

# A year of a Good Home Hub in Lincolnshire: Interim evaluation

March 2026

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# Key points

Housing is a fundamental determinant of health, wellbeing and independence in later life. Yet millions of people in England continue to live in homes that are cold, unsafe or in disrepair, contributing to poor health outcomes and avoidable pressure on health and care services. Good Home Lincs was developed as a pilot to demonstrate how a Good Home Hub service can help residents repair, adapt and maintain their homes while reducing wider system demand.

The key findings from the first year of delivery were:

- 1** There is a strong demand for **Good Home Lincs**. The service supported 233 households in Year 1, with the majority of clients experiencing multiple, overlapping housing and health challenges linked to poor living conditions.
- 2** Most people supported were **owner-occupiers with health needs affected by their housing**. Two-thirds (66%) of people had at least one health condition that could be exacerbated by their housing, often involving mobility, respiratory or mental health needs.
- 3** Advice and information can be **just as important as physical repairs**. Nearly half of closed cases were resolved primarily through information, advice and signposting, showing the value of helping residents navigate funding, services and practical next steps.
- 4** Advice alone wasn't always **enough**. Many clients required ongoing, hands-on support, advocacy and co-ordination, rather than one-off advice, which highlights the importance of trust-based and time-flexible delivery.

**5** Relatively small amounts of **money can make homes safer**, with around a quarter of closed cases receiving practical repairs or adaptations. These were typically low-cost interventions such as flooring, bathroom or heating works that reduced hazards including damp, falls and unsafe living conditions. The total value of works delivered was £53,960, with a median cost of around £500, demonstrating how modest, targeted spending can address significant housing risks.

**6** Interventions delivered through **Good Home Lincs helped reduce a wide range of health, safety and housing-related risks**. The risks most frequently mitigated included health and safety hazards, damp and mould, and accident or injury.

**7** Qualitative evidence shows that after engaging with the service, **people felt safer, warmer and more able to manage daily life**.

**8** Many households were unable to **fund essential repairs themselves**, meaning progress often depended on discretionary funding, grants or external support. These can be slow to access and often do not cover the costs of major works.

**9** Collaboration with local services **enabled faster access to help**, shared responsibility for cases and reduced duplication. Good Home Lincs caseworkers proactively reached out to professional colleagues and provided advice which improved confidence across the wider support network.

**10** Overall, the first year of delivery demonstrates strong engagement with the service and clear evidence of need among clients. **High levels of health conditions linked to poor housing, combined with frequent requests for professional advice from partners, highlight the importance of the service's holistic approach**. Initial evidence suggests that Good Home Lincs is currently delivering good value for money and reducing the risks of unsafe homes.

This report covers Year 1 of a two-year evaluation and reflects early delivery and emerging learning rather than the full impact of Good Home Lincs. The final evaluation will draw on the full two-year period to reach stronger conclusions on impact, delivery and value for money.

# Introduction

**Every day, millions of people in England wake up in homes that undermine their health, safety and wellbeing. Around 3.5 million homes do not meet basic standards of decency, which means they are lacking modern facilities, effective insulation or heating, or are falling into disrepair (MHCLG, 2025). This affects an estimated 7.5 million people nationwide, among them approximately 2.3 million people aged 55 and over (Ageing Better, 2025).**

The consequences of living in cold, unsafe and poorly maintained housing are profound. Cold homes are linked to worsening arthritis, respiratory illnesses and mental health conditions, as well as increasing the risk of serious cardiovascular events (Communities and Local Government Committee and Betts, 2018; National Institute for Health and Care Excellence, 2016). In 2022/23 alone, 5,000 excess winter deaths were attributed to cold homes (End Fuel Poverty Coalition, 2024). Hazardous housing conditions also contribute to injuries and falls, which led to 234,000 emergency hospital admissions among people aged 65 and over in 2019/20 (Office for Health Improvement and Disparities, 2022).

These largely preventable harms place significant pressure on health services. Poor-quality housing is estimated to cost the NHS £1.1 billion each year, including £595 million spent treating people aged 55 and over (Ageing Better, 2024). Improving housing quality is therefore not only a matter of comfort or repair, but a critical step towards better health, reduced inequality and more sustainable public services.

At the Centre for Ageing Better (Ageing Better), we believe that with the right resources and partnerships, as well as both local and national strategic focus, homes in England can be safe, warm and supportive places for everyone. Lincolnshire is already demonstrating what this can look like in practice. The Good Home Lincs service provides a co-ordinated, county-wide response to poor-quality housing, helping residents reduce the harms caused by unsafe and unhealthy living conditions. Guided by the Good Home Hub model, and shaped through collaboration with local communities, the service represents a practical approach to improving housing outcomes.

This report presents the findings from the first year of delivery, offering insight into the impact of Good Home Lincs and the wider role that comprehensive home improvement support can play in enabling healthier lives for all.

