Centre for Ageing Better

Evaluation of Good Home Lincs

Year of delivery report

March 2026

in partnership with:

LSE London

Acknowledgements

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

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Executive summary

This report presents LSE's findings about the first year of operation of Good Home Lincs (GHL). The evaluation was commissioned from LSE by the Centre for Ageing Better, which in 2021 introduced the concept of Good Home Hubs. GHL is piloting key elements of that approach.

The project

The GHL service supports clients to improve the quality of their homes and is operated by the Good Home Alliance (GHA), a partnership between the county and district councils in Lincolnshire. GHL first saw clients in autumn 2024 and is currently funded to end-June 2026.

The service aims to support the repair and modernisation of homes in Lincolnshire, which in turn is expected to enhance client health and wellbeing and reduce fuel poverty. Over time, the improvements should indirectly reduce demand for public sector services. Figure 5 on page 15 gives details of the Theory of Change.

GHL has two main elements, which operate largely independently:

- **An advice and casework service** The service employs caseworkers who provide individual information, signposting and advice to help residents address their own housing issues and apply for funding. They carry out home visits when necessary to implement practical solutions to housing disrepair.

  Clients are referred to caseworkers by a network of public-sector partners including the fire service and social services. There were no numerical targets; rather the service was rolled out slowly to gauge the level of need, support required and caseworker capacity.

- **A web-based information service** The Good Home Lincs web pages offer comprehensive advice on maintaining and improving a home. Users of the interactive Healthy Home Assessment (HHA) tool fill in a questionnaire with details of property condition and support required and are directed to relevant information and services on the website. The tool is designed to be used by caseworkers and other professionals visiting clients in their homes but is also available to all web users. There were no numerical targets.

The evaluation

The evaluators ask

- whether GHL achieves its goals and for whom (impact);
- how activities are implemented, with what partnerships and in what contexts (process);

- how the costs of delivery compare with benefits to clients, services and communities (value for money).

Evidence was collected through analysis of administrative data supplied by GHL; an online survey of clients; interviews with clients, staff and stakeholders; and visits to clients' homes.

Impact in Year 1: Casework

GHL started with three caseworkers (though effectively two due to sickness) and now has six. They handled **233 cases** in the first year of delivery of the Good Home Lincs service, of which **153 had been closed** at the time of analysis.

Profile of clients and their homes

Most clients are female (65%), and most are British. Over a third are over 66. About two-thirds are owner occupiers.

The project has received referrals from all funding district council areas. The referrals indicated that most clients had a health condition affected by the state of their homes, most commonly mobility issues, mental health problems and asthma/COPD.

Table ES1 sets out the reasons for which clients were referred to GHL. The most frequently named was 'financial options' (35%); unsurprisingly this and the related 'support to apply for grants' usually appeared together with other, physical problems such as broken boilers.

Table ES1. Issues identified by referral partner (those affecting >10% of referrals) (closed cases only)

Issue/type of help needed	% of cases
Finance options	35
Damp and mould (including flooding/ flood damage)	31
Living in cold home/No hot water	20
Support to apply for grants	20
Property disrepair/septic tank	16
Replace/Broken boiler	14
Roof repairs	12
Lack of home furnishings (carpet / furniture)	12
Bathroom/WC repair	11

Interventions and related outcomes

Interventions ranged from very light touch signposting to intensive in-person support. Nearly half (48%) of closed cases had received some form of advice and guidance; 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%). Clients were also signposted to other services and organisations, including charities and Citizens Advice, or referred to other agencies.

Year 1 project data show **interventions were delivered in 81 cases**. The most common were flooring (including installation of carpet, as many social landlords remove it when tenants change), bathroom repairs and unspecified remedial works. Other common interventions related to decluttering, plumbing and heating or hot water. The cost of individual interventions ranged from £75 (bathroom repairs) to £6000 (repairs to heating and hot water systems).

GHA partners felt the interventions reduced housing disrepair risks, especially by removing health and safety dangers, reducing damp and mould and improving general housing conditions.

Process in Year 1

Only formal partners can refer people into the GHL service. Wellbeing Lincs carried out the most referrals, closely followed by occupational therapists, accessible homes teams and housing standards staff. Referrals are assessed and triaged, then caseworkers provide advice or practical support to help clients repair and modernise their homes.

Casework has proven to be more complex and time-consuming than originally expected. Most cases have more than one problem, and many clients have underlying physical or mental health issues. The caseworkers' flexible and person-centred approach is highly valued by residents, especially where issues are complex or compounded by health, finance and digital barriers.

During the first year of delivery, one of the caseworkers' main tasks has been to connect clients with funding for improvements to their homes. This funding comes not from the GHL's own budget but from separate grants—most often the Household Support Fund and Disabled Facilities Grants. A few clients were able to fund works from their own resources.

The flows of referrals within the alliance run both ways: GHL can refer clients to other agencies for energy advice, electrical safety or help with finance. GHL also serves as a resource for professional colleagues, who draw on its expertise for advice and guidance; in the first year of the programme GHL caseworkers provided advice on 80 occasions to fellow professionals about how to support their own clients with housing issues.

Between March 2024 and September 2025, GHL staff attended 111 online or in-person events. Most were professional-facing events aiming to build referral relationships, upskill partners and raise the profile of the project. The team also engaged with residents in person at large public fairs and local festivals, providing information and simple advice about home repair.

Web activity

The Good Homes Lincs website was officially launched on 19 September 2024, and we looked at data up to 29 September 2025. Over this period more than 7000 separate users conducted more than 21,000 page views. According to VPN data, just over a third of all users are from Lincolnshire, closely followed by London.

Between 8 April and 16 Sept 2025, 84 people completed the Healthy Home Assessment tool—that is, about 3.5 people a week. Two-thirds completed the assessment independently and the remainder were helped by someone else, including caseworkers. The tool gives a list of options from which the user may select the areas they would like to assess. The most common issues explored were general condition outside, general condition inside and windows and doors.

Value for money

The project was initially funded by the eight participating authorities who between them provided £442,519. This core funding was supplemented in 2025 with part of East Lindsey District Council's MHCLG Healthy Homes grant (which funds damp and mould work), bringing the total two-year project budget to £563,676. LSE estimates that roughly £300,000 will have been spent to September 2025.

Casework service

The budget pays the salaries of the GHA Lead and six caseworkers:

- Core GHA offer from 1 July 2025 to 30 June 2026 (GHA lead + 3 caseworkers)
- Additional caseworker from 1 Jan 2025 to 30 June 2026
- 2 hoarding caseworkers from 1 September 2025 to 30 June 2026

The most obvious output of the project is the **completed improvement of 40 homes** with caseworker support or through referral to other agencies. Many more improvements are planned or underway and will be picked up in the next phase of the evaluation. A second important output was repairs and modernisation undertaken by clients themselves after getting information and advice from GHL staff and/or the HHA tool, about which we know less. We will investigate ways of improving this information during the remainder of the evaluation.

The ‘value’ element of value for money is not assessed purely in terms of financial cost. Many of these works were modest: in all the cost of the improvements undertaken to date (both closed and open cases) was £53,960. The real value of the interventions, particularly for this client cohort, includes reduction of hazards in the home, better energy efficiency, better client health and wellbeing, and improvements in clients’ own ability to maintain their homes. Wider outcomes include decreased demand for NHS or local authority services. These outcomes could reduce the call on public budgets but are expected to be apparent only in the longer term.

