

Unequal access, unsafe homes:

The home improvement
gap for racially minoritised
communities

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This report explores the experiences of older racially minoritised communities in housing and accessing home improvement services. To support clarity and consistency, a **glossary of key terms** is included at the end of this report.

Readers are encouraged to refer to it for definitions such as **cultural competency**, **racially minoritised**, **racial steering** and more.



Key findings



We have a later life housing crisis in this country, with 2.3 million people aged over 55 living in homes that are non-decent.

These are homes that are cold, damp, or unsafe. This increases health risks and undermines independent living in later life, which in turn drives demand on already stretched health and social care services.



Within this we know that racially minoritised communities bear the heaviest burden.

With over a third experiencing at least one or more housing problem than White households. Black households are also twice as likely to suffer from damp.



It therefore is crucial that these groups have access to support to improve their homes.

And yet, Ageing Better research has shown a systematic failure in housing services for these groups that is preventing them from getting the help they need.



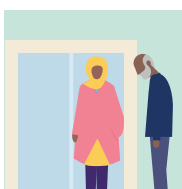
Participants described being let down by housing services.

Treated with suspicion or excluded from schemes.



Some participants reported being subject to explicitly discriminatory remarks or assumptions based on religion or culture.

This reinforces feelings of exclusion and mistrust.



We found that services are lacking an understanding of how racially minoritised groups experience home improvement and adaptation interventions.

With less than half of local authorities monitoring applicant ethnicity.



Among the barriers to engagement with housing services for these groups was trust and cultural competency.

With older adults relying on hyper-local networks and community-based organisations as trusted intermediaries, rather than feeling confident to access services directly.



Broader issues involved financial constraints, inadequate service design and an absence of inclusive provision.

People did not feel seen, respected or heard – preventing people from accessing the help they needed to improve their homes.



Erosion of trust and confidence in services significantly influenced uptake.

For some participants, their mistrust in services was shaped by race.



This is not just a problem today; in every local authority area in England, there are more racially minoritised people aged 56-64 than those aged 65 and over; this is particularly true for more urban areas.

This means that getting local housing services right for these groups is essential as local authorities plan for the future.



The report makes a series of national and local recommendations to improve housing outcomes for older people from racially minoritised communities.

Nationally, it calls for better data collection and reporting, simpler access to grants, targeted investment in deprived areas, a coordinated national Housing Strategy, and the creation of a network of Good Home Hubs. Locally, it emphasises building a skilled, diverse workforce, fostering strong partnerships with trusted community organisations, and delivering inclusive, accessible home improvement services.

For practitioners, the focus is on dignity, co-production with communities, and clear referral pathways. Funders and commissioners are urged to invest in housing models that address inequalities and to establish robust, equity-focused evaluation frameworks.

Introduction

By 2040, one in four people will be over 65 (Centre for Ageing Better, 2025), and we can expect that a growing percentage of these older people will be living in homes that are non-decent, cold, damp or unsafe. Currently, 2.3 million people aged 55 and over are living in these unsafe homes.

The condition of England's homes impacts older people's ability to live independently in later life, increases their risk of ill-health and drives demand on already stretched health and social care services.

In every local authority area in England, the number of people aged 56–64 from racially minoritised communities is more than those aged 65 and over.

Older people from racially minoritised backgrounds are more likely to live in poor-quality housing, face barriers in accessing support, and experience longstanding inequalities rooted in systemic racism and neglect across housing and services. These disadvantages compound over time, leaving many without the adaptations or improvements they need to remain safe at home.

Staying safe at home means having access to home improvement services to make it easy for you to repair, adapt and maintain your home. A comprehensive national evaluation (Centre for Ageing Better, 2025) found that home improvement services are essential in delivering significant improvements to housing quality and supporting people to live and age well. However, the evaluation revealed a critical gap. We do not know whether older racially minoritised communities benefit from home improvement services, how they experience them, or whether outcomes are equitable.

Data on access, outcomes and effectiveness is limited, and existing programmes are not systematically assessed for equity or inclusivity. This gap obscures the scale of inequality and prevents effective policy responses.



The need for change

Housing deprivation – defined as homes without central heating, those that are overcrowded or where essential facilities such as kitchens and bathrooms must be shared – is especially acute for older people in racially minoritised communities. They are five times more likely than their White counterparts to live in housing deprivation (Centre for Ageing Better, 2023). Within this, the rates are particularly severe for some groups: more than one in three Bangladeshi people aged 50 and over, and more than one in four Black African people of the same age, live in housing deprivation. Such disparities show how ethnicity and ageing intersect to create disproportionate risks in later life.

Housing quality varies significantly across different communities, with some groups experiencing disproportionately poor conditions. Data shows that 38% of Black and minority ethnic households face at least one housing problem compared with 25% of White households (The Health Foundation, 2024). Damp is a particular concern with 8.8% of Black-led households living with damp, more than double the rate found in White-led households (English Housing Survey, 2024). These disparities highlight how structural inequalities translate into day-to-day living conditions that directly undermine health and wellbeing.

Tenure inequality is persistent in the housing experiences of racially minoritised communities, with people aged 50 and over more likely to be living in the privately rented sector compared to their White British counterparts (Centre for Ageing Better, 2023). In the privately rented sector, insecurity of tenure and high housing costs are common. The privately rented sector also has the highest proportion of non-decent homes (The Health Foundation, 2024), leaving older people from these communities doubly exposed to the risks of poor-quality housing and unstable housing arrangements.

Financial inequality further limits the ability of racially minoritised households to maintain or improve their homes. Despite only making up around 15% of the UK population, more than a quarter of those in ‘deep poverty’ – where people lack the resources to meet the fundamentals such as food, shelter and clothing – are from a minority ethnic background (Runnymede Trust, 2022).