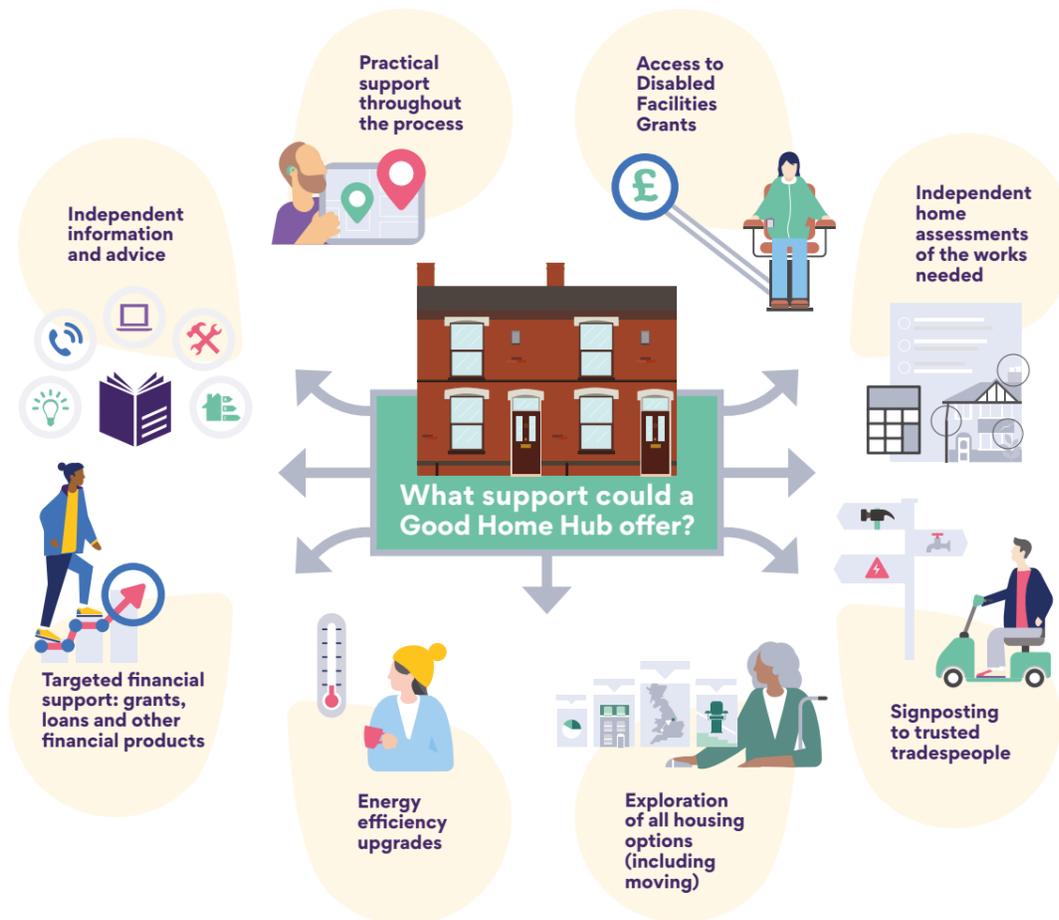


# Good Home Hubs

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

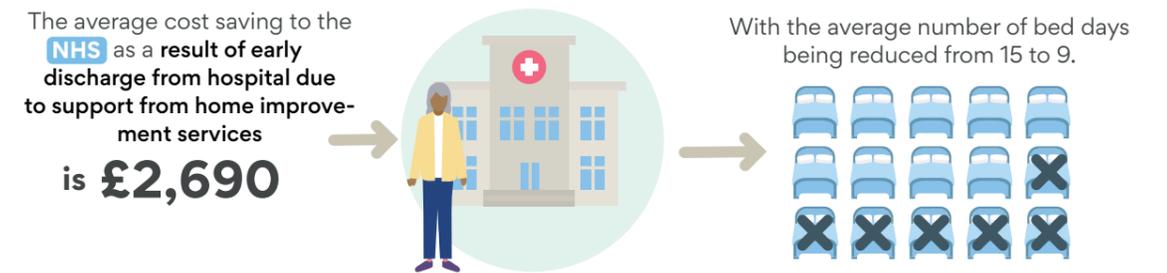
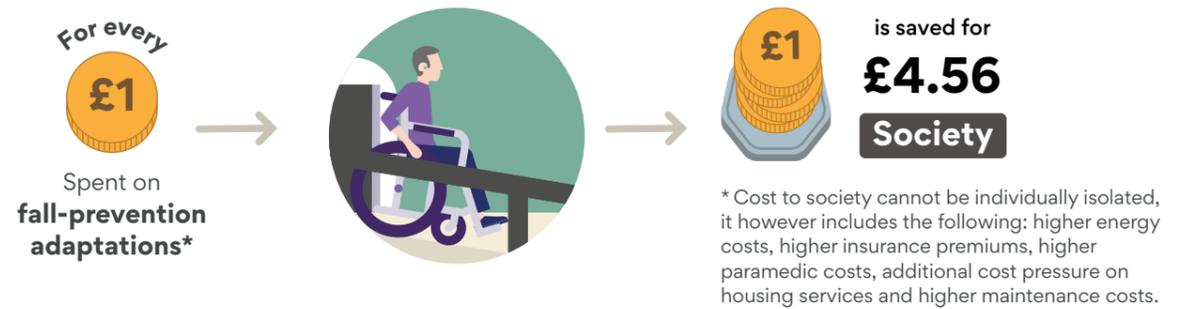
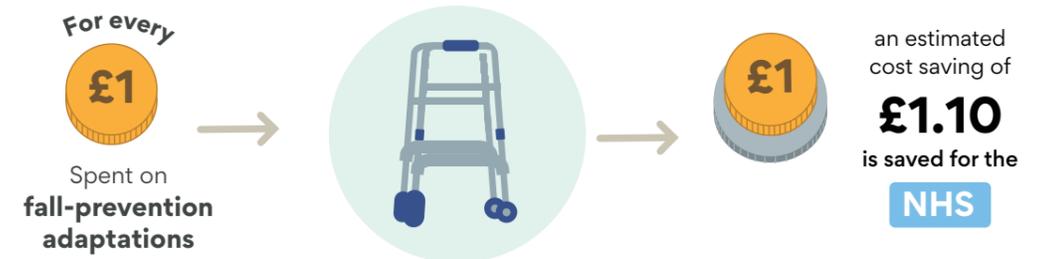
In an ideal scenario, support would be there for all those who need it: those who cannot afford to pay for the repairs, those who can pay but need support to manage the process, and others who only need some information and advice. From this engagement and discussion with a large number of other stakeholders,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

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



To build the evidence on Ageing Better’s concept of Good Home Hubs as a solution to the millions of unsafe and unsuitable homes in England, an evaluation was commissioned to assess the impact, effectiveness and value of comprehensive home improvement services in the handful of areas where they exist.

Our evaluation, ‘[Better homes, better lives](#)’ found that home improvement services are vital for improving homes for millions of people. In addition to service users reporting significant benefits including enhanced independence, improved safety and better mental wellbeing, the evaluation found that:



The evaluation showed the impact of individual elements of home improvement services. To show the efficacy of the GHH model, which brings a more expansive range of support together in a single service, we worked in partnership with Lincolnshire County Council to develop and evaluate Good Home Lincs.

## About the evaluation

To evidence how a Good Home Hub can work in practice, Ageing Better commissioned LSE London, a research unit from the London School of Economics, to carry out a two-year evaluation of Good Home Lincs running until September 2026.

The evaluation is seeking to understand:



The evaluation team has engaged extensively with residents, caseworkers and wider stakeholders, and has analysed all available data on service activity from the first year of delivery.

### Evaluating a year of delivery

As Good Home Lincs only began delivery in Autumn 2024, the findings in this report mainly show what's been put in place and the changes that are starting to emerge, rather than the full impact of the service.

Most of the numbers in this report focus on closed cases, where we can see the full journey from referral to outcomes recorded at case closure. There were 80 cases that remained open at the time of analysis, meaning that service activities, costs and risk reductions may change.

This report summarises the key insights from one year of delivery of Good Home Lincs, covering the period from September 2024 to September 2025.

The final evaluation report, including further analysis on the impact of Good Home Lincs and its value for money, will be published later in 2026 once the pilot has completed.



# Good Home Lincs

## The Good Home Alliance

The Good Home Alliance (GHA) is a strategic partnership led by Lincolnshire County Council in collaboration with the seven district councils across the county, consisting of West Lindsey District Council, East Lindsey District Council, City of Lincoln Council, North Kesteven District Council, South Kesteven District Council, Boston Borough Council and South Holland District Council.

The alliance is a network of agencies, organisations, services and resources that share the common objective to improve housing conditions and related health and wellbeing outcomes. The GHA aims to provide a co-ordinated, system-wide approach to improving housing conditions and addressing the wider health and wellbeing impacts associated with poor-quality housing in Lincolnshire. This model strives to strengthen the link between housing, health and social care to support residents to live in homes that are safe, warm and sustainable.

Including County and District Councils, membership of the alliance includes a vast range of county and district departments and wider partners such as:

- Disabled Facilities Grant teams
- Housing Standards teams
- Adult and child social care
- Occupational therapy
- Children and young people asthma practitioners
- Lincolnshire Fire and Rescue
- Wellbeing services
- Local energy advice demonstrators
- Family hubs
- Trading Standards

In recognition of the breadth of services already available across the county through the alliance, Lincolnshire determined during the service design phase of the Good Home Hub that the most appropriate approach was to **pilot selected elements of the model.**

It was acknowledged that while a wide range of essential services were already in place through the alliance model, greater co-ordination was required to improve alignment across partners, ensure consistency in information and support, and provide a clear delivery mechanism through which existing provision could be brought together more effectively.