The main outcomes for which we currently have evidence are reduced hazards and improved client health and wellbeing. At this stage most of the evidence is anecdotal, though we are hoping to gather enough data to conduct statistical analysis for the final evaluation.

The costs of GHL are relatively modest for two main reasons: first, because the budget covers only salaries and on-costs; many overhead costs including office space are borne by the local authorities hosting the project team. Second, the financial costs of interventions are met by grants, other agencies or clients themselves.

Benefits are potentially high. Positive effects in terms of reduced hazards and greater client wellbeing began to appear as the first cases were closed, and the flow of benefits is now accelerating. Overall, the experience of the first year suggests that the GHL casework service represents good value for money.

Web pages and Healthy Homes Assessment tool

The website is well designed and intuitive, providing a single point of access to trustworthy information sources. We are informed that caseworkers use it to investigate potential options and solutions for clients; they in turn ensure the information is accurate and up to date. Most users, though, are external: since the website was initially launched there have more than 7000 separate users. The number of users has grown in the period since 30 September. The global nature of the internet means not all users live in Lincolnshire.

The HHA tool was completed by 84 people in the six-month period for which we have data. The caseworkers also use it with clients, and in the next phase of the evaluation we will look at this in more detail.

We do not know the cost of developing the webpage and HHA tool so cannot say at this stage whether the services represent good value for money. There is limited evidence of benefits in Year 1, but we will investigate in more detail in the second year of delivery. Even so, the website serves as an online ‘front door’ for the wider service, and because setup costs are front-loaded the ongoing expenditure is likely to be minimal.

Learning from the first year

The original GHL project design reflected certain assumptions about client behaviour and need which have largely been borne out: people do seek advice and, with support, will act on it-but many require sustained 'handholding.' Most cannot fund works themselves and are ineligible for private/market finance, so rely on discretionary sources (e.g., HSF vouchers) and grant funding, which rarely cover major disrepair.

Changes to expected delivery modes

In Year 1 most of the relationships and activities in the project's design performed as expected, but some modifications were necessary. The Theory of Change suggested clients might eventually be able to self-refer, and the original Centre for Ageing Better model did include the possibility of self-referral. Because of capacity constraints this is not currently part of GHL's plans, though they are looking at ways to widen the number of referral partners.

One key learning was that very few people in the Year 1 client cohort could fund necessary works themselves. Cases have also been more complex, and clients have higher levels of need than anticipated. Caseworkers have worked hard to locate suitable funding from sources like the Household Support Fund, Disabled Facilities Grants and other discretionary grants.

Injections of additional funding have enabled the caseworker team to expand over time, taking on two hoarding caseworkers from a charity-run project and another caseworker to deal specifically with damp and mould. The growth in caseworker numbers suggests that the pace of activity will increase in 2026.

The Trusted Tradespeople (Buy with Confidence) website was expected to be a key GHL resource, listing local tradespeople who could undertake GHL-supported improvements. So far, though, few traders have signed up to the scheme as there is no shortage of work locally.

What has worked well

Local policy flexibility

Local authority policy changes have helped GHL perform its work. These changes include a shift to a single, county-wide Discretionary Housing Financial Assistance (DHFA) policy and generally giving officers more discretion to respond to obvious need.

Small discretionary actions

Caseworkers have spent small amounts of discretionary funding to unlock stalled cases, protect the value of adaptations and addressing building-fabric defects. They have also been able to replace failing components that did not fall within mandatory DFG coverage. These actions go beyond

historic 'top-up' use and caseworkers believe they made the difference between a case that progressed and one that remained stuck.

The approach of caseworkers

The caseworkers come from a wide range of backgrounds and bring a range of professional and (just as importantly) soft skills to the job. They have proven to be adaptable and effective practical problem solvers. Equally, they have been able to build relationships of trust with clients, which has often required significant time and patience. The skillset developed by caseworkers in the first year is one of the project's biggest assets.

Short-term outcomes

The evidence of the first year is that the short-term outcomes set out in the ToC are being achieved. Residents have experienced practical improvements (fewer hazards, better warmth, safer access) that have improved their wellbeing. Project partners report better communication, wider awareness of services and a greater shared understanding of need and demand.

Partnership and performance

Year 1 experience confirms that better inter-service co-operation produces benefits for both residents and partners themselves. Interviewees from partner organisations said GHL could deal with housing issues holistically, offering a single navigable route. GHL's involvement reduced the need for referrers to chase and delivered practical help sooner.

Inter-service interaction has increased, as envisaged by the ToC. Year 1 has seen more joint working by GHL staff and other agencies, which all regard as beneficial. Partners describe growing trust and a 'snowball' of collaboration across the county, with referral streams deliberately paced to match available capacity. Information-sharing arrangements support practical joint working and allow grants officers to focus on statutory decisions.

Challenges

Experience in Year 1 has highlighted some contextual challenges. These include the dispersed nature of Lincolnshire's population, which leads to significant travel time for caseworkers; digital exclusion amongst potential clients; and a shortage of tradespeople interested in doing small works paid for by third parties. Funding realities further condition delivery. The Household Support Fund (HSF) has been 'life-changing' for many households, but the practicalities of transferring small amounts of money to clients have been challenging.

GHL was designed to address problems in dwellings, but such problems are often bound up with—or a symptom of—wider household issues. Referrers and GHL staff say many clients need basic education in household finance, digital skills and home maintenance.

Some of the most challenging circumstances sit at the edges of mainstream eligibility. Due to housing tenure, financial situation or house condition, not all of the poor and vulnerable residents living in badly maintained homes are eligible for grants. GHL can identify options, but discretionary solutions are often the only practical route to progress. Flexible casework time and broad discretion are not 'nice-to-haves' but core design features.

Demand is high and growing. Rapid growth in awareness of GHL and referrals to it have validated the model but underscore the need to pace scale up and build dependable delivery capacity.

Key lessons from the first year

A first lesson is that holistic and flexible casework is the intervention, not just a wrapper around grants. Progress on complex cases comes from sustained, face-to-face problem solving, 'handholding' through quotes and calls, and a focus on the real barrier rather than the presenting issue. This requires soft skills – empathy, investigative skills, a non-judgemental approach – and protecting staff wellbeing with peer support and routine post-visit safety check-ins.

A second lesson is about expectation management and practice consistency. We heard that clients and referral partners could be confused about the role caseworkers play, with some clients assuming GHL will 'solve everything'. The spectrum of need can pull caseworkers into highly variable levels of input, some of which take an emotional toll on them. It is important that the service have a consistent offer that still allows for professional judgement. Informational materials should be clear about what the service does and does not do, and light standardisation of common pathways could reduce confusion while preserving flexibility.

The third lesson concerns capacity and caseloads. One indicator of the success of the approach is that the team is approaching capacity. At the time of the research team's September 2025 visit there were 266 total cases of which 139 had been closed, with each caseworker handling about 30 live cases. Staff reported feeling 'spread thin.' The programme is intentionally restricting some referral channels to avoid overwhelming the team while supply catches up. Partners and advisors agree that the highest-leverage investment would be in additional caseworker capacity. This would not only increase throughput but would also free up other professionals (e.g. occupational therapists) to do those jobs that only they can do.