Housing inequality has real and serious consequences for racially minoritised communities. Awaab’s Law will come into force for the social rented sector from 27 October 2025 (Ministry of Housing, Communities and Local Government, 2025). These regulations are in memory of two-year-old Awaab Ishak, who died tragically in 2020 because of a severe respiratory condition due to prolonged exposure to mould in his home. An inquiry found that Awaab’s parents’ unsettled migration status played a part in their treatment. They had migrated from Sudan and, despite raising concerns about the mould over three years, no action was taken, with Rochdale Boroughwide Housing admitting that they had made ‘assumptions about lifestyle’ (Dillon, 2023).

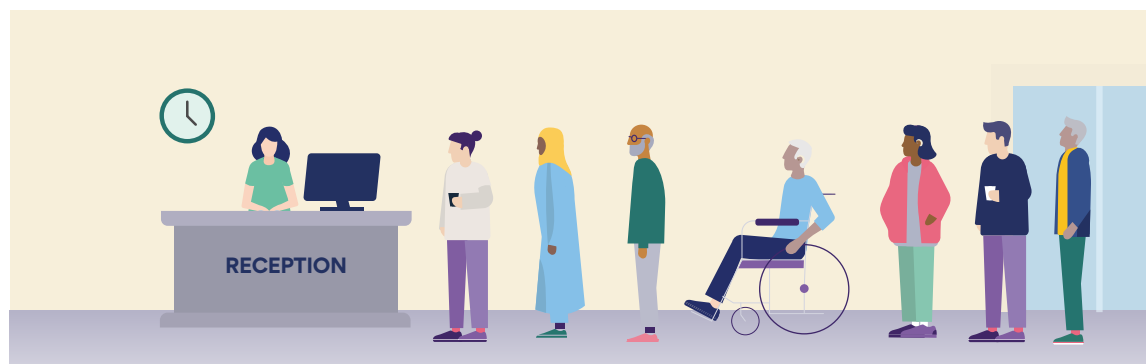


Structural inequalities in housing and ageing

The housing inequalities experienced by older racially minoritised communities in England today cannot be understood without recognising the legacy of historic exclusionary practices. Research in the 1980s revealed substantial discrimination in social housing allocation (Harrison and Phillips, 2003; Race Equality Foundation, 2007), exposing persistent inequalities in how racially minoritised communities were treated.

Practices such as ‘racial steering’, deliberately placing racially minoritised people into less desirable housing and segregated areas, reinforced ethnic segregation (Stott and Fava, 2019) and curtailed access to good-quality homes in safe, well-resourced neighbourhoods. These discriminatory practices have left a lasting imprint, with many racially minoritised households today still concentrated in poorer-quality housing in areas where exclusion was once actively imposed (Shelter, 2025).

Historic exclusion also shaped patterns of settlement and tenure. Black Caribbean and South Asian families were often restricted to inner-city areas with the poorest housing, while ‘red lining’ mortgage policies forced many minoritised ethnic groups to purchase low-quality homes, further entrenching inequalities (De Noronha, 2019). These systemic barriers have carried forward, leaving racially minoritised communities more likely to experience housing deprivation – defined as homes that are overcrowded, lack central heating or share essential facilities. Most



minoritised ethnic groups, apart from Indian, Chinese and White Other groups, remain disproportionately concentrated in the most deprived 10% of neighbourhoods, (ibid; ONS, 2021), with the harshest impacts felt by Bangladeshi, Black African, and Pakistani households (Yazdanpanahi and Woolrych, 2023).

These entrenched inequalities are compounded by tenure patterns. Black African and Black Caribbean households have particularly low rates of homeownership, leaving them heavily reliant on the privately rented sector or confined to sub-standard social housing (Dillon, 2023).

Housing inequality does not exist in isolation; it is interwoven with economic disadvantage. Black and minority ethnic people are 2.5 times more likely to live in relative poverty and 2.2 times more likely to experience deep poverty compared with their White counterparts, with Bangladeshi people more than three times more likely (Runnymede Trust, 2022). These inequalities limit the ability of households to improve, adapt or move from poor housing, locking families into a cycle of deprivation.