In this context, the interventions introduced through Good Home Lincs have been integral in strengthening the wider alliance system and supporting a more joined-up approach to delivery.

## The Good Home Lincs pilot

The project was developed as part of a five-year strategic partnership between Lincolnshire County Council, East Lindsey District Council and Ageing Better. It identified a shared ambition to support more people to live independently in their homes where possible and appropriate.

The project built on work already undertaken in Lincolnshire to improve Disabled Facilities Grant and occupational therapy services as well as Ageing Better's Good Home Inquiry which identified a Good Home Hub model as a solution to improve the quality of homes across the country.

Ageing Better and Lincolnshire stakeholders worked closely to co-design and develop a local version of a Good Home Hub tailored to the county's needs which could offer insights for scaling nationally.

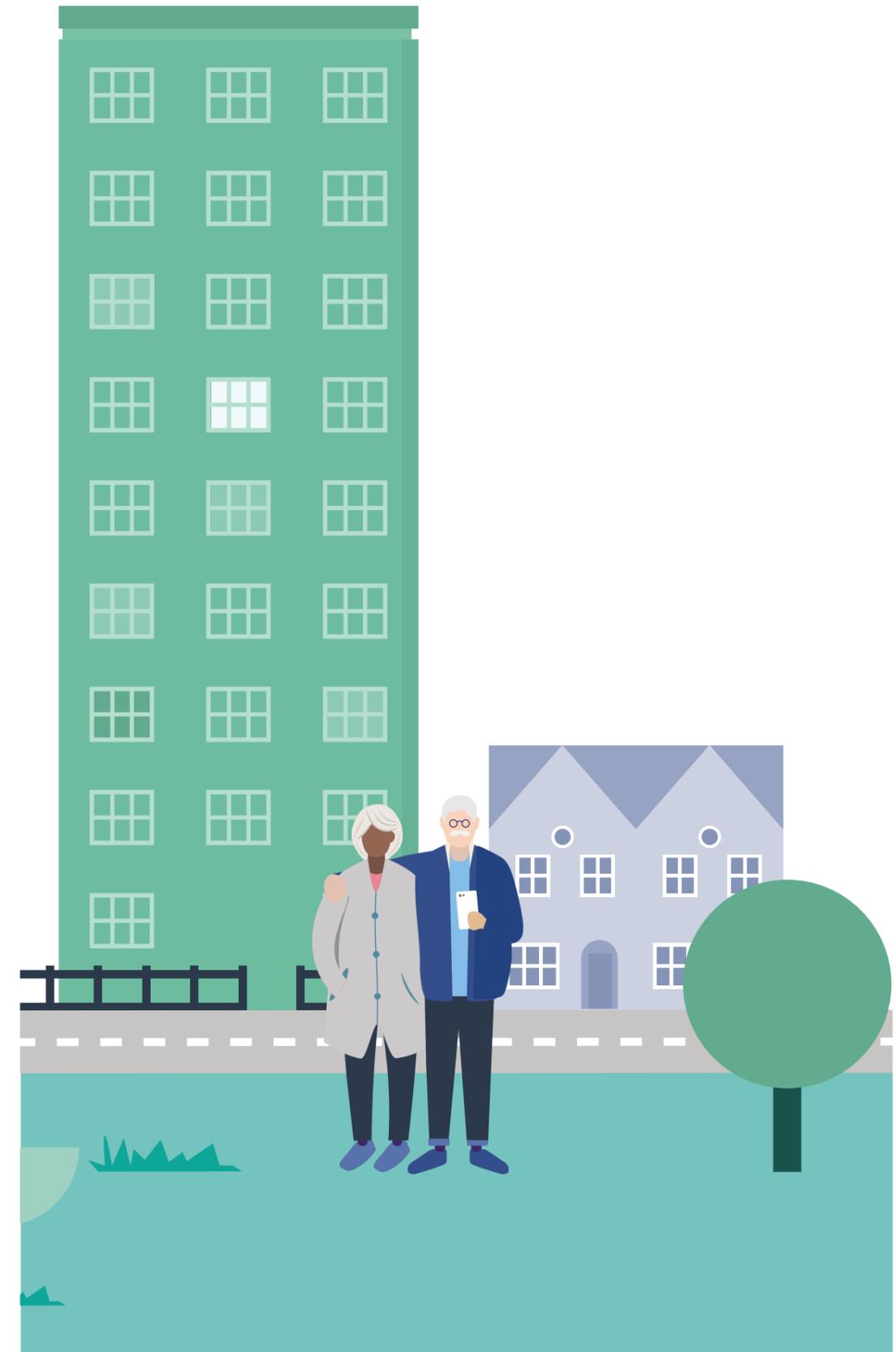
This process involved commissioning a service designer, as well as engaging directly with residents to explore the challenges they face in maintaining and improving their homes. The gathered evidence was then reviewed and consolidated to contribute to the development of the pilot – Good Home Lincs. To find out more about the service design process that was undertaken in Lincolnshire, please read our report '[Putting ideas into action: Developing a local Good Home Hub](#)'.

The years of work from several partners across Lincolnshire resulted in the launch of Good Home Lincs in September 2024, a system-wide approach to supporting residents to live in safer, healthier and warmer homes.

The intervention is funded through contributions from Lincolnshire County Council and the seven district councils, totalling £442,519 over a two-year pilot period, supplemented in 2025 by £121,157 from East Lindsey District Council's Healthy Homes funding, which makes the total amount £563,676.

Good Home Lincs provides two main services: an advice and casework service and a web-based information and signposting service.

Advice and casework service	Web-based information and signposting
<p>The advice and casework service provides tailored support to residents, helping them understand and act on the full range of options available to address housing issues.</p> <p>The service initially recruited three caseworkers to work across the county to offer residents information, advice and support. As demand grew, an additional caseworker was brought in to increase capacity. Two specialist hoarding caseworkers were later added to provide more focused support for people with more complex needs.</p> <p>The caseworkers carry out home visits, complete Healthy Home Assessments and work with residents to identify and implement practical solutions to improve housing conditions.</p> <p>The service also plays a co-ordinating role, liaising with relevant organisations, supporting applications for funding to deliver works, and enabling access to a wider range of support services, including those beyond housing.</p> <p>The casework service is open to clients of all ages, housing tenures and financial backgrounds. Support is designed to be flexible and without limitations on time.</p>	<p>The <a href="#">Good Home Lincs</a> web pages provide a central access point for information and guidance on maintaining and improving homes.</p> <p>Content spans a wide range of housing options, including carrying out repairs, improving energy efficiency and moving home.</p> <p>Users are signposted to relevant local and national services, community support, and local authority provision, including sources of practical and financial assistance. In addition, the platform provides access to help residents find and engage with trusted tradespeople.</p> <p>The web pages host the <a href="#">Healthy Home Assessment</a> tool. This online questionnaire enables users to identify issues in their home and where to go for support. The tool is available to all web visitors and is also used by Good Home Lincs caseworkers during home visits.</p>