A fourth lesson is that small-works delivery is a critical bottleneck. The thin local trades market, suspicion about third-party funding and the scarcity of 'trusted' contractors, slow cases even when funding is secured. Relationship-building, using council frameworks and exploring alternative routes can help, but GHL needs a more dependable handyperson/small-works pipeline to convert assessments into competed, quality work at pace.

Fifth, the county-wide Discretionary Housing Financial Assistance policy and access to Household Support Funding are essential levers. Their value is in unblocking otherwise stalled cases by for example addressing fabric defects alongside DFG bathrooms; replacing rotten doors that limit access or funding storage displaced by adaptations. The policy was deliberately kept broad to avoid fettering discretion and has survived its first annual review unchanged. Governance, triage and documentation must keep pace as expectations and demand rise.

A sixth lesson is about funding. The Household Support Fund has been 'life-changing' in practice, but tranche cycles and banking realities mean cash can vanish into overdrafts if administered without support. GHL's use of vouchers and monitoring of expenditure are effective safeguards that should continue, alongside proportionate follow-up on how support is used.

Seventh, partnership working is now the default operating model and Year 2 should see a continuation and extension of shared case holding. It has become clear that this brokerage role, with regular updates back to referrers, is one of GHL's strong benefits. Partners expect that in Year 2 of delivery there will be less pressure on waiting lists and fewer complaints because teams are genuinely joined up.

Finally, Year 1 showed some unexpected clusters of problems. Owner-occupied poor-quality stock create eligibility gaps and safety risks. GHL's advice-led brokerage and judicious use of discretion are often the only routes to progress here; the service should keep capturing learning (what worked, what didn't) so districts can replicate workable solutions.

Section 1

The project and expectations for Year 1

In September 2024 the Lincolnshire Good Home Alliance (GHA), a partnership between Lincolnshire County and the Lincolnshire district councils, launched Good Home Lincs (GHL), a new approach to supporting clients to improve the quality of their homes.

This service is piloting a key recommendation from the Centre for Ageing Better's 2021 Good Home Inquiry, an evidence-based analysis of England's housing policies that examined the causes of, and solutions to, the poor quality of so many of our homes. One of its recommendations was the establishment of 'Good Home Hubs':

'Everyone should have access to a comprehensive, local offer that covers home repairs and maintenance, aids and adaptations and energy efficiency. Building on the services already in place, it should be delivered in partnership by local authorities, charities and businesses. From a consumer perspective, the services must be coordinated to operate as a one-stop shop and should include support and signposting through every step in the process including finding trusted tradespeople, identifying what work needs to be done and how to finance repairs. The service should

be open to people from all tenures, including landlords, and offered regardless of an individual's ability to pay (although some services could be charged)'[1]

The Good Home Lincs pilot period is currently funded to 30 June 2026. The Centre for Ageing Better has funded LSE London, a research unit at the London School of Economics, to carry out an evaluation. This report presents findings from the first year of the project's operation.

1.1 The Good Home Lincs project[2]

There are two main project services: an advice and casework pilot service and a web-based information service.

Project services

The Lincolnshire Good Home Alliance trials a new approach aimed at improving the quality of homes across Lincolnshire by bringing together a range of services across the region and enabling them to work more cohesively by implementing an integrated advice and casework service, supported by a web-based resource that provides shared information and consistent signposting. The project began in early 2024 and is scheduled to conclude in June 2026. The key elements are outlined below.

1. **Advice and casework service** (launched Sept 2024 and running until June 2026)

The GHA is piloting an advice and casework service for clients requiring support to improve their homes. The service initially recruited three[3] caseworkers to offer information, advice and support to clients. They provide individual information, signposting and advice on available options to enable residents to address housing issues for themselves. They carry out home visits across the county, when necessary, support the completion of Healthy Homes Assessments (see below), and help to implement practical solutions to address housing condition issues. They also liaise with relevant organisations, help clients identify and apply for funding, and support them to access a range of other services including those that are not housing related.

Although the Centre for Ageing Better designed the approach that GHL is piloting and is funding the evaluation, the casework service is open to clients of all ages.

1 Centre for Ageing Better (2023) Building effective local home improvement services; Good Homes Hubs.

2 Readers who are already familiar with the project's design and aims may wish to skip to Section 1.2.

3 An extra caseworker was recruited later into the pilot to specifically fulfil the aims of the Healthy Homes Fund

2. **Good Home Lincs. A web-based information and signposting service** (launched from April 2024)

Connect to Support Lincolnshire hosts a set of Good Home Lincs web pages which offers Lincolnshire residents – and those who may not be located in Lincolnshire or even in England -- comprehensive advice on maintaining and improving their homes. Information is presented on a range of options including moving home, carrying out repairs or improving energy efficiency. Visitors are signposted to existing local and national information and resources, including community and local authority services that offer practical and financial support. The platform also provides access to help residents find and engage trusted tradespeople.

The web pages include an 'interactive house' image through which web-users can navigate to relevant content by clicking on the image (see image 1 below).

Figure 1: Interactive house from Good Home Lincs web pages

One element of the web service is the Healthy Home Assessment (HHA) tool. Web visitors fill in a questionnaire with details of their property condition and the kind of support they need and are directed to relevant information and services on the website. Again, this tool is available to all web users, not only Lincolnshire residents. The HHA tool is designed to be used also by local authority officers and other professionals visiting clients in their homes, who can complete the questionnaire on clients' behalf.

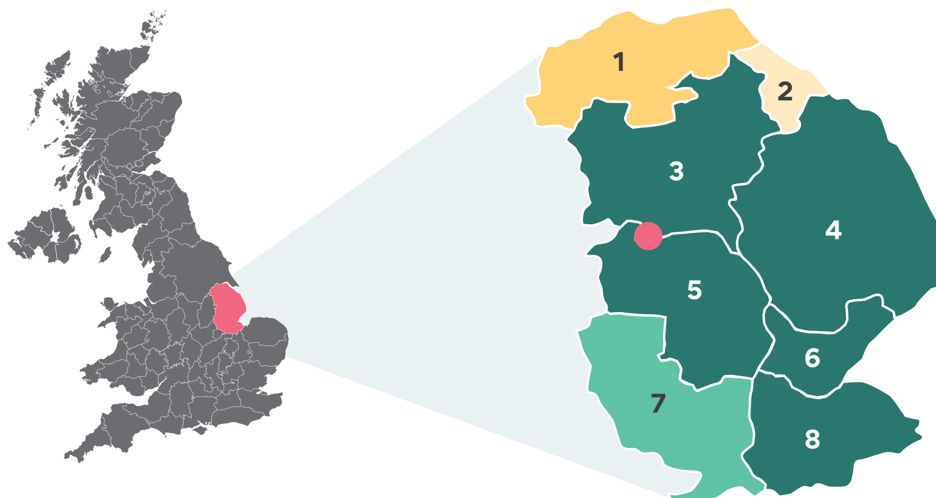
To support residents who are less digitally included, GHL also offers printable and hard copy information on topics such as Disabled Facilities Grants and condensation, damp and mould. The 'Connect to Support' website can be translated into different languages, different text colours and sizes, and contains a 'booklet function' allowing web-users or those supporting them to collate and print information in a PDF format.