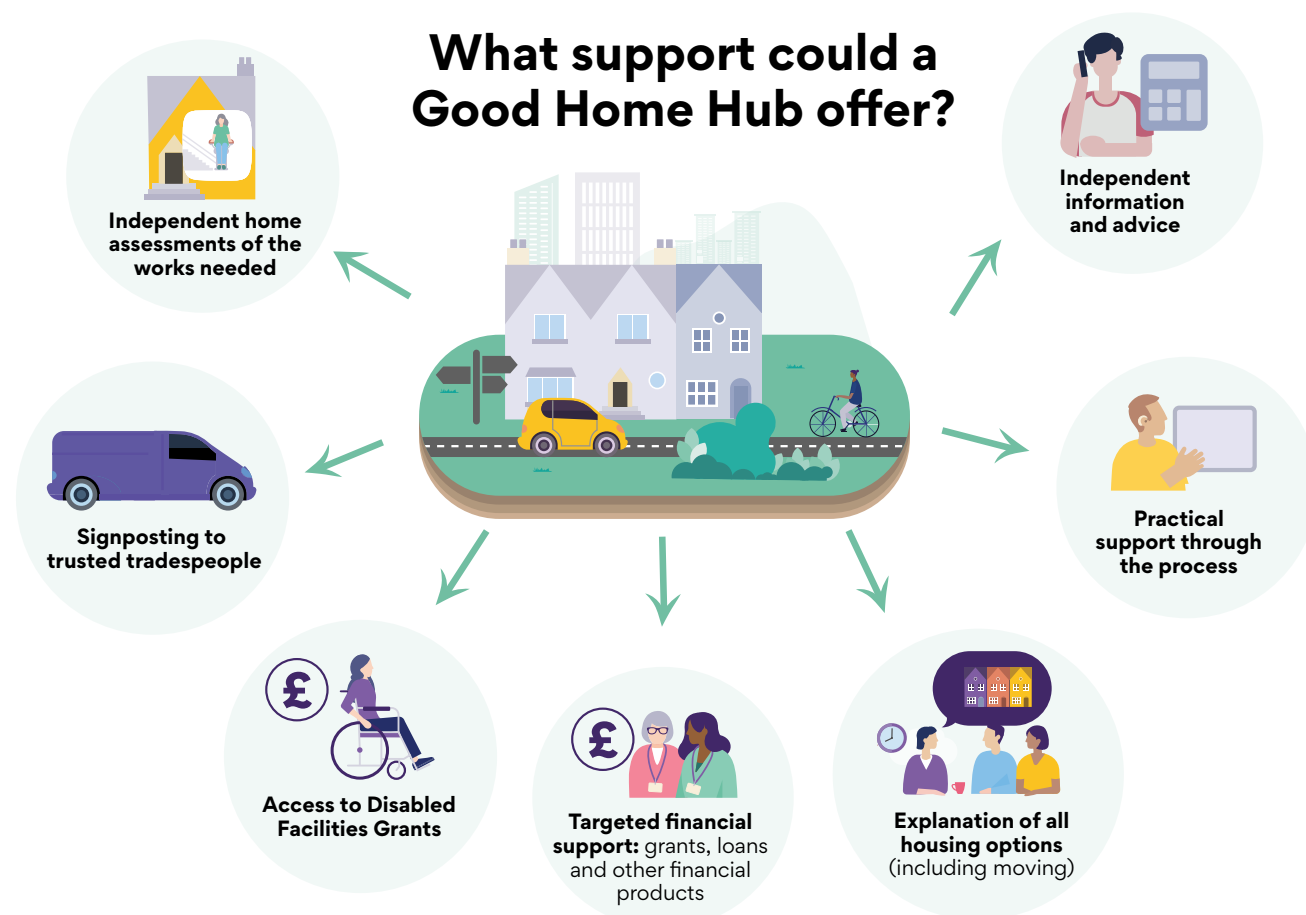
Historic practices of exclusion, racial steering, redlining and discriminatory allocation have evolved into present-day disparities in access, tenure and quality.



The need for Good Home Hubs

In 2021, as part of Ageing Better's Good Home Inquiry, we found that to improve the millions non-decent homes across England, people of all tenures need access to locally delivered comprehensive home improvement services to support them to repair, maintain and adapt their homes. We call this local one-stop shop a Good Home Hub.

A Good Home Hub provides support on aids and adaptations, repairs and maintenance, practical guidance, and energy efficiency. This support is for people living in all tenures and with all abilities to pay, delivered in partnership between local authorities, charities and businesses.



In building the evidence base for the Good Home Hub an evaluation (Centre for Ageing Better, 2025), was commissioned to examine the impact, effectiveness, and value of comprehensive home improvement services where they exist across England. The evaluation sought to understand how these services support vulnerable populations, improve living conditions, and deliver benefits to health and social care systems.

Home improvement services are vital to improving homes for millions of people. Service users reported significant benefits including enhanced independence, improved safety and better mental wellbeing. In addition, home adaptations delivered by improvement agencies as part of hospital discharge services reduced the need for formal caregiving and enabled patients to return home sooner, saving £2,690. Preventative adaptations, particularly those designed to reduce falls, also demonstrated strong value, with £7,050 saved for the NHS every time a fall is prevented, (ibid).

Despite these positive outcomes, the evaluation was not able to capture whether older people from racially minoritised communities benefitted from these interventions, how they experienced them or whether the outcomes were equitable. Without understanding whether these communities are being reached and served effectively, policymakers cannot design solutions that meet their needs. Instead, resources may continue to flow into services that reproduce exclusion, leaving racially minoritised older adults more likely to remain in unsafe, unsuitable homes.

About the research

To address the gap in our understanding, the Centre for Ageing Better commissioned the Race Equality Foundation to carry out a substantive research project exploring the housing and home improvement needs of older people from racially minoritised communities in England.

The project gathered insights and recommendations from a wide range of stakeholders, including older people with lived experience of poor-quality housing, as well as representatives from voluntary, community and faith organisations, statutory services, and service design experts. It examined the current landscape of home improvement and adaptation services and provided recommendations for making these services anti-racist, accessible and responsive to the needs of these communities.

Methodology

The research included an extensive literature review to examine the current landscape of home improvement and adaptation services as experienced by older racially minoritised people.

In addition, qualitative interviews were conducted with 40 participants aged 65 and over, representing a range of ethnic backgrounds, housing tenures and local contexts. These interviews were carried out in partnership with community-based organisations in London (where two separate sessions were held), Manchester, Leeds and Bristol. The research focused on individuals aged 65 and above, as they are more likely to live alone and require housing adaptations or home improvements. To complement these perspectives, stakeholder interviews were also undertaken with experts involved in the design and delivery of relevant services.

In addition, a dedicated design group was established, bringing together community organisations, housing practitioners and older people from racially minoritised backgrounds to co-design the research and ensure that the analysis remained relevant and sensitive to community priorities.



The research findings

The literature review and stakeholder engagement identified six key themes that determine whether and how older racially minoritised adults experience home improvement services. These are:



Access barriers and utilisation of home improvement services



The role of housing tenure in undermining access and uptake



Trust and cultural relevance



Health, mobility and ageing



Systemic and structural inequalities



Intersecting barriers to service uptake

This report explores each of these themes in detail, examining their impact and their implications.

Access barriers and utilisation of home improvement services

Home improvement services are vital to addressing England’s unsafe and unsuitable housing, but access to them is uneven and inconsistent. The availability of services varies significantly across the country, leaving many households without the support they need to repair or adapt their homes. This postcode lottery means that while some people benefit from life-changing interventions, others are left behind, with no clear national picture of who is being served and who is not.

This blind spot is particularly concerning given that Disabled Facilities Grants (DFG) – a core component of the Good Home Hub model and a key source of funding for home improvements – lack robust data on whether adaptations are effective and inclusive for racially minoritised communities (Frost, et al., 2024)



National reporting is voluntary with monitoring of applicant ethnicity being particularly weak

Just 42% of councils that report DFG data nationally record the ethnicity of those applying, (Foundations, 2025).