# Who did Good Home Lincs support?

## Advice and casework service

### SERVICE DEMAND

**233**

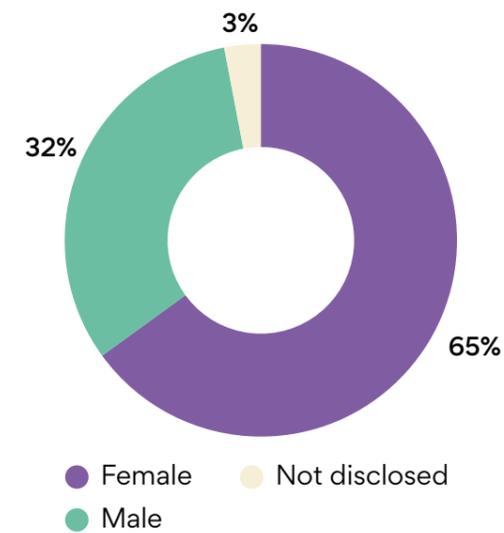
Cases supported

between September 2024 and September 2025

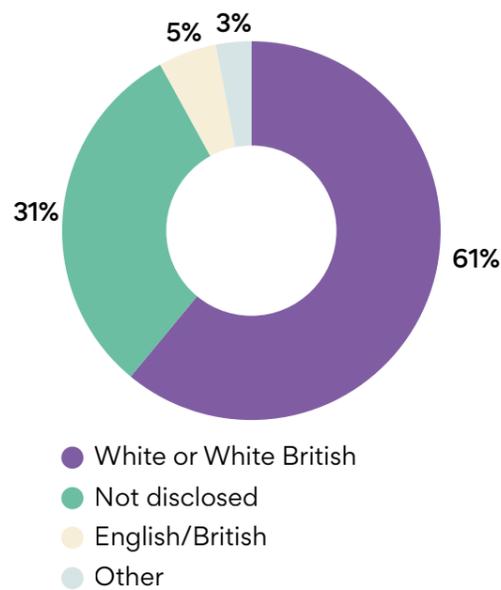
**153**

cases closed

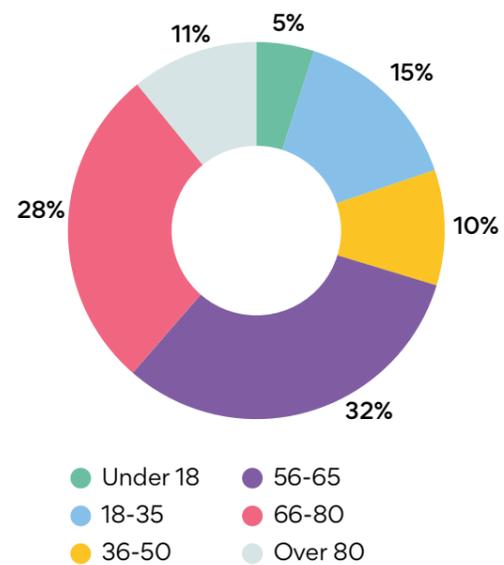
### GENDER PROFILE



### ETHNICITY

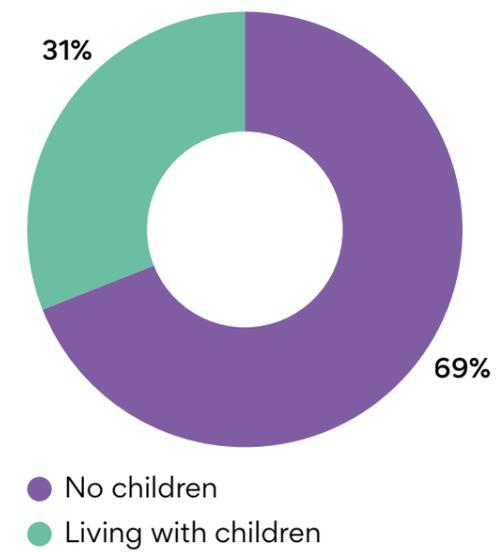


### AGE

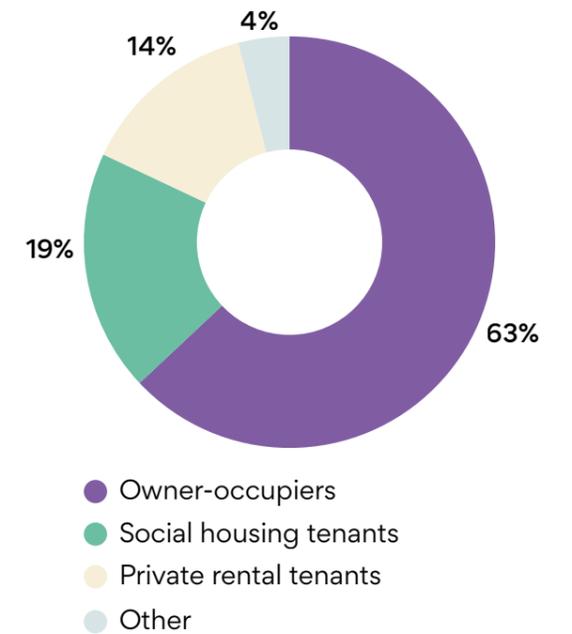


\*Totals may not equal 100% due to rounding.

### HOUSEHOLD COMPOSITION



### TENURE



### HOUSEHOLD CHARACTERISTICS

**43%**

Single household

**16%**

Single parent household

**13%**

Working age adult (no children)

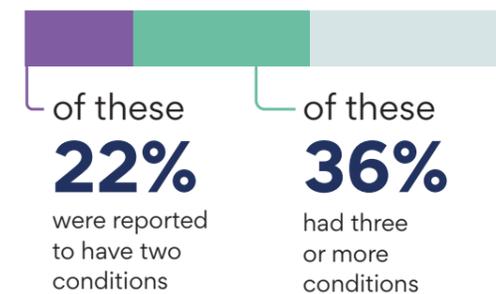
**15%**

Older adult (no children)

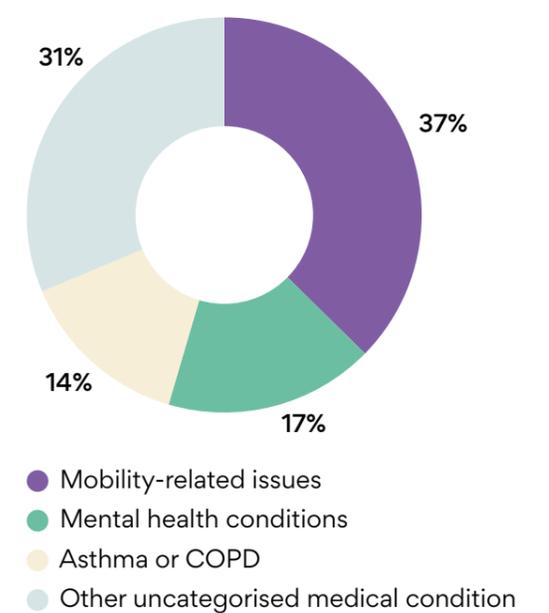
### HOUSING RELATED HEALTH CONDITIONS

**66%**

of clients had at least one health condition that could be exacerbated by their housing



### TYPE OF HEALTH CONDITIONS



# Web-based information and signposting

## TOP 5 PAGES



## COMMON ISSUES OF SERVICE USERS

Clients who used the HHA experienced issues with one or more of the following:



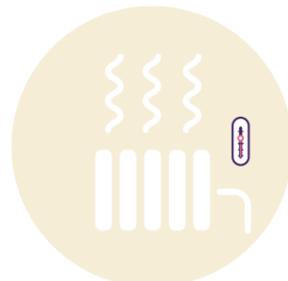
**37%**

General condition outside



**26%**

Bathroom



**26%**

Boilers, heating and hot water



**37%**

General condition inside



**30%**

Windows and doors



**27%**

Stairs

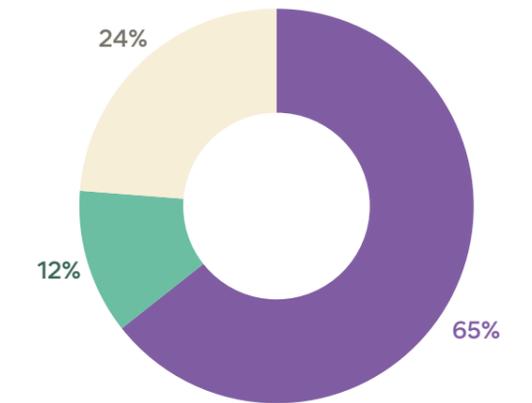
## REACH



**21,181**  
page views

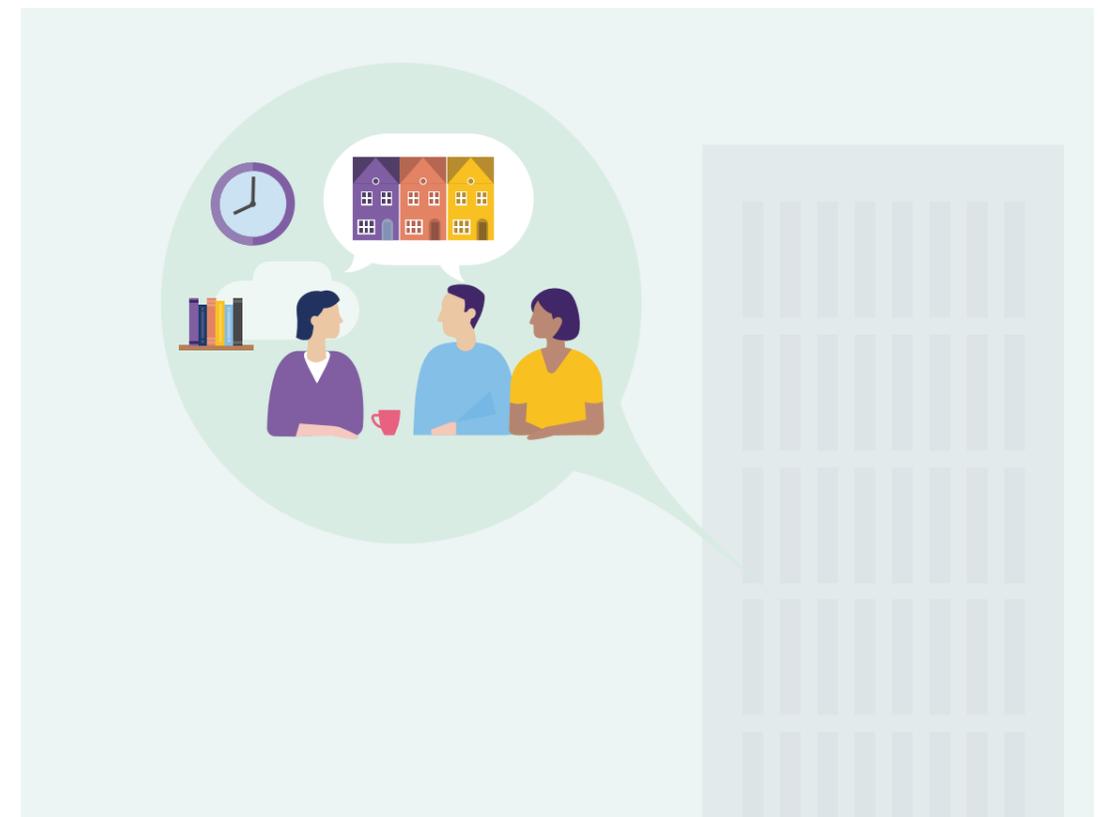
## TENURE

(of those using the Healthy Home Assessment)



- Own home either outright or with mortgage
- Rent socially either from housing association or council
- Rent from private landlord

\*Totals may not equal 100% due to rounding.



# Delivering Good Home Lincs

This section examines how the first year of Good Home Lincs operated in practice, drawing on delivery data to assess the nature of housing-related need, the support provided and the extent to which the service was able to mitigate risks to clients.

## Case allocation

Clients typically waited about 11 days to be assigned a caseworker and around 71 days for their case to be closed. However, these figures vary widely. In total, there were nearly 1,400 contacts between caseworkers and clients, with most cases involving about six contacts. This shows that while many cases are resolved with relatively little support, a smaller number need much more ongoing and intensive help.



## Reasons for referral

Clients faced a variety of issues with their homes when they approached Good Home Lincs for support. Often people experienced more than one issue at a time.

### Key housing condition issues at the point of referral



## Type of support provided

Caseworker interventions ranged from very light-touch support – such as signposting clients to relevant information – through to more intensive, practical assistance involving frequent contact and in-person help.

Interventions were grouped into two broad categories: 1) information (including advice and guidance, signposting, liaison and referral activity) and 2) further support (more intensive hands-on support). These categories were not mutually exclusive, as most clients receiving active support also received information and advice.

### 1. Information and advice

Nearly half (48%) of closed cases had received some form of advice and guidance, which could include either helping the client access a service or investigating further options.

By far the most common topic in the first instance was information about grants (54%), followed by information about how to pay for works (39%). This suggests that at least some clients had an understanding of the work required but were unsure how to pay for it.

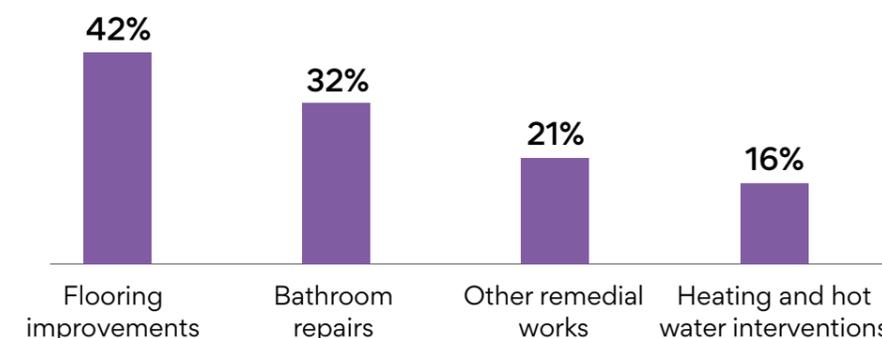
Overall, 71% of clients were signposted to at least one organisation. In some cases, caseworkers made referrals directly on behalf of clients. Nearly a third (28%) of closed cases were onward referred with key referral partners including Housing Standards and Citizens Advice.

Information and advice are also the most used services for cases that are currently still open. Providing access to financial solutions (68%), finding trusted traders (64%) and commissioning works (61%) appear in most cases.