Although the two main services both focus on home improvements, they operate separately. The web service does not channel clients to the advice and casework service, which is accessed exclusively through a limited group of public sector referral partners. However, the caseworkers use the online materials to help guide residents, and they update online materials as they become aware of further services and information.

GHA structure and stakeholders

The Good Home Alliance (GHA) is made up of Lincolnshire County Council (LCC) and the seven district councils in the LCC area. All are partners and have contributed funding to the project, although South Kesteven District Council (SKDC)[4] contributes to the only GHA Lead position, with residents having access to web-based information and signposting service only. The caseworkers are hosted by East Lindsay District Council but provide the advice and casework service to residents across the six funding district areas, and travel across the county as necessary. Figure 2 shows the geographical scope of the project.

Figure 2: Map of Lincolnshire Districts



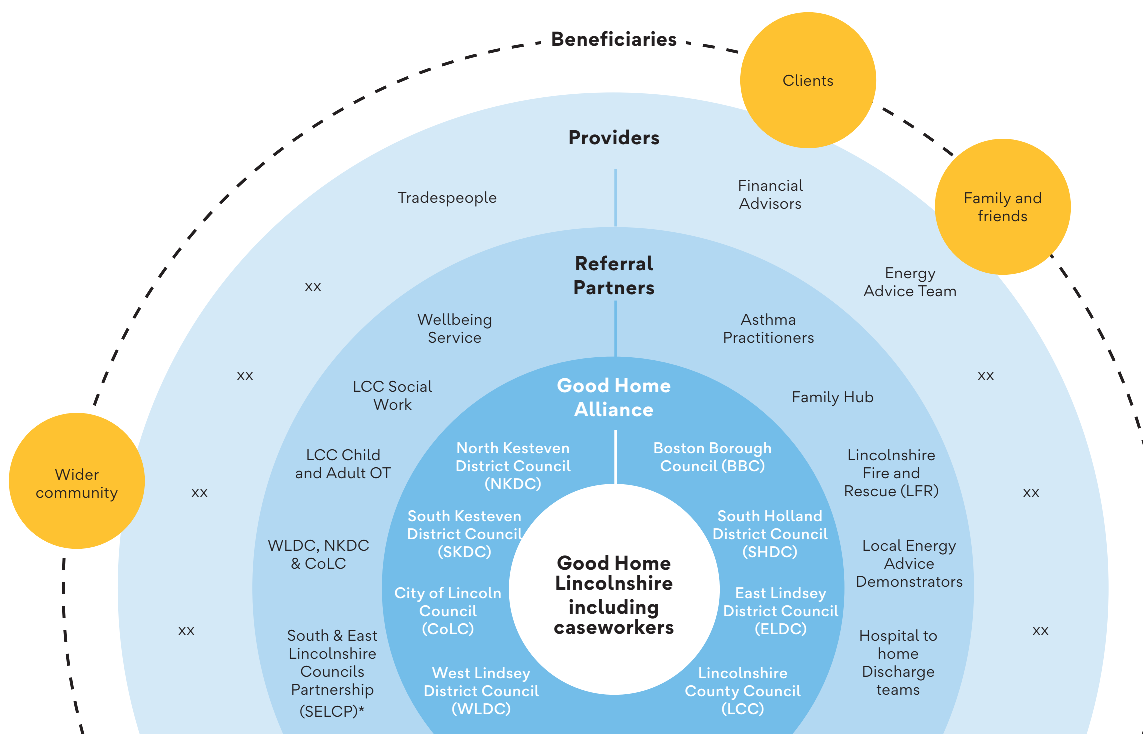
1. North Lincolnshire **2.** North East Lincolnshire **3.** West Lindsey **4.** East Lindsey
5. North Kesteven **6.** Boston **7.** South Kesteven **8.** South Holland ● Lincoln

Key: Dark green areas are districts participating in the full range of GHA services. South Kesteven (light green), is not part of the advice and casework service. Note that North Lincolnshire and North East Lincolnshire are unitary authorities and not part of the scheme.
Source: LSE London colour coding of map from Lincolnshire County Council website

4 Note: The provision of the advice & casework service is not available to residents of South Kesteven District Council, however the advice & casework service have developed a 'professional' advice offer that is able to provide email and telephone advice to all professionals working with residents across all seven districts. This enhancement enables professionals supporting or working with residents of South Kesteven to access information, signposting and advice from the advice and casework service, without needing to provide details of the resident. The aim of this service element is to ensure professionals working with Lincolnshire residents are aware of the Good Home Lincs resources and to build capacity and knowledge of services, systems and support that is available across the County.

Clients for the casework service are referred by various public-sector organisations, known as referral partners, that might become aware of poor housing conditions in the course of their work. There is no mechanism for residents to self-refer. However, several referral partners identified by the GHA allow for self-referral or engage directly with Lincolnshire residents (such as the Wellbeing Service and Family Hubs) and can subsequently refer to GHL should the support required exceed that available from the partners service offer. The referral partners include local authority departments (social services, occupational therapy, family hub and housing teams), the Lincolnshire Wellbeing Service 'Wellbeing Lincs', the fire service, children and young people's asthma practitioners and NHS hospital discharge coordinators. Figure 3 shows the range of partner organisations and referral partners.

Figure 3: Stakeholders and participants involved in GHL



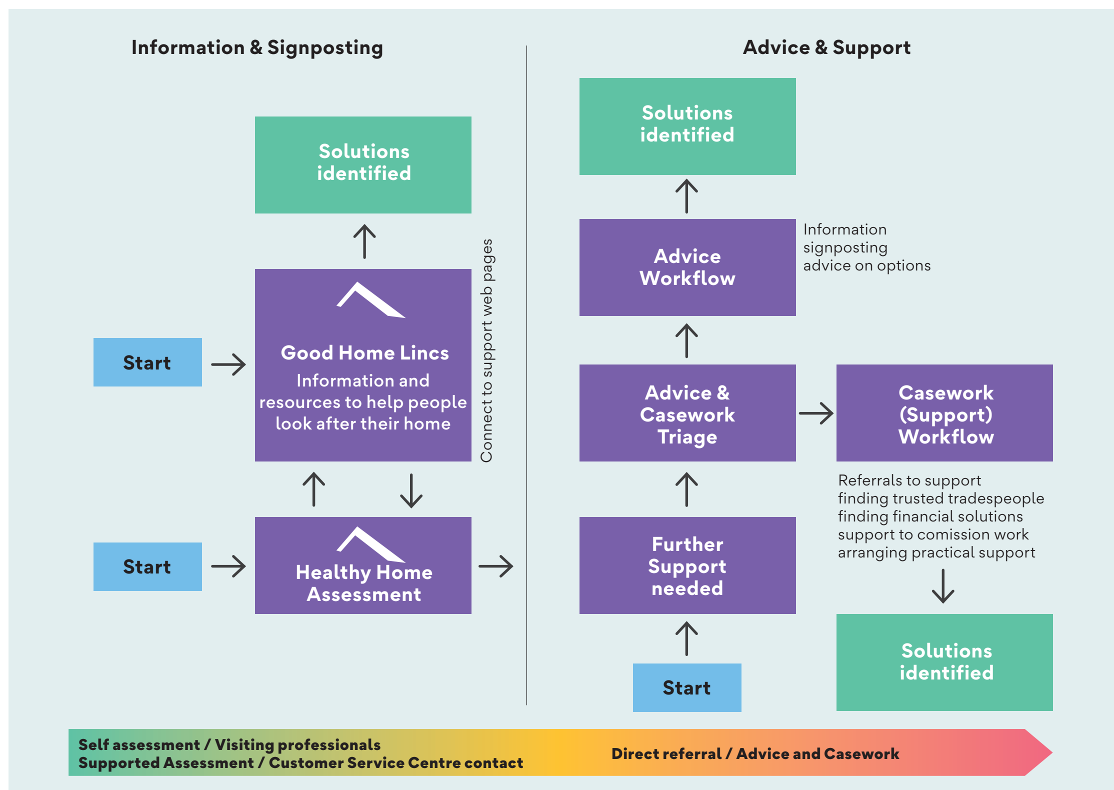
Source: LSE London diagram based on GHA documentation