With the government now reviewing how DFG allocations are made to local authorities in England (Ministry of Housing, Communities and Local Government, 2025), there is a crucial opportunity to strengthen accountability. Introducing mandatory and consistent reporting – including robust ethnicity monitoring – is essential to ensure equitable access and outcomes. Without these changes, we risk continuing with a system that delivers proven benefits, but not for everyone equally.

The role of housing tenure in undermining access and uptake

Housing tenure shapes not only material conditions but also people's sense of stability, emotional connection to home and access to support. Many older people who took part in the research had lived in the same property for decades, developing deep attachment and sense of stability. Yet, continuity of residence did not shield them from precarity; across all tenures, participants voiced concerns about deteriorating property conditions and uncertainty over how to fund essential repairs.

With one in ten pensioners having no savings (Centre for Ageing Better, 2025), and 17% living in relative poverty – a figure that rises to one in five among those aged 85 and over – financial insecurity leaves many older people unable to maintain safe, warm homes (Department for Work and Pensions, 2024).

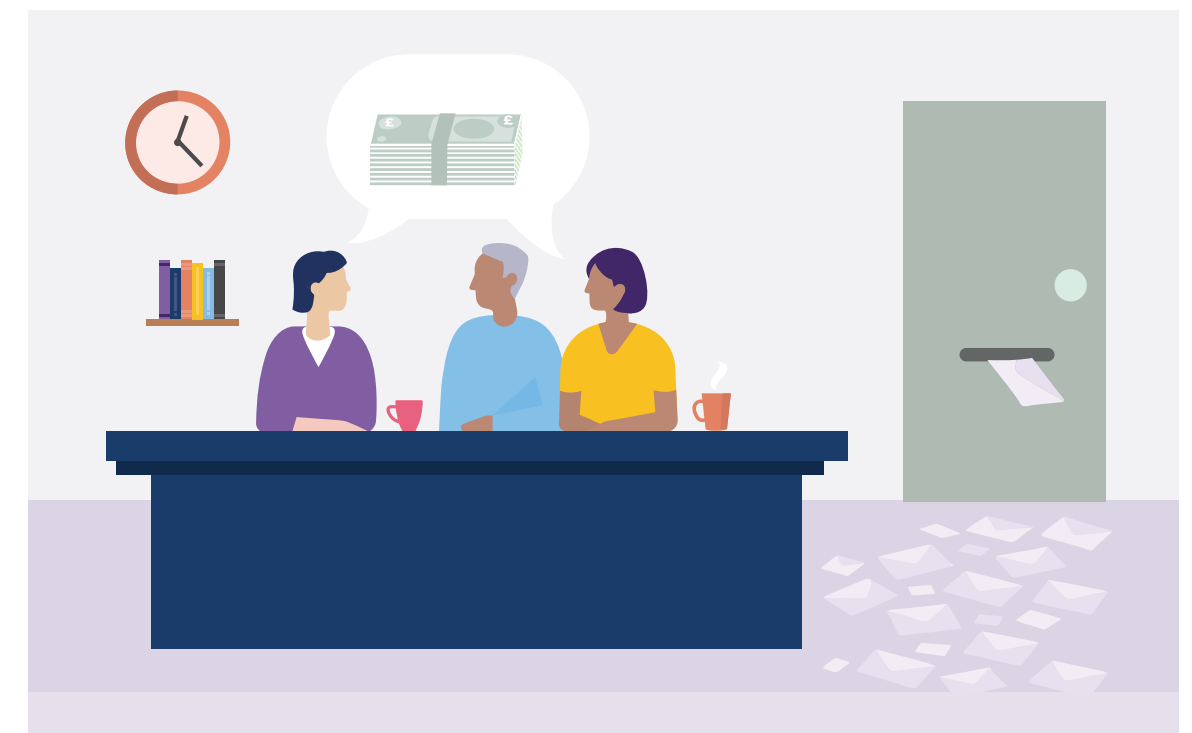
For participants who were social renters, tenure security did not necessarily translate into housing security. While some described positive relationships with landlords, the dominant experience was one of delayed repairs, rigid bureaucratic systems and a lack of trust in providers. Residents reported living with damp, dilapidated kitchens and inaccessible bathrooms for months, sometimes years, with little control or agency over their circumstances. This lack of autonomy had serious implications for health, dignity and quality of life. As one participant in our research put it,

'You just gotta wait, can't do nothing about it'

Private renters faced a different but equally severe set of challenges. Older tenants shared experiences of eviction threats, inaccessible properties and landlords failing to protect deposits or carry out basic obligations – circumstances that became especially acute when layered with health vulnerabilities or disability.

Research by Shelter (2023) underscores this insecurity, showing that nearly three in ten private tenants aged over 55 live in fear of eviction. For racially minoritised older tenants, discrimination and underinvestment compound these risks, entrenching inequality (Beech, et al., 2022).

These accounts demonstrate that poor housing conditions, insecurity and barriers to timely support cut across all tenures. Social renters experience long waits and disempowering systems; private renters face unaffordability and insecurity; and homeowners struggle to meet the cost of essential repairs. The challenges differ in form but their impacts – unsafe homes, loss of dignity and declining health – are universal.



Trust and cultural relevance

For older people from racially minoritised communities, trust in people, services and systems is central to whether and how they seek help. Trust is built through relationships, cultural familiarity and lived experience, and it often determines not only how support is accessed but whether it is sought at all. Equally important is the cultural relevance of services – when people feel seen, heard and respected, they are more likely to engage. Where this is absent, uptake and satisfaction decline and, crucially, perceptions of safety are undermined.

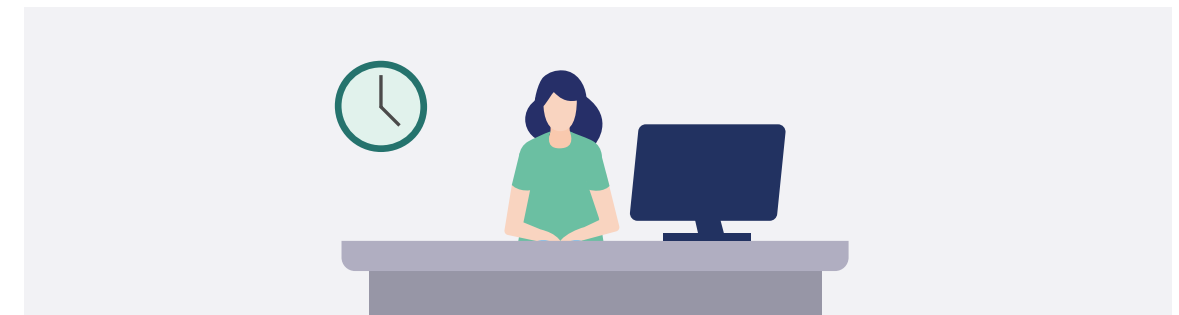
‘I think that’s a common issue, is that you know, you might ask a friend or family, but if they don’t know, then who’s that next point of call to go to?’

‘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’

‘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... that word of mouth, mainly word of mouth’

‘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 form of hyper-local trust reflects a broader reliance on community relationships, with older people turning to peers for advice, validation and referrals. Research has found that this reliance is often rooted in histories of marginalisation and exclusion from mainstream services, where participants encountered cultural insensitivity and a lack of representation (ibid). This is not just about competence, but about fairness, safety and cultural understanding.



Erosion of trust and confidence in services significantly influenced uptake. For some participants, their mistrust in services was shaped by race.

‘It’s down to the area that you in, you’ve got some deprived areas... more Somalis, 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’

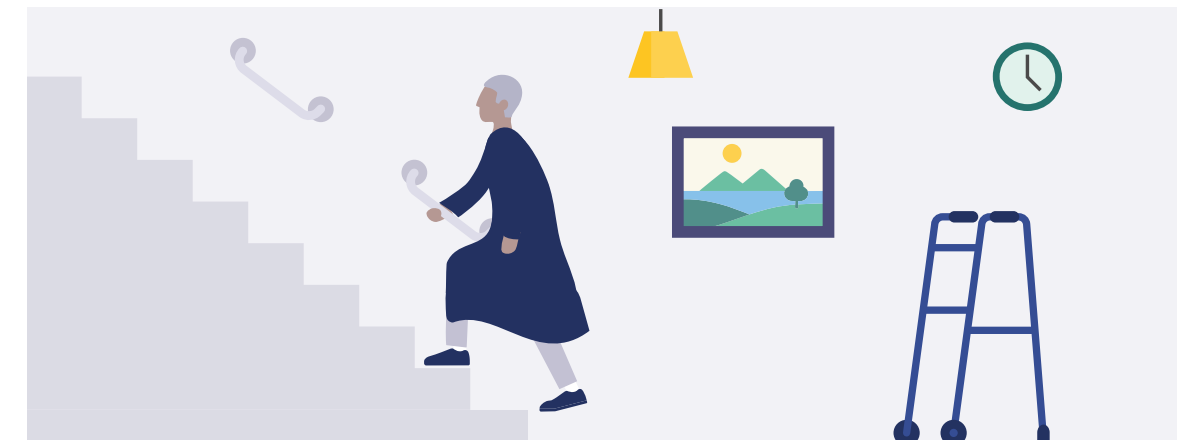
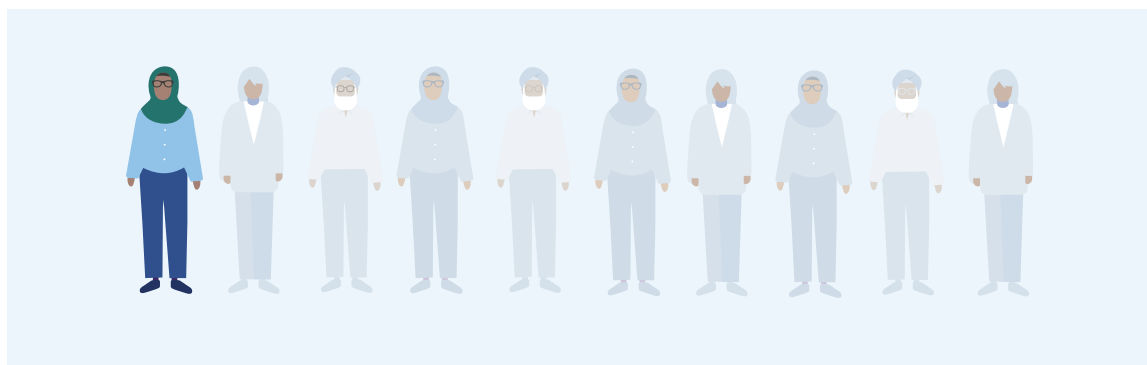
‘You really have to keep going and keep going and, you know, keep pushing to do that. And once you get past a certain age, you really can’t be bothered’

For older racially minoritised people, mistrust in services is often rational, learned and protective. It is not a failure of individual willingness, but a reflection of institutional patterns. This underscores the critical role of community-based organisations, whose long-standing trust and cultural credibility must be recognised and resourced as an integral part of delivering equitable housing and support services.

Health, mobility and ageing

Health and ageing trajectories differ significantly across different racially minoritised groups, with data showing a clear association between ethnicity and the earlier onset of poor health. One in ten Pakistani people report bad or very bad health by age 53, and 10% of Bangladeshi people by age 51, compared with the same proportion for White British people at age 65. This reveals some communities living longer in poor health and therefore with greater need for homes that actively support ageing well.

Participant accounts highlighted how unsuitable housing compounds these challenges. One person explained, *‘When I moved in here... 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’*. Others spoke of the distress caused by being moved out of familiar surroundings rather than receiving adaptations, *‘If you’ve got four steps, and you can’t do steps, they might just move you, as opposed to adapt, which is really... unsettling later on in life’*. These experiences demonstrate the strong aspiration to remain in established homes, even when health issues make daily living increasingly difficult.



Families often stepped in to provide support, with adult children or grandchildren offering both practical help and emotional care. But reliance on family was uneven, and some participants spoke of the strain this placed on younger relatives, or the loss of independence and privacy that came with it. As one homeowner explained, *‘When I want some repairs, I have to do it really in August... when my daughter is off work... But I don’t really want to borrow no money with knowing I’m a pensioner’*.

The condition and upkeep of the home played a decisive role in people’s ability to live safely and comfortably. Many of the individuals involved in the research struggled with repairs, maintenance and energy bills because of low income, health problems and the lack of trusted support. Even those with a long-standing connection to their home described a sense of insecurity, knowing that deteriorating conditions could not be easily addressed. *‘I can’t apply to any council because they don’t give me anything, I have to do it myself from my own home’*, one participant explained. The effort and cost of managing repairs, coupled with the difficulty of finding reliable workers, left many older people at risk of declining living standards just as their health needs were increasing.

These findings show that the condition, upkeep and suitability of housing are inseparable from the wider experience of ageing. For older racially minoritised people – already facing disadvantages in income, health and access to services – the result is a steady erosion of safety, autonomy and dignity in later life.

No single department at central or local government level can close these gaps alone. Stronger partnerships between housing, health and social care are essential to ensure that people don’t just live longer, but live well, with safety, dignity and independence at the heart of later life. Without this systemic shift, inequalities in ageing will only deepen, leaving entire communities excluded from ageing well.

Systemic and structural inequalities

The experiences from the lived experience interviews revealed how wider systemic and structural forces shape the everyday experiences of housing, ageing and support.

These forces extended beyond individual or household-level challenges to include environmental risks, policy inaction and lived experience of racism and inequality.

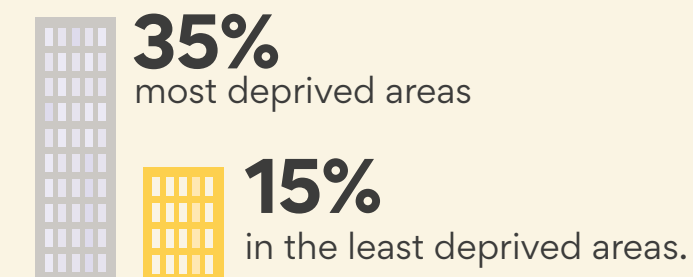
Experiences of racism and discrimination

Racism and discrimination were widely reported across all five research locations. Participants described long waits for repairs, dismissive treatment by professionals and outright exclusion from schemes that failed to account for their realities. As one participant explained, *'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...'*

Others experienced more explicit hostility, *'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 for you'*. These accounts reflect structural patterns rather than isolated incidents.

Shelter's research (2025) found that Black and Black Mixed heritage applicants face anti-Black racism in housing allocations, discriminatory treatment from housing officers, and harmful stereotypes that shape and justify unequal treatment. Alongside this, subtle or 'slippery' forms of discrimination make it harder to identify or challenge bias, while intersecting barriers – such as anti-immigrant sentiment, misogynoir, ableism and classism – compound the exclusion. For older people, these forms of discrimination converge to create systems that are not designed to meet their needs, leaving them ageing in homes and services shaped by exclusion.

Councils in the most deprived areas seeing funding per person fall by:



Neighbourhood decline

Neighbourhood change further illustrates how systemic factors shape later life. Austerity-era cuts from 2010 onwards slashed local authority budgets, with councils in the most deprived areas seeing funding per person fall by 35% compared with 15% in the least deprived areas. These cuts disproportionately affected racially minoritised communities concentrated in urban and deprived areas (Institute for Fiscal Studies, 2024).

Participants spoke of burglaries, anti-social behaviour, drug activity and environmental neglect: *'They've got rats in there, they've had burglaries... this is a sheltered housing complex... reported to the police, to the managers, to everybody, they don't do anything about it'*.

The erosion of neighbourhood safety left many older people, particularly those living alone, feeling isolated and fearful, restricting their use of public space and damaging their mental health. National data confirms this, showing that racially minoritised groups are more likely than White people to live in neighbourhoods with the highest crime rates (The Health Foundation, 2025), reflecting entrenched spatial marginalisation and underinvestment.

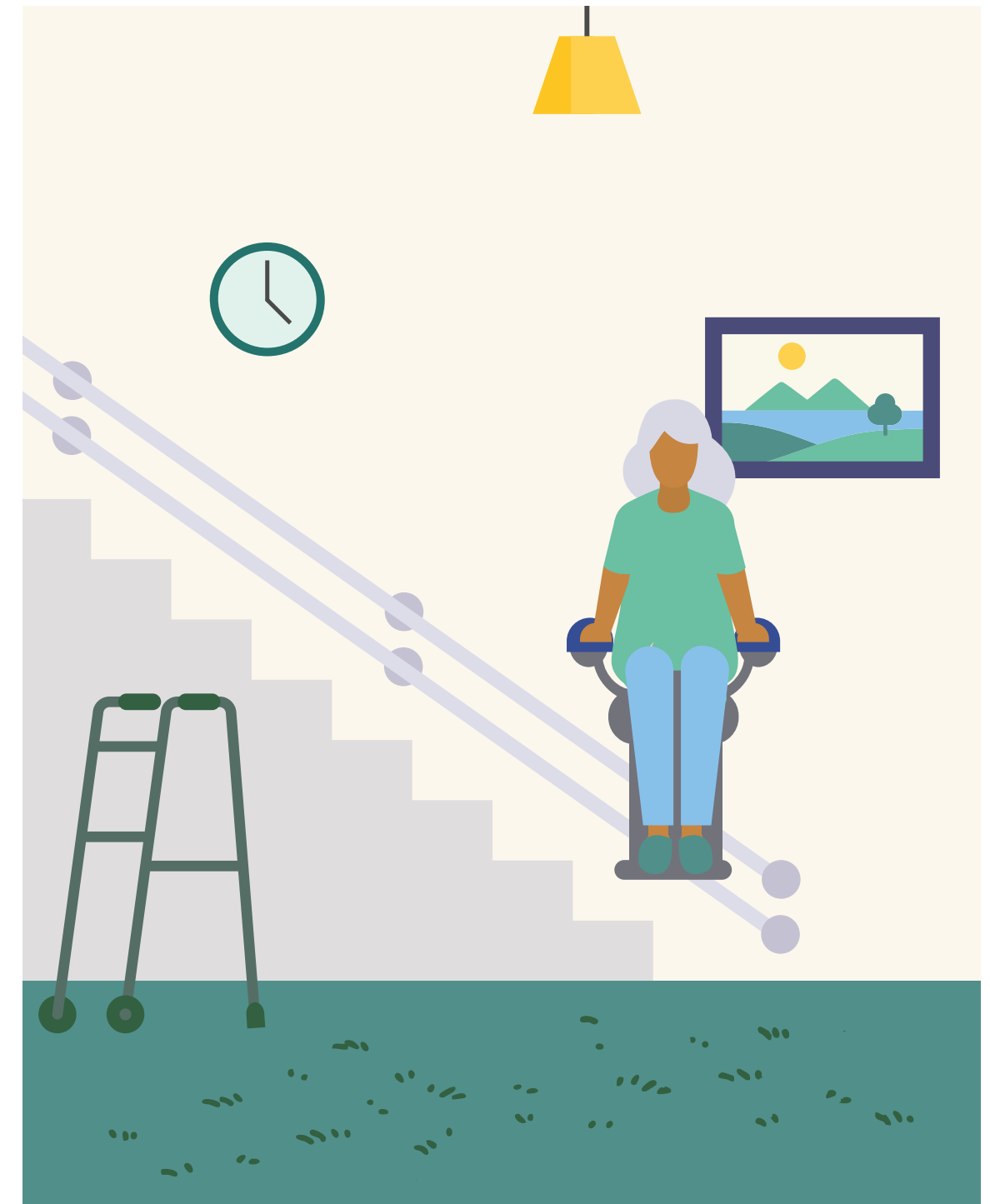
Information exclusion

Information exclusion was another major barrier. For those without English as a first language or without digital literacy, navigating services was especially difficult. Participants described being forced to rely on informal networks or chance encounters to access support, with one person saying, *'I usually, if I need any help... 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 it myself'*. Such reliance on fragmented, informal channels left many unaware of services that could have transformed their quality of life. This inequality in access to knowledge reflects systemic shortcomings in how services are designed, communicated and delivered.



Information exclusion is further compounded by lack of accessible and trusted information. Many participants reported being unsure of how to access repairs or adaptations, citing fragmented services, confusing referral pathways and automated systems that felt impossible to navigate. As one participant explained, *'It's all on the phone, it's automated... nothing is straightforward'*. Others highlighted the lack of responsiveness when concerns were raised, with one person describing how, *'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'*. Such accounts show that people are not only left without clear information but also without confidence that institutions will act when they do seek help.

Taken together, these sentiments/accounts show that for racially minoritised older people, their experiences of housing and ageing are deeply shaped by structural inequities. Racism and discrimination, neighbourhood decline fuelled by austerity and exclusion from information are not isolated challenges but interconnected forces that compound disadvantage.



Intersecting barriers to service uptake

Older people face a range of barriers when trying to access home improvement support, but for racially minoritised communities these barriers are layered and intersecting, creating compounded exclusion.

Financial pressures, digital exclusion, cultural disconnection and systemic flaws in service design do not operate in isolation. Together, they form a web of obstacles that restrict older people's ability to make essential improvements to their homes.

Financial barriers created further obstacles. Even when people identified necessary adaptations, the cost or fear of unforeseen expenses deterred them from acting. One participant reflected, *'In the case of my wife... to try to do this, it would be very expensive'*. For many, this translated into what participants described as 'health-related housing trade-offs' (Marmot, et al., 2020), where immediate needs such as heating or food were prioritised over costly adaptations. This highlights the urgent need for policy to account for the economic realities of older people, particularly in racially minoritised communities, where poverty and low wealth make the situation worse.

Service delivery was also marked by cultural disconnect. Participants described miscommunication, assumptions and a lack of respect for their lived realities. Language barriers were a recurring concern: *'[If] there's a language barrier, then you should have supporting people who understand their needs and put their case forward'*. Experiences of being dismissed or ignored fostered deep mistrust, leaving many feeling disengaged from services designed to help them.

These structural barriers are embedded in how services are designed, funded, communicated and evaluated. While many older people encounter them, racially minoritised communities are disproportionately affected, experiencing exclusion both in practice and in perception.

Towards an equitable Good Home Hub model

The research shows that housing type, housing security, trust, cultural fit, health and inequality all play a key role in shaping how older racially minoritised communities experience home improvement services. Across all locations, participants felt marginalised due to poor housing conditions and being excluded from support systems.

Tenure strongly shaped access to services and control. Older homeowners lacked funds for adaptations or improvements, social tenants faced delays and red tape, and private renters dealt with insecurity. Across all groups, money worries and fear of exploitation delayed and prevented action. Access to services was hindered by confusing systems, language barriers and digital exclusion. Many relied on community networks instead, driven by mistrust of authorities due to past neglect and discrimination. Health and mobility issues made unsuitable housing harder to manage, worsening existing health problems and making it difficult for participants to age well at home.

Underpinning this were deep-rooted experiences of systemic inequalities and racism, which shaped people's expectations.

To break this cycle, interventions such as the Good Home Hub should be made nationally available so that support is consistent across the country, not dependent on postcode or local capacity. Crucially, they need to be inclusive in design and delivery so that everyone can benefit.

Recommendations

National recommendations:

- Improve data collection to gain deeper insights into how racially minoritised communities access home improvement interventions. Departments such as the Ministry of Housing, Communities and Local Government (MHCLG) and the Department of Health and Social Care (DHSC) should do this by requiring reporting on Disabled Facilities Grants and retrofit programmes, with added demographic profiling to better assess access and outcomes.
- Simplify access to nationally available grants and financial assistance for vulnerable households, particularly older racially minoritised households, reducing barriers to critical home adaptations. This can be achieved through local delivery-mechanisms like Good Home Hubs.
- Address housing and neighbourhood decline through targeted investment in areas of high deprivation, particularly those with significant racially minoritised populations to ensure that those who are the most at need, get the support they require.
- Commit to improving cold, damp and unsafe homes across all housing types in the upcoming national housing strategy. The strategy should focus on helping our growing older population live safely and independently for as long as possible. It must include clear plans to upgrade poor-quality homes, coordinated action across government departments such as health and social care, and long-term funding.
- Support the creation of a national network of Good Home Hubs to provide a one-stop shop for home improvement information and advice across the country.



For local authorities:

- Invest in the workforce to ensure services are fair and responsive. This goes beyond cultural competency training. It requires recruiting and supporting staff to be values-led, reflect the diversity of the communities they serve, and are empowered to challenge discrimination and deliver inclusive, person-centred services.
- Build long-term, collaborative partnerships with trusted community organisations to tackle learned mistrust of public services. Provide trusted partners with stable, sufficient resources so that they can continue to deliver vital services.
- To ensure that home improvement interventions are effectively reaching all communities, including older racially minoritised people, local areas should develop a comprehensive Good Home Hub. This should be a one-stop shop for all aspects of home repairs and adaptations and should be designed as anti-racist and inclusive.

For practitioners:

- Ensure that practices are continually informed by engagement with racially minoritised groups so that they continue to prioritise dignity and reflect the lived realities of people.
- Co-produce services alongside the communities you serve, including older racially minoritised groups, ensuring their voices shape every stage of design and delivery.
- Incorporate trusted referral networks to improve access to services and support. Work with local community organisations, faith groups and other trusted partners to create clear, reliable pathways for people to get the help they need.

For funders and commissioners:

- Invest in housing and support models that are explicitly designed to address inequalities. Ensure these models are co-designed with older racially minoritised groups and focus on long-term, sustainable solutions that promote independence, dignity and wellbeing.
- Develop robust evaluation frameworks and create consistent, equity-focused evaluation frameworks to measure the impact of housing and support interventions.

Next steps and research gaps

There is a significant evidence gap on the uptake of home improvement services and adaptations – including energy efficiency measures – among racially minoritised communities. Data on uptake by ethnicity, as well as on the effectiveness of these interventions, remains limited and fragmented, with no consistent national picture.

Well-designed pilot programmes and evaluations could help fill this gap by generating robust, disaggregated data, testing more culturally responsive delivery models and evidencing the health impacts of interventions.



Conclusion

Without urgent action, today's failures will compound into tomorrow's crises

This report has shown just how housing inequality prevents older racially minoritised people from living in homes that support them to age well. At Ageing Better our vision is for everyone to live in a home that keeps them safe, warm and dry. To make this happen, national and local government(s), commissioners and practitioners must act.

The urgency lies not only in the numbers, but in the human cost; earlier onset of poor physical and mental health, greater insecurity and lives cut short by conditions that are entirely preventable.

Without decisive intervention, these inequalities will not only persist but deepen, leaving racially minoritised communities at heightened risk of housing deprivation, insecurity and poor health.



Glossary

Term	Definition
Ableism	When people are treated unfairly, excluded, or looked down on because they have a disability (physical, mental, or developmental). It's a form of discrimination, like racism or sexism, but focused on disability.
Cultural competency	The ability to effectively interact with, understand and respect people from a diverse range of cultures and backgrounds.
Cultural familiarity	The degree to which individuals or groups possess knowledge, understanding, and comfort with the customs, values, and social practices of a particular culture.
Housing deprivation	The lack of access to adequate, safe, or affordable housing, often due to social or economic disadvantage, resulting in substandard living conditions or homelessness.
Housing tenure	The type of housing that someone lives in, relating to the legal and financial arrangement under which someone occupies their home. E.g. renting, owning, social housing, shared ownership.
Intersectionality/intersecting	The ways in which different aspects of a person's identity overlap and intersect to shape their experiences of discrimination or privilege. This could include race, gender, class, sexuality, and disability.
Lived experience	A person's knowledge, insights and understanding of an issue based on their direct and personal experience with it.

Term	Definition
Marginalised	Describes people or groups who are pushed to the edges of society and given less power, voice, or opportunity. It means they are excluded or treated as less important, often because of social, economic, cultural, or political systems
Misogynoir	A specific form of misogyny directed towards Black women, where race and gender intersect to create unique experiences of discrimination and prejudice.
Racial steering	A discriminatory practice in which estate agents or landlords guide prospective buyers or renters towards or away from certain neighbourhoods based on their race, limiting choice and reinforcing segregation.
Racially minoritised	Describes people or groups who are treated as a racial minority by society, usually through systems of power, politics, or institutions. It highlights that they are not just fewer in number, but are placed in a disadvantaged position because of historical and ongoing discrimination or exclusion
Red-lining mortgages	A discriminatory practice done by banks, where mortgage loans or other financial services are limited or refused. A practice often done based on race or ethnicity, by drawing 'red lines' around certain neighbourhoods on maps
Structural inequalities	Disparities that exist within the system, relating to wealth, opportunities and privileges that are built into the social, economic and political systems of society.
Systemic racism	A form of racism that is built into the fabric of society, operating on a structural level. It is expressed in the policies, practices, and norms of institutions.

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