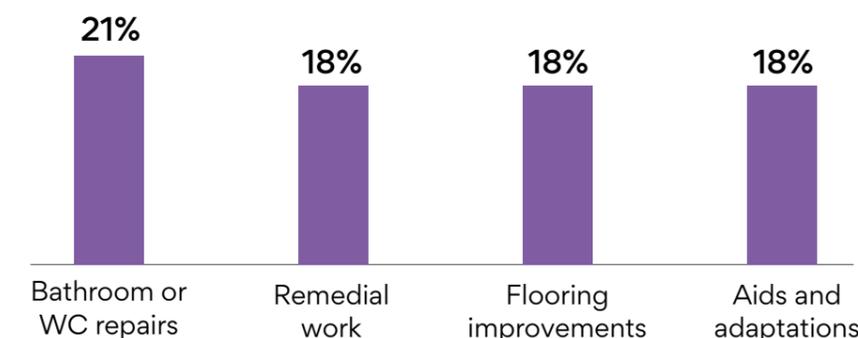
## 2. Further support

While many cases were resolved through advice or referral, others required further support to physically repair or adapt their homes.

Of the cases closed in Year 1, 23% of clients received physical works to improve conditions in their homes. Delivery focused on a small number of high-impact interventions, addressing the most urgent risks. The most common interventions were:



Of the 80 cases still open, 28 households (35%) have already received works delivered through Good Home Alliance support or interventions via onward referral at the time of analysis. Delivery has focused on a small number of practical, high-impact fixes:



**This pattern suggests that relatively modest, targeted repairs were often sufficient to reduce a large proportion of housing-related risk.**

Where risks are most acute, Good Home Lincs prioritised immediate interventions, including:

- Cleaning and decluttering support
- Temporary heaters
- Dehumidifiers and stopgap measures

These early actions help reduce immediate risk and buy time while larger or more complex interventions are arranged.

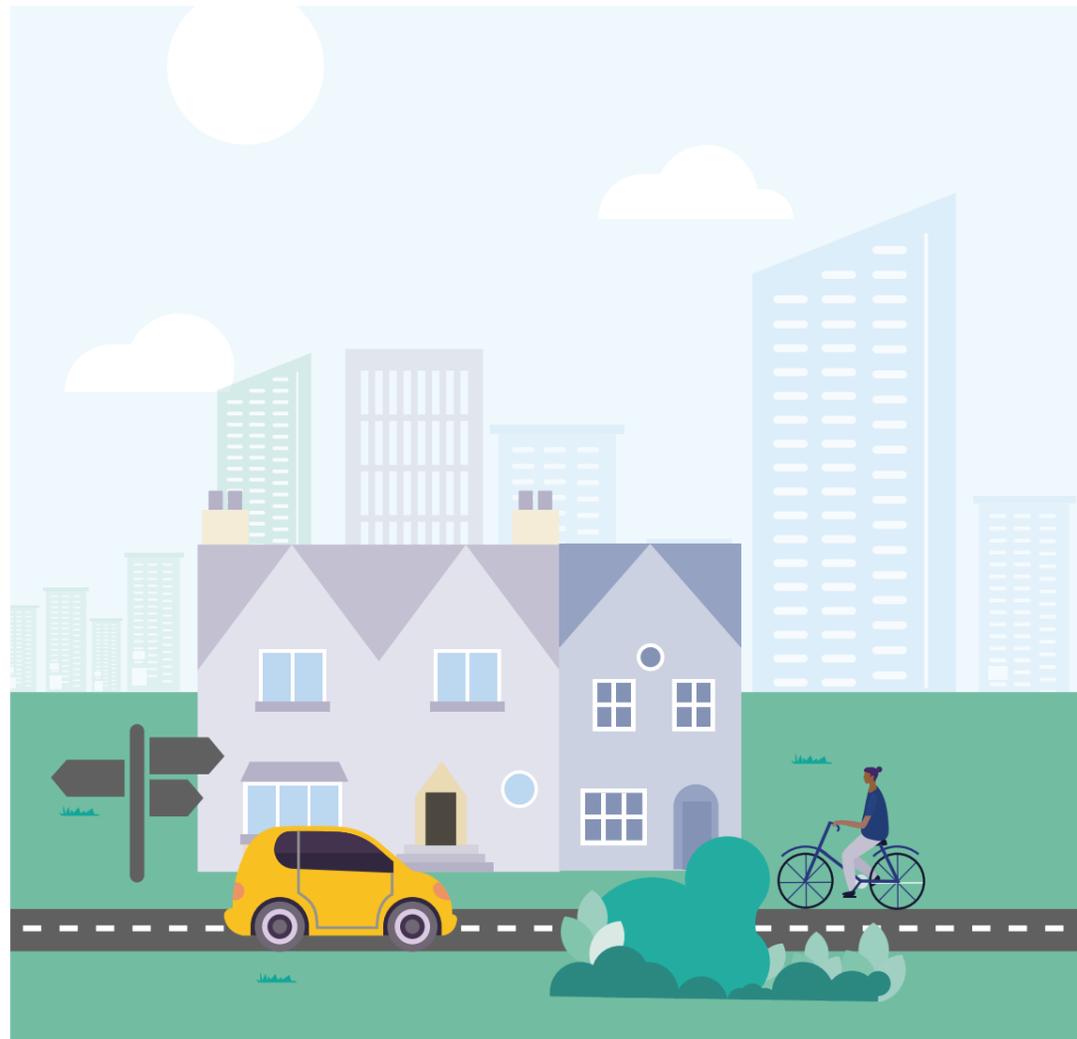
## The cost of home improvements

Good Home Lincs does not fund works directly, so caseworkers help service users access external funding and support from partner organisations.

The cost of works delivered across open and closed cases has come to a total of £53,960.

The cost of individual works varied depending on complexity:

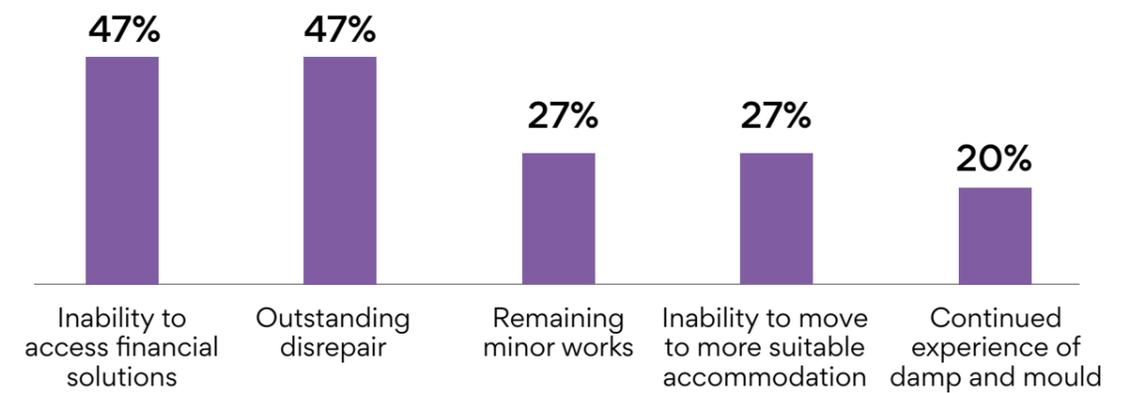
- Lowest cost: £75 (minor bathroom repairs)
- Highest cost: £6,000 (more complex heating and hot water system works)
- Typical cost: the median intervention cost was £500, indicating that most works were delivered at relatively low cost.



## Issues beyond the scope of the service

Not all cases could be fully resolved. Some were closed with outstanding issues due to factors beyond the service's direct control. These are most commonly related to clients' inability to access the funding required to progress works, or a reluctance or inability to proceed with further works. Almost a fifth of cases that received caseworker intervention (19%) had one or more outstanding housing-related issues at the point of closure.

The most common unresolved issues were:



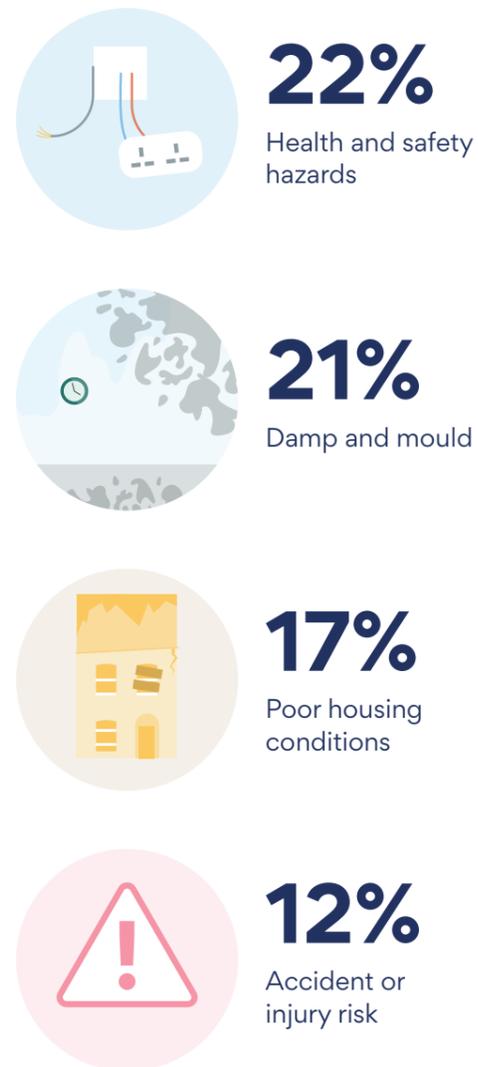
In a smaller number of cases, more acute issues remained unresolved, including lack of heating or hot water (13%), safety concerns (13%), and outstanding adaptation or access needs (7%).

# Impact

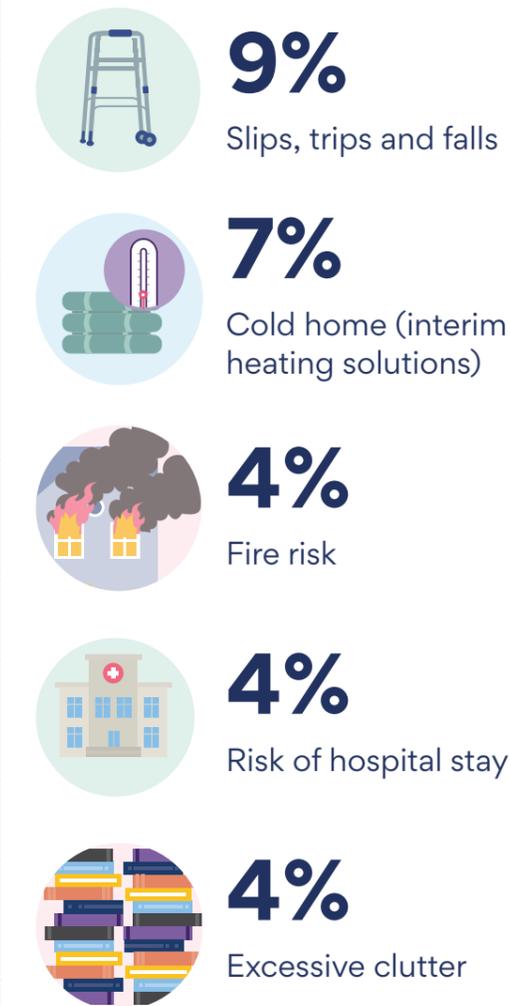
Interventions delivered through Good Home Lincs helped reduce a wide range of health, safety and housing-related risks.

## TOP 4 RISKS REDUCED

Reduced through Good Home Lincs interventions (closed cases) were:



## OTHER RISKS REDUCED



Smaller numbers of cases also reported improvements in:



## Self-reported benefits

Qualitative evidence from Year 1 indicates meaningful self-reported improvements in wellbeing among clients supported through Good Home Lincs.

Clients frequently reported feeling warmer and safer in their homes following intervention. Improvements to heating, insulation and home layouts were linked to a greater ability to manage everyday tasks such as bathing and moving safely within the home. These practical changes supported increased independence, particularly for individuals who had previously struggled with inaccessible or unsafe living conditions.

Many clients described reduced anxiety related to their housing situation. Concerns about cold, damp, mould and safety were a significant source of stress prior to intervention, and addressing these issues contributed to a greater sense of relief and stability. Increased confidence engaging with services also emerged as a key outcome, with practitioners noting that better living conditions often enabled clients to better engage with wider health and support services.

## Value for money

Early evidence suggests that relatively small, targeted interventions can generate disproportionately positive benefits for those supported by Good Home Lincs.

The financial value of physical improvement works delivered to date, across both closed and open cases, totals £53,960. While these works were often modest in scale, they addressed significant housing hazards for clients. Importantly, the cost of these works was not met from the project budget, further strengthening the programme's value for money.

The real value of the interventions lies in the outcomes achieved and anticipated for this client group. The programme's theory of change identifies a set of short-term outcomes expected to emerge within the first one to two years, including reduced hazards in the home, improved energy efficiency, and better health and wellbeing. Wider outcomes, including reduced demand on NHS and local authority services, are expected to emerge in the longer term.

At this stage, evidence of outcomes is largely qualitative, drawn from case records, interviews and accounts from professionals. Value for money is expected to strengthen further as delivery reaches full capacity and as system-level benefits continue to materialise.



#### CASE STUDY 1

### Simon and Rachel

Simon and Rachel's experience is a typical example of the type of impact achieved within Year 1. At referral, they were living in a cold property affected by mould, with an inaccessible bathroom that posed challenges to safe washing and mobility. These conditions created overlapping risks to health, safety and wellbeing, reflecting common circumstances among households supported by the service.

A co-ordinated multi-agency response was put in place, including assessment, referrals and the securing of grants to fund essential adaptations. Interventions focused on reducing immediate risks, particularly those linked to bathroom accessibility, warmth and damp.

As a result, risks associated with cold, mould and falls were reduced, and Simon and Rachel were better able to bathe safely and manage daily living within their home. Early indications also point to improved warmth and comfort.

This case demonstrates how the programme supports people to move from high-risk situations towards healthier and safer living, and it is representative of the type of preventive impact achieved within Year 1.



#### CASE STUDY 2

### Susan

Susan was living with multiple health conditions that made it difficult for her to use the stairs. Despite the property being built only ten years ago, there was no functioning heating or hot water system, creating daily challenges and significant risks to health and wellbeing. The shared ownership arrangement meant responsibilities for repairs were unclear, leaving everyone in the household with no clear route to resolve the problem.

The caseworker working with Susan put in a combination of short- and long-term support. Immediate measures were put in place to help the household stay warm while longer-term solutions were pursued. In parallel, the caseworker secured grant-funding to enable the installation of a new heating system while working with relevant services to progress the works.

As a result, risks associated with living in a cold home were reduced and Susan reported improved mental wellbeing, supported by regular contact and reassurance from the caseworker.

Through the support of Good Home Lincs, Susan and her family were able to move away from a position of uncertainty and unmet need towards one where practical solutions were in place and long-term improvements were underway. Her story highlights the value of sustained, person-centred casework in navigating complex tenure arrangements and addressing both immediate risks and longer-term needs.

# Lessons learnt

**The first year of Good Home Lincs has provided valuable insight into both the realities of poor-quality housing and the practicalities of delivering effective support at a local level. Evidence from casework, partnership activity and service delivery highlights the complexity of residents' circumstances, the importance of flexibility in responding to need and the wider system role required to achieve lasting housing improvements.**

The learning set out below reflects what has worked well, where challenges have emerged and how the service has adapted in response. Together, these insights demonstrate that improving housing outcomes is not solely about fixing homes, but about co-ordinating support, building local capacity and enabling timely, proportionate action across services.

## **Housing problems often happen at the same time**

Housing problems seldom present as a single, straightforward issue. Many clients were living with several overlapping challenges at once, requiring co-ordinated and joined-up support rather than a one-off intervention. Improving outcomes depended not only on addressing physical faults within the home, but also on helping people manage the financial pressures, administrative demands and practical barriers that often sit alongside poor housing conditions.

## **Supporting people takes more time than expected**

The time required to support clients was greater than initially anticipated. Many individuals needed repeated visits, help with routine administrative tasks and ongoing reassurance, which limited the number of active cases each caseworker could manage. This also reduced flexibility to absorb sudden increases in referrals, particularly where staffing capacity was stretched.

## **Flexible support helps meet different levels of need**

A flexible approach to delivery proved essential. Caseworkers adapted the intensity and duration of their involvement to reflect the urgency and complexity of each situation, rather than working within fixed time limits. Support ranged from light-touch advice and signposting through to sustained, hands-on casework. This tiered model allowed the service to respond proportionately while retaining the ability to step up support where risks escalated or circumstances became more complex.

## **More complex situations need time and co-ordination**

More complex cases did not always require greater financial input, but they consistently demanded additional time, persistence and multi-agency co-ordination. A small but distinct group of clients required sustained intervention, often involving simultaneous issues such as heating breakdowns, unsafe flooring, decluttering needs and acute financial hardship. Digital exclusion added a further layer of complexity, with caseworkers frequently acting as intermediaries for online systems and applications. External factors – including landlord liaison, hospital admissions, safeguarding concerns and occupational therapy involvement – also shaped delivery. In many instances, this co-ordinated approach led to more appropriate and longer-lasting outcomes.

## **Staffing levels matter for delivery**

During the first year, the service was under pressure due to absences, increasing workloads for the available staff. At the same time, demand for the service grew quickly with caseworkers reporting that they had felt 'spread thin'. To avoid overwhelming the service, managers deliberately limited referral routes, including turning down requests to widen access from parts of the NHS. Without more caseworker capacity, further expansion would not be sustainable.

## Working closely with local partners makes a difference

A significant part of the service's value lies in strengthening collaboration across the local system.

In more than half of casework situations, the team worked alongside at least one partner organisation – most commonly energy advice providers, Disabled Facilities Grant teams, wellbeing services and housing teams. Partners reported that closer joint working enabled faster access to practical help and reduced the need for repeated follow-up.

The service was frequently described as operating 'in the middle', ensuring housing issues were not addressed in isolation and creating clearer pathways through support. Good Home Lincs therefore functions as more than a standalone intervention service; it plays an ongoing connective role.

## Sharing knowledge helps other services support residents

The service contributed to wider system capacity by offering professional advice and guidance. During the first year, partner organisations made 80 requests for support, mainly relating to funding routes and practical housing solutions. This helped other services resolve issues directly, reducing unnecessary referrals and strengthening confidence across the network. Outreach activity, spanning more than 100 professional and resident-facing events, also played a key role in building awareness, trust and access – particularly among people less likely to engage with statutory provision.

## Online information provides an easy starting point

Digital resources, including web pages and the Healthy Home Assessment tool, formed part of the programme's enabling infrastructure. While direct public use of the assessment tool remained modest, it supported consistent information-sharing within casework. Overall, the website functioned as a low-cost entry point to the wider service, helping both residents and professionals identify appropriate options and next steps.

## Payment processes can slow down support

Access to grants has been described as transformative for many clients but payment processes and cash-flow arrangements can limit its full effectiveness. Direct cash payments could be absorbed by overdrafts, reducing their intended impact. Workarounds such as vouchers and third-party contractor payments enabled progress but introduced delays, additional administration and, at times, reduced contractor engagement, which slowed the delivery of smaller works.

## Small, flexible funding can quickly solve problems

Policy flexibility at a county-wide level, namely the Discretionary Housing Financial Assistance policy, reduced administrative friction and proved critical in resolving cases that might otherwise stall under rigid eligibility rules. Small, timely and discretionary interventions were often sufficient to unblock progress, safeguard existing adaptations and address immediate risks. In some situations, modest repairs or component replacements restored essential facilities quickly, avoiding the delay and complexity associated with larger grant-funded works.



# Conclusion

The findings from the Good Home Lincs first year of delivery demonstrate clear demand for home improvement advice and support to help residents repair and improve their homes. When this support is available, many people are willing to act, but practical barriers need to be addressed first.

Clients frequently present with multiple, overlapping challenges. Progress can be slowed or limited by factors such as housing tenure, the severity of disrepair and digital exclusion. Most people cannot afford the works themselves and are unable to access private finance, meaning that progress often depends on small discretionary support and limited grant- funding.

Many clients need ongoing, relationship-based support to move from advice to action. Casework often involves advocacy, co-ordination and building trust, not just providing information and options.

Good Home Lincs's impact comes not just from providing advice, but from its ability to offer flexible and intensive support within a challenging system. Progress happens when strong relationships with clients, discretionary funding and practical problem-solving come together to overcome barriers such as financial constraints and the capacity of clients to act. However, these same factors also shape the limits of the service. When demand increases or staffing and funding are stretched, delivery can slow.

The key lesson from Year 1 is not simply whether the model works, but **what needs to be in place for it to work well**. This includes realistic expectations about the level of support required, the capacity available, and the extent to which success depends on the wider system as the service moves into its next phase.

To conclude, the findings from a single year of delivery support Ageing Better's recommendation that in each local area there should be a one-stop shop for all aspects of home repairs and adaptations – a Good Home Hub.

Local Good Home Hubs would build on the good practice in home improvement services already in place across England. They would form a network to share best practice and learning and be supported by a national framework adapted to suit different areas, so that wherever you live you receive the same high-quality support.



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