To further the impact of the Alliance beyond that of its funding partners, several joint delivery plans and shared actions have also been developed between GHL and referral partners. This helps ensure GHL is helping these services work towards their own targets. This includes linked actions to deliver against:

- The National Bundle of Care for Children and Young People with Asthma, with NHS Lincolnshire ICB
- The Minimum Expectations of the Family Hubs and Start for Life programme guidance
- The Lincolnshire Fire and Rescue Prevention Strategy
- The Lincolnshire Trading Standards / Buy with Confidence scheme

Figure 4 represents the user journey through the GHL services in graphic form. Note that the web-based service and the casework service are largely separate: there is no opportunity for residents who complete the HHA online to self-refer to the casework service. Clients can only access the casework service if they are referred by a partner organisation. Clients referred into the casework service follow a triage service, introduced a few months into the pilot, determine the level of support needed.

Figure 4: GHL client journey



Source: Good Home Lincs

1.2 Expectations of the first year

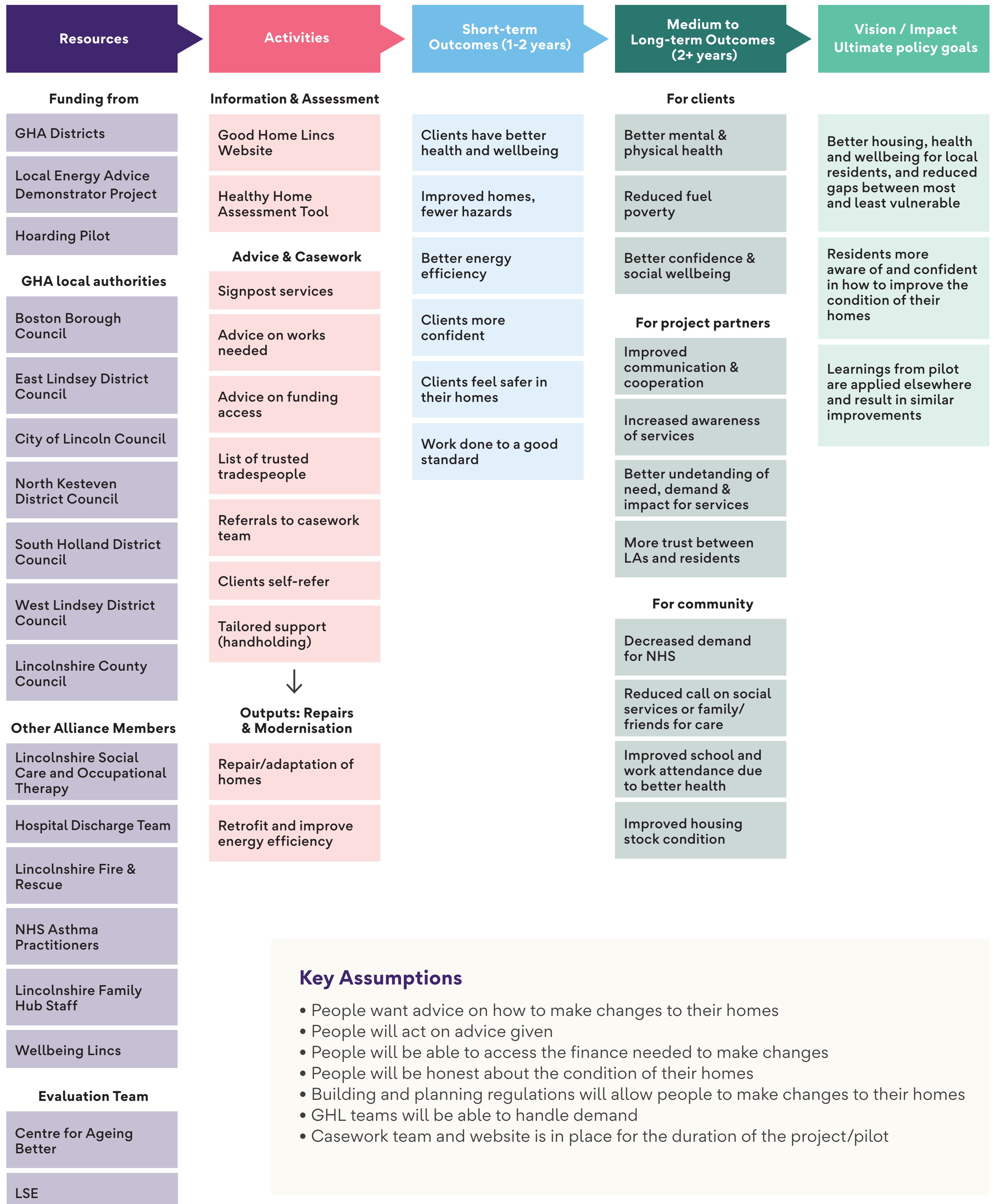
At the start of the project LSE developed a theory of change (figure 5) informed by project documentation, an in-person workshop with project partners, and discussions with project managers and caseworkers about their expectations for the programme.

There were no numerical targets for the casework service; rather it was to be rolled out slowly to gauge the level of need within the participating districts, the type and degree of support required by clients, and the call on caseworkers' time. It was originally anticipated that a significant proportion of clients would be able to fund the necessary works themselves but would need support to organise them and to find reliable professionals. In this context the Trusted Tradespeople webpage[5] was expected to be a key resource for caseworkers and clients.

5 https://lincolnshire.connecttosupport.org/good-home-lincs/preparing-for-works/trusted-tradespeople/

Theory of Change: GHL

Target market: Residents of Lincolnshire of any age or tenure who require assistance. Focus on people with vulnerabilities.



Section 2

Evaluation aims and methods

The LSE evaluation of GHL looks at impact, process and value for money.

The main questions concern

- whether GHL achieves its goals and for whom;
- how activities are implemented, with what partnerships and in what contexts; and
- how the costs of delivery compare with benefits to clients, services and communities.

We are using a mixed-methods approach. Data collection techniques include client surveys, interviews and site visits, focus groups and website analytics. More details about the evaluation questions and methods appear in Annex A.

This report focuses on the first year of delivery. The project runs for two years from July 2024-June 2026, but casework did not begin until autumn 2024 due to initial setup and training. The year of delivery report covers the period up to September 2025.

2.1 Evaluation activities carried out to date

The LSE team has conducted four visits to Lincolnshire so far and plans to carry out further fieldwork visits in 2026. Table 1 summarises the evaluation activities completed to date and those planned for the next six months.

Table 1. Completed and future evaluation activities

Evaluation activity	Comments/Timing	Timing
Completed as of November 2025		
Created LSE webpage	LSE London's evaluation of Good Home Lincs	
Theory of Change workshop in Lincoln	Built shared understanding of GHL between partners and evaluation team. ToC appears as Figure 5 (Oct 2024)	Oct 2024
Designed two online surveys	Qualtrics software	
Fieldwork visit to Lincoln	Meeting the caseworkers & begin building understanding of GHL in practice (Feb 2025)	Feb 2025
Data Sharing Agreement	Agreed	Aug 2025
Published and disseminated surveys	Clients asked to complete survey as soon as their case is signed off. Survey also shared on website.	
Analysis of survey findings	On a rolling basis, to capture emerging findings. Statistical survey analysis based on ELSA will be done near project end.	
Fieldwork visit to Lincoln	Met with GHL partners: • Gainsborough Family Hub, • Healthy & Accessible Homes Team Leader, • Safer Communities Manager, • Senior Housing Standards Officer • Shine Hoarding project	May 2025
Fieldwork visit to Lincoln (Sept 2025)	Home visits to GHL clients, including interviews Met with GHL partners: • Caseworkers • Specialist Neighbourhood Practitioner • Leaving Care Service Participation Co-ordinator • Home Energy Advice Officer HEART • Respiratory Nurse Specialist for Children with Asthma • Regional Advisor, Foundations • Service Manager, Safer Communities, SELCP • Strategic Housing Manager, SELCP	Sept 2025
Analysis of casework activity records	Casework data from July 2024 to Sept 2025, received from GHL	Oct 2025
Analysis of web analytics information	For GHL webpages and HHA assessment tool, received from GHL	Sept 2025
Forthcoming		
Continue to collect responses via the online survey	Until project end	
Interviews with clients	Online interviews with volunteers recruited from survey	
Fieldwork visits to Lincolnshire to include	Interviews and home visits to clients Focus groups and conversations with caseworkers and project partners	Feb and June 2026
Final evaluation report		Sep 2026

Section 3

Year 1 evidence on impact

This section is structured as follows: We start with the casework service, with information about the number and characteristics of clients, the problems in their homes and the nature and amount of support provided. There is also information about outcomes. The information comes from our analysis of data provided by GHL[6], the LSE survey, interviews and round tables, and discussions with the GHL team.

First, though, we highlight the complex human and financial realities behind the numbers. On fieldwork trips to Lincolnshire, LSE researchers visited the homes of the three clients whose stories appear in the coloured boxes in this section. They illustrate the kinds of issues GHL is addressing and the variety and types of support the casework service is providing.

6 GHL provided us with a comprehensive Excel spreadsheet of case-level data on clients dealt with by the casework team from project inception to 1 October 2025. The spreadsheet was designed by the GHL team in consultation with the evaluators and had 233 rows and 273 columns at the time of analysis.

Case study 1: Hannah[7]

Hannah and her three children have lived in the house since the oldest child was born. She has brought up the children on her own and money has always been quite tight. A few years ago, one of the children had a difficult time with her mental health which meant Hannah had to leave her job in order to care for her. Not long after, Hannah started to struggle with her own mental health and caught pneumonia.

During this time, there was a leak in the kitchen which meant everything had to be ripped out. This left the family cooking on a camping stove, using an outdoor tap and washing up in the bath. On top of this the house only had one working radiator, so was reliant on coal/wood fires to heat the home, had a faulty boiler, and drafty windows. Due to her health conditions Hannah felt unable to deal with the issues with the house, and she has limited support available locally.

Hannah was in contact with Citizens Advice to help her apply for benefits. Her ADHD makes it difficult to fill out forms. Citizens Advice referred her to Wellbeing, who then referred her onto GHL.

The GHL caseworker has worked hard to secure funding to buy a new kitchen and is working to get a grant for the boiler to be replaced. Hannah says the caseworker is always 'fighting her corner'. She particularly values how patient the caseworker has been, checking in on her on 'bad days', and helping her build a clear plan of what needs to be done with the house.

Having the new kitchen has been transformative to the family, it means they can now cook proper meals, and the children have had friends back from school for the first time in years.

The boiler and windows still need fixing in the house, and a lot of clutter needs to be cleared. But before the involvement of GHL Hannah never thought this would be possible. She describes the caseworker as taking the place of the support you would normally get from family.

Key risks reduced/mitigated:

- Safe cooking facilities
- Health conditions relating to a cold home
- Improved mental health of both parent and children

7 Clients' names are pseudonyms.

The activities delivered through casework range from one-off signposting to sustained, in-home problem-solving that treats the person and the home together. Caseworkers assess risks and priorities, then may broker and sequence the practical steps required to address problems in the home. The assigned caseworker stays with the case until works are done. Where statutory routes don't fit, they may have access to small, discretionary pots of money that can unlock necessary improvements.

3.1 Numbers and characteristics of clients

In total there were **233 cases** in the first year of delivery of the Good Home Lincs service, of which **153 had been closed** at the time of analysis. Much of the analysis below focuses on closed cases because they give a complete view of the full journey, from referral through to resolution and recorded outcomes. Open cases are still in flux (activities pending, costs and risks not final). Limiting the analysis to completed cases avoids partial data and moving denominators, so the counts, percentages and conclusions reflect work that has actually concluded. We also touch briefly on open cases in which interventions have been delivered.

Demographics, household type, tenure, location

Table 2 sets out the gender, nationality, ethnicity and age of casework clients (both closed and open cases. Most are female (65%). Reflecting the demography of Lincolnshire as a whole the majority of clients are British and are either classified as 'White' or 'White British'. Over a third of clients are over the age of 66. A small proportion (5%) are under the age of 18, all referred via the asthma burse. In these circumstances the case worker works with the parents.

Table 2: Demographics of casework cases (closed and open)

Gender	%
Female	65
Male	32
Nationality	
British	78
Not provided	17
Other	4
Ethnicity	
White/White British/White other	61
Not provided	31
English/British	5
Other	3
Age of person referred	
Under 18	5%
18-35	15%
36-50	10%
51-65	32%
66-80	28%
Over 80	11%

Table 3 provides household composition of casework clients, for both open and closed cases. Most clients (69%) had no children in their households and 43% lived alone. Of the 31% with resident children, more than half (16%) lived in a single parent household. Of the clients with no children, 12% lived with another working age adult, and 15% lived with an older adult.

Table 3: Household composition of casework cases (closed and open)

Household composition	% of cases
No children	69
Single household	43
Children	31
Single parent household	16
Older adult (no children)	15
Working age adult (no children)	13

Table 4 gives housing tenure breakdown. The majority of clients (63%) are owner occupiers, followed by social housing (19%), and private renting (14%). The owner occupation figure is slightly lower than for the overall population of GHA authorities, while the proportion of social tenants is higher.

Table 4: Housing tenure of casework cases (closed and open) Vs the population in GHA authorities overall

Tenure type	Casework (%)	GHA authorities (%)
Owner occupation	63	67
Social rent	19	13
Private rent	14	19
Other	3	n/a
Shared/Part Ownership	1	n/a

Source: LSE analysis of data from GHL; ONS subnational estimates of households by tenure 2023

The project has received referrals from all funding district council areas. The highest numbers have come from East Lindsey, followed by South Holland. This is in line with demographics: East Lindsey has the highest population and the greatest proportion of residents over age 65. There are several explanations for this. Firstly, there is a dedicated referral partnership with the ELDC Housing Standards Team to deliver the MHCLG Healthy Home project, which is used to fund an extra caseworker. ELDC contribute the highest proportion of funding (26%), as it receives the highest rate of DFG funding, reflecting higher need in the area.

Health conditions affected by housing issues

Table 5 summarises the health conditions (as perceived by referral partners) of clients referred to the casework team. Referrers reported that 66% of clients had some form of health condition impacted by the state of their homes. Some 22% had two conditions, and 36% had three or more. The most common issue was mobility (37%), followed by mental health challenges (17%) and asthma/COPD (14%). 31% of clients had ‘other medical issues’ that were not categorised.

Table 5: Health conditions of casework clients, per referrals (closed and open)

Health condition	% of cases
Mobility	37
Other medical conditions	31
Mental Health	17
Asthma/COPD	14
Frailty	9
Learning Disability/ADHD/ASD	8
Sensory (Vision / Hearing) related	3
Diabetes	3
Dementia/memory issues	2
Cancer	1

3.2 Issues in the home

Table 6 sets out the main issues that needed to be addressed, as identified by referral partners (out of a list of 21 possibilities on the data spreadsheet). This table contains those issues affecting 10% or more of referrals; the full table appears in Annex B. Most referrals identified more than one issue.

The most frequently named was Financial Options (35%); unsurprisingly this and the related 'support to apply for grants' usually appeared in conjunction with other, physical problems. Some of the physical issues overlapped, such as living in a cold home and boiler replacement required. The most common physical issue identified was damp and mould (31%), followed by living in a cold home or lack of hot water, property disrepair/septic tank (16%), and problems with the boiler (14%). Referrals most often identified the need for financial or energy support and issues of cold and damp, themselves possibly related to specific types of disrepair.

Table 6: Issues identified by referral partner (those affecting >8% of referrals) (closed and open)

Issue identified by referrer	% of cases
Finance options	35
Damp and mould (including flooding/ flood damage)	31
Living in cold home/No hot water	20
Support to apply for grants	20
Property disrepair/septic tank	16
Replace/Broken boiler	14
Roof repairs	12
Lack of home furnishings (carpet / furniture)	12
Bathroom/WC repair	11
Hoarding/clutter	8

We conducted a co-occurrence analysis of[8] to identify the issues that tend to be flagged together within the same referral. Finance options appeared alongside roof repairs 68% of the time, Living in a cold home/No hot water (63%), Replace/Broken boiler (50%), and Damp & Mould (30%). Unsurprisingly, properties often have a number of related problems—e.g., Property disrepair overlaps with Hoarding/Clutter (46%) and cold homes (37%), while Hoarding often appears with cleaning (46%) and finance (54%).

Caseworkers sense-checked these issues on their initial contacts with clients. Most cases did not reveal new complexities: in 67% of cases, no additional issues were identified by the caseworker. In the remainder of cases the most frequent additional needs were Support to move home/belongings (7%) and Debt/Budgeting (5%).

8 Full table available on request.

Case Study 2: Simon and Rachel

Simon and his daughter Rachel have lived for 20 years in the home they inherited from Simon's parents. They previously lived in Australia before returning to the UK to care for Simon's parents. Simon suffers from poor mobility and can no longer use the bath, so is unable to wash; in addition, there are problems with the plumbing and heating.

They recall that everything in the house worked until Simon's parents passed away. Rachel and Simon said they weren't used to dealing with British weather, so mould had built up in the house. Both often felt unwell and thought it might be linked to the house or the climate.

Due to the issues in the house, Wellbeing Lincs, a countywide service to support adults in Lincolnshire, referred the family to GHL. As well as Wellbeing they were also receiving support from Green Doctors, trained energy efficiency experts supported by the Groundwork charity. Simon and Rachel said it was hard to keep track of who referred them because they had been in touch with so many people.

Both of them were very grateful and open to the support offered by GHL. The caseworker had managed to successfully apply for two grants to help the family make adaptations to their home, including replacing the bathroom with an accessible wet room. They praised her for her understanding of what needed doing in the home. The family are looking forward to finally being warm in their home and being able to use the bathroom easily.

Key risks reduced/mitigated

- Health conditions relating to a cold home
- Health conditions relating to having mould in the home
- Reduced risks of falls in the bathroom/being able to wash safely

3.3 Caseworker interventions: Signposting, referral and liaison

Caseworker interventions span a range from the very light touch (simply signposting clients to information) to the intensive (frequent, in-person support with practical actions). For the purposes of the evaluation, we have divided caseworker interventions into two categories: information (comprising advice and guidance, signposting, referral and liaison) and further support (which can be intensive and in-person). Note that the

categories are not mutually exclusive: most clients who received active support would also have received information and advice.

This subsection deals with information. 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. (Interestingly, advice on accessing housing benefit was only given in 1% of cases, and no one was given information about independent financial advice. See Annex table B1.)

Alongside providing initial information, the GHA caseworkers also signpost relevant services and organisations that clients could contact. These include the Connect 2 Support/Good Homes Lincs website (30% of clients), charitable support (26%), and Citizens Advice/trading standards (20%) (Annex table B2). Seventy-one percent of clients were signposted to at least one organisation. In some cases, caseworkers themselves contact those organisations with referrals: to date 28% of closed cases had been onward referred. Housing Standards was biggest referral partner (27%), followed by Citizens Advice (15%) (Annex table B3).

Information and advice are also the initial approaches 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, and case notes confirm this is where momentum is built ('practical support to facilitate installation', 'research on possible grants', 'support to get quotes'). Some cases resolve without funded works – through advice, signposting or a change in circumstances ('reluctant to complain; moved to relative's home', 'discharge plans changed') – again pushing the intervention total above works delivered.

3.4 Caseworker interventions: Further support

This subsection deals with the cases that received more intensive support from caseworkers. Table 7 summarises information on both closed and open cases to date.

Of the **153 closed cases**, 23% (35 clients) had works delivered in their homes. These were most often related to flooring (42%), including installation of carpet in social rented homes[9]; bathroom repairs (32%) and unspecified remedial works (21%). Heating systems and hot water accounted for another 16% together, though there may have been some overlap here.

9 It is standard practice across many social housing providers to remove carpets in new tenancies. Replacement of carpets falls outside the responsibility of social landlords.

The cases where no works have been delivered would have either been given advice to manage the works themselves, or referred on to other organisations within the Good Homes Alliance for support.

Of the further **80 cases still open**, 28 (35%) have had works delivered with GHA support, and/or interventions via GHA referral at the time of analysis. Delivery of works is mostly concentrated in a handful of practical fixes: bathroom/WC repairs (21%), remedial works (18%), flooring (18%), and aids/adaptations (18%).

Where risks are acute, GHL has been front-loading cleaning and decluttering or stopgaps such as providing temporary heaters or dehumidifiers. This buys the time needed to arrange larger interventions.

Table 7: Types of work delivered with caseworker support

Works delivered	% of closed cases (153 total)	% of still open cases (80 total)
Flooring	42	18
Bathroom / WC repair	32	21
Remedial works (repair)	21	18
Decluttering	11	14
Heating system/boiler	11	14
Pest control	5	6
Electrical repair	5	6
Hot water	5	6
Plumbing	5	6

The cost of individual interventions completed to date ranged from £75 (bathroom repairs) to £6000 (repairs to heating and hot water system). Two clients had work delivered at no cost (decluttering and floor repairs). The median cost of works is £500.

Most client households receive a few interventions, but a clear high-needs tail group has received eight or more. These may for example be cases where heating, flooring, cleaning/decluttering and finance all interact. The need to arrange works with the landlord, the client's health status ('admitted to hospital; case held'), and safeguarding or mobility issues ('need hoist; OT assessment complete') slow delivery but justify sustained coordination, and in some cases lead to quick resolution.

Remaining issues at case closure

Cases are closed with remaining issues for a variety of reasons, including clients' inability to access the funding needed or resistance to further works being carried out in their home.

Of the closed cases that received caseworker support (81 cases), a minority (19%) still had outstanding issues with their homes after the case was closed.

About half of such clients were unable to access the necessary finance, and about half still had outstanding disrepair issues; there was some overlap as on average such clients had two outstanding issues.

Table 8: Intervention not implemented or remaining issues at case closure (N=81, closed cases that received caseworker support)

Outstanding issues/works	Count	% of closed cases
Financial solutions unable to be accessed	7	47%
Outstanding property disrepair issues remaining	7	47%
Outstanding minor works	4	27%
Unable to move to a more suitable home	4	27%
Remaining damp and mould`	3	20%
No Heating / hot water	2	13%
Safety issues / concerns	2	13%
Outstanding adaptation / access issues	1	7%
Unable to Improve energy efficiency	1	7%
Unable to engage trusted tradespeople	1	7%

3.5 Outcomes

Information from GHL casework data

Table 9[10] gives a breakdown of types of risk reduced in the 81 closed cases where interventions were delivered as result of the casework. The most common types of risk reduced were overall health and safety (22%) and damp and mould (21%), followed by a general category of poor housing conditions. Given the types of intervention carried out, we would have expected to see reductions in other types of risk including those related to lack of hot water and heating or that of requiring residential care, but these were not identified or recorded in this period. However, there are examples of cases that are still open, where risks have been reduced, but not yet recorded. The next report will pick up these cases.

In most cases more than one type of risk was reduced. 43% of cases saw a reduction in 1-3 risks, and one case recorded 7.

10 The table is taken from the GHL data spreadsheet; the figures represent the perceptions of the caseworkers rather than the systematic findings of the evaluators.

Table 9: Categories of risk reduced by GHL interventions (of 81 closed cases where interventions received)

	Of closed cases that received interventions	
Type of risks reduced	**Number**	**%**
Health and Safety risks	18	22
Impact of damp & mould	17	21
Impact of poor housing condition	14	17
Accident/ injury	10	12
Injury /accident to child(ren) in home	8	10
Slips trips & falls	7	9
Cold home (Interim heating solution)	6	7
Fire	3	4
Clutter	3	4
Hospital stay	3	4
Improved energy efficiency	2	2
Impact of overcrowding	2	2
Cold home (Heating system / hot water)	0	0
Likelihood of residential care	0	0

Risk reduction categories appear to be used in a broadly consistent but largely intuitive way. “Reduced risk of fire” is usually ticked where decluttering or remedial works reduce fire load or improve escape routes after a fire; “Reduced risk of slips, trips and falls” appears where hazardous carpets or unsafe flooring are replaced; “Reduced risks of injury/accident to child(ren) in home” is used where changes directly protect children, for example new flooring and fencing for families with your children or children with special needs, sometimes linked to child protection outcomes. “Reduced impact of damp and mould” is used where roof, drainage or other repairs, or advocacy with landlords and housing providers, address damp conditions or enable a move away from a damp property, while “Reducing impact of poor housing condition” is applied to broader disrepair such as drains, windows, doors and flooring. Cold homes are split between interim measures (such as heaters and fuel vouchers) and longer-term solutions where heating systems or boilers are repaired or replaced, and “Improved energy efficiency” is attached to ECO-type schemes and boiler upgrades. Finally, “Reduced risk of hospital stay” and “Reduced likelihood of residential care” are reserved for more serious health and independence risks, where housing interventions help prevent admission or a move into care.

Information from the LSE survey of casework clients.

The LSE online survey is shared by caseworkers with clients once their case is closed and is also hosted on the Good Home Lincs Connect to Support website. When the analysis was conducted the survey had 13 responses: 12 from people who had received caseworker support and 1 web user.

All of the respondents had been referred to GHL via another organisation. This included their local council (5), asthma practitioners (1), Wellbeing services (1), a social worker (1), an occupational therapist (1) and Early Help (1). The most common problem in the home was damp and mould, followed by issues with the heating.

Seven respondents said support from GHL has solved their housing issue and two said it had partly helped. One person said the organisation to which they had been referred had not been able to help with their problem of needing a new roof.

In eight cases action had been taken because of the advice provided, and two said action was planned. Actions included:

- Persuading landlord to address damp problem
- Items provided to help mitigate damp and mould
- Toilet fixed
- Received grant to make mobility adaptations to home
- Measuring humidity in home and using dehumidifier
- Moved to a council house

Only one respondent said they did not plan to take any action, and this was because they have been served a Section 21 notice so had to move out of their home.

As well as asking why people approached GHL for support, we asked them to identify the problems in their home before and after GHL support[11]. Interestingly these were not always the same issues that led respondents to accept support in the first place.

11 Note that the LSE survey categories were drawn from standard statistical indicators of housing conditions. They do not align precisely with the categories used by GHL.

Table 10: Problems in the home, before and after GHL interventions (respondents to LSE online survey)

Problems in the home	Survey respondent number									
	1	2	3	4	5	6	7	8	9	10
Shortage of space				Red						
Too dark, not enough light			Green							
Rising damp in floors and walls	Red	Green		Red						Green
Water getting in from roof, gutters or windows										Green
Bad condensation problem	Green			Red					Red	Green
Problems with electrical wiring or plumbing			Green			Red				
General rot and decay					Green					Green
Problems with insects, mice or rats			Green						Green	
Too cold in winter		Green	Green						Red	Green
Structural problems			Green							
Problems with litter, rubbish or fly-tipping			Green							
Other	Green		Red				Red	Green		

KEY: Green: problem before support, fixed after case closed Red: problem before support, remains after case closed
Note: numbers 1 to 10 refer to individual cases; 2 respondents did not complete the entire survey

The survey allowed respondents to give general feedback on the GHL programme. Most of this feedback was very positive, as the quotes below indicate:

- **'I would just like to say that after my involvement with [CASEWORKER] from Good Home Lincs, she helped me out by pointing me towards other organisations that could help me. She was always easy to talk to and a lovely lady'**
- **'So grateful for steps, bed blocks commode seat for kitchen, stair rails, commode, toