparable from participants' broader experiences of ageing. The challenge is not merely material but systemic: lack of access to trusted help, financial pressure, and the invisibility of routine needs in housing policy. For racially minoritised older adults, who already face layered disadvantages in income, health, and service access, the result is a quiet but significant erosion of safety and dignity.

## **Systemic and structural inequities**

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Participant narratives revealed how wider systemic and structural forces shape their everyday experiences of housing, ageing, and support. These forces extended beyond individual or household-level challenges to include environmental risks, policy inaction, and lived experiences of racism and inequality. For older adults from Black, Asian, and minoritised ethnic backgrounds, these systemic issues did not simply influence outcomes – they underpinned them.

One clear manifestation of these structural vulnerabilities was concerns amongst participants about community safety. Participants across several sites described feeling

unsafe in their neighbourhoods due to issues such as burglaries, anti-social behaviour, and drug-related activity. One participant shared:

**“They've got rats in there, they've had burglaries, they've got - and this is a sheltered housing complex - and yeah, and it's all been reported to the police, to the managers, to everybody, they don't do anything about it.”**

Such accounts reflect the complex relationship between neighbourhood change, and socio-economic decline in urban areas. Older adults, particularly those living alone, described a diminished sense of safety that affected their use of space, willingness to engage with the outside world, and overall mental health. These concerns are supported by research from the Joseph Rowntree Foundation (2020), which shows that ethnic minority communities are more likely to live in areas with higher crime rates due to historical patterns of spatial marginalisation and underinvestment.

Another dimension of systemic inequality emerged around lack of awareness and navigation of services. Despite strong community knowledge in some groups, participants described a pervasive uncertainty about what they were entitled to, and how to access it. One participant stated:

**“The problem is, people don't know who to contact or where to contact if they want something that is not private, if you want something, a grant or anything, you don't know who to contact that. I think that is one of the main problems.”**

This sense of exclusion reflects a broader issue of information inequality — where access to knowledge is shaped by language, digital access, social networks, and institutional familiarity. For those without English as a first language, or those with limited digital literacy, this gap was particularly acute. As previously discussed, this exclusion led participants to rely on informal networks or chance encounters to learn about support, leaving many unaware of potentially life-improving services.

Across all five locations, participants shared a deep awareness of systemic neglect and inequities, even if not always named in formal terms. They spoke of being let down by housing services, treated with suspicion by professionals, or excluded from schemes that did not account for their lived reality. The repetition of these experiences across cities and ethnic groups highlights that these are not isolated incidents but structurally produced outcomes.

**“I can't speak from a homeowner's point of view, but I think I can speak as somebody in housing association or council properties... I don't want to outrightly say it's racism as such, but having to wait for a year and a half for something that somebody else has had done in a couple of months...**

**She said that this is a Christian country, and you have to comply, this is not a Muslim country, you are expecting either government or local authority to provide you.”**

Taken together, these accounts point to the urgent need for a structural analysis of housing inequality in later life — one

that considers not only individual vulnerabilities but the policies, histories, and institutions that produce them. The intersecting impact of racism, poverty, ageism, and housing policy neglect creates a context in which older adults from Black, Asian, and minoritised ethnic communities must navigate far more than simply “ageing in place.” They are navigating systems not built for them, in homes that reflect broader patterns of exclusion.

### Summary

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The findings detailed reveal a deeply complex and often inequitable experience of housing, ageing, and service access among older adults from Black, Asian, and minoritised ethnic backgrounds in England. While housing is widely understood as a foundation for safe and dignified ageing, participants’ lived experiences highlighted how tenure type, financial insecurity, systemic neglect, and service fragmentation actively undermine that potential.

Whether homeowners, social housing tenants, or private renters, many participants faced barriers to carrying out essential home improvements or adaptations – ranging from unresponsive landlords and inflexible councils to the threat of rogue traders and unaffordable repair costs. For those who did own their homes, brought little reassurance, especially in the absence of trusted, affordable, and culturally competent support. Meanwhile, renters, particularly in the private sector, experienced significant precarity, compounded by poor housing conditions, landlord inaction, and physical accessibility challenges.



Across all locations, participants shared stories of frustration and fatigue in navigating support systems that were often fragmented, opaque, and not designed with their needs in mind. Digital exclusion, language barriers, unclear eligibility criteria, and a general lack of culturally sensitive communication practices were cited as critical access issues. Many relied instead on informal networks – family, friends, or community hubs – for guidance, highlighting a deep mistrust of statutory services rooted in past experiences of discrimination, marginalisation, or neglect. This mistrust was not simply attitudinal but rational and protective, shaped by years of being dismissed, stereotyped, or underserved by institutional systems.

Ultimately, participants' narratives underscore that ageing in place is not a neutral or equal experience. For older adults from Black, Asian and minoritised ethnic backgrounds, it is deeply shaped by long-standing structural inequalities, including racism, poverty, housing policy failures, and health disparities. These systemic forces do not just influence outcomes – they determine them. Many described homes that were unsafe or unsuitable yet had little power to change their circumstances due to financial, bureaucratic, or institutional barriers. This leads to a form of systemic marginalisation, where the aspiration to age safely and comfortably at home, remains unattainable for those facing the greatest barriers.

# Conclusion

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The findings of this research reveal a complex interplay between housing tenure, access to secure housing, trust, cultural relevance, health, and structural inequality that significantly shapes the experiences of older Black, Asian, and minoritised ethnic individuals in relation to home improvement services. Participants across all locations reported a shared sense of marginalisation, stemming from both material housing conditions and systemic exclusion from responsive support.

Tenure type—whether social housing, private renting, or owner-occupation—emerged as a major determinant of both access to services and perceived autonomy. Older homeowners, often income-poor despite owning property, struggled to afford adaptations. Social tenants experienced long delays and bureaucratic rigidity, while private renters faced insecurity and a lack of control. Across all tenures, financial precarity and fear of exploitation by tradespeople further constrained action.

Access to services was impeded by fragmented pathways, digital exclusion, unclear eligibility, and limited support for non-English speakers. Many participants felt unable to navigate existing systems and instead relied heavily on informal networks and community organisations. This reliance was amplified by widespread mistrust of statutory bodies, which participants linked to past experiences of neglect, racial stereotyping, and cultural insensitivity.

Health and mobility issues further intensified housing challenges, especially in homes not adapted to meet physical needs. Participants reported that poor housing conditions exacerbated existing health problems and made ageing in their own homes more difficult. The emotional and physical toll of maintaining unsuitable homes was a recurring theme.

Finally, systemic and structural inequities—ranging from neighbourhood decline to service inaction and racialised treatment—shaped participants' expectations and experiences. These findings underscore that the barriers faced are not individual failings but structural in nature, embedded in long histories of racialised housing policy and service design.

# Recommendations

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## 1. Shift power: invest in community-led delivery models

- **Move beyond consultation and fund community control** - Resource and sustain delivery models that are led by, not just serving, Black, Asian and minoritised ethnic communities. Prioritise funding for organisations with deep, trusted community roots and a proven track record of culturally competent service delivery.
- **Embed governance, not just partnership** - Ensure these community-led organisations are active participants in decision-making and governance, with real influence over strategy, commissioning, delivery and budget allocation.
- **Back informal networks as infrastructure** - Recognise and invest in the critical role of informal care systems, including faith-based networks, and community networks. Provide core funding, flexible grants, capacity-building support, and to enable these networks to act as trusted, hyper-local partners and access points.

## 2. No more postcode lottery – make access simple

- **Establish multi-access, low-barrier entry points** - Develop and implement a Good Home Hub – a one stop shop that provides support on all aspects of home repairs and adaptations. Ensure it is truly accessible by offering multiple low-barrier, non-digital entry points for information, advice, and referrals. This includes embedded outreach in trusted community settings,

such as face-to-face support, multilingual materials, and drop-in services.

- **Prioritise relationship-based delivery** - Shift from transactional models to continuity-based support, where service users interact with consistent, trusted individuals. Build trust over time through relational, culturally inclusive support, especially for those with long-standing and ongoing poor experiences of services.
- **Invest in a culturally competent, representative workforce** - Recruit, train and retain a diverse workforce equipped with anti-racist and culturally inclusive skills. Ensure that services are delivered where people already are with staffing that reflects the diversity and lived experience of local communities.

### 3. Tackle Financial Injustice in Housing Support

- Design support that recognised that older homeowners from Black, Asian and minoritised ethnic communities who own homes may lack disposable income to afford adaptations. Financial support should reflect this reality, avoiding overly rigid means testing.
- Acknowledge the cumulative impact of structural disadvantage.
- Design policies and services that reflect the long-term effects of racialised economic exclusion, discriminatory lending practices, labour market exclusion and unequal access to wealth.
- Simplify funding routes
- Make access to grants or loans more accessible, transparent and easier to navigate, particularly for those

experience digital barriers, or language or literacy barriers.

### **4. Embed Co-Governance, Not Just Co-Design**

- Make diverse older voices a governance requirement.
- Ensure older people from Black, Asian and minoritised communities are not just consulted, but hold power in the governance, oversight, and evaluation of Good Home Hubs – including strategy, implementation and evaluation.
- Build enduring partnerships with accountability.
- Form long-term, resourced partnerships with community-based organisations to act as co-creators, accountability partners, and delivery leads. Their involvement must be embedded from strategy through to implementation and impact evaluation.



# Appendix A: Our approach to securing insights from lived experience

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A qualitative research method was employed involving group interviews with lived experience participants and 1-2-1 interviews with service design experts. The project was co-designed with key stakeholders representing a range of lived experience and professional expertise. Otter AI was used to help transcribe audio-recordings from engagement activities before being manually cleaned by a member of the Foundation's research team. A grounded theory research approach was used to code and thematically analyse transcripts. Gemini was used as a tool to support the coding of transcripts.

## Design group

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A design group was established at the beginning of the project. The role and purpose of the design group was to shape the direction of the project by reviewing findings and identifying any gaps in knowledge and experiences. Another aim was to provide insights and recommendations to support the development of an inclusive and effective Good Home Hub. As part of their involvement, the group also reviewed topic guides for group interviews to ensure relevance, and some members of the group working for community organisations supported the facilitation of these group interviews.

We met with the group four times throughout the duration of the project cycle and at strategic points to ensure the meetings were useful.

- The first meeting was held at the start of the project
- The second meeting took place after the completion of the service design interviews and the first group interview
- The third meeting occurred once all group interviews had been completed
- The fourth meeting was held after the report had been written, allowing members to review and provide feedback before submission

Meetings took place online via zoom and each session was two hours long. The design group was recruited through a mixture of the Foundation's existing networks and outreach to make new contacts. Design group members represented the following organisations:

- Happy homes
- Wandsworth older people's forum
- Asian People's Disability Alliance
- Foundations
- Roehampton wellbeing
- Barnet Wellbeing Hub & Meridian Wellbeing
- Bristol Black Carers
- Nubian life
- SubCo trust
- African Caribbean Care group
- Three members with lived experience

## Group interviews

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We conducted five national group interviews with a total of 40 participants, which built on early analysis from the literature review, service design interviews and design group meetings. All five group interviews were held in-person. Each group interview involved between six and 10 participants, representing a range of ethnic and geographical backgrounds as well as housing tenures. Participants were contacted through community-based organisations aimed at supporting older people from Black, Asian and minoritised ethnic communities. All group interviews were held in-person at the community-based organisation who helped to facilitate the events and supported participant recruitment. This setting was chosen to ensure participants felt comfortable in a familiar and accessible environment.

The community organisations we partnered with included:

- Wandsworth Asian Women Association (London)
- African Caribbean Care Group (Manchester)
- Wandsworth Older People's Forum (London)
- Leeds Black Elders (Leeds)
- Bristol Black Carers (Bristol)

## Demographics

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Participants represented a wide range of housing tenures including social housing, sheltered housing, owner occupied and private/rented. Those we spoke to in London

mainly lived in social or private rented housing with owner occupied housing being more common in Leeds, Manchester and Bristol.

The Wandsworth Asian Women Association group mainly comprised of Pakistani women aged 65 and above living in social, sheltered or private/rented accommodation with only two participants owning their homes. Within the social housing tenants, most lived in flats.

In Manchester, all participants were homeowners from African and Caribbean backgrounds.

At the second group interview in Wandsworth, there was a mixture of African, Caribbean and Asian backgrounds represented, mainly living in social housing or private/rented accommodation.

In Leeds, all participants were from African and Caribbean backgrounds. Most were homeowners, two lived in social housing and one lived in private/rented housing.

In Bristol, we spoke to women from African and Caribbean backgrounds. The majority were homeowners with one person living in a retirement apartment and another in private/rented accommodation.

Drawing on the literature review, a topic guide and facilitator guide were developed. These were shared with the design group in advance of sessions for feedback.

### Discussion topics included:

- Types of housing and any past or existing housing issues related to tenure
- Accessibility and housing conditions
- Awareness and access to home improvement services
- Relationship between housing tenure and perceived eligibility of home improvement services
- Access to Local Authority based home improvement services
- Wider housing issues affecting minoritised ethnic communities
- The relationship and role of racism/discrimination and experiences of housing services
- How to improve awareness of home improvement services among Black, Asian and minoritised ethnic groups

## **One to one interviews with service design and delivery experts**

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We conducted four, one to one interview with service design experts involved in the Lincolnshire Good Home Hub pilot. Introductions were facilitated by the Ageing Better team. We spoke with people involved in the planning, delivery and evaluation phase. This included a service designer, public health officer, housing lead and a senior research fellow at Sheffield Hallam University. Interviews took place online via Zoom. A topic guide was developed, informed by the literature review and the Good Home Hub report (2023).

### Interviews explored:

- Aims and objectives of the Good Home Hub
- The rationale of choosing Lincolnshire as the pilot area
- Ethnic minority population in Lincolnshire
- The role of the local community in the design and implementation of the pilot
- If and how the needs and experiences of minoritised ethnic populations been considered in the way the service has been designed
- Types of housing needs experienced by local community before the pilot
- How the pilot tried to address these challenges and needs
- Impact of the pilot on local communities to date.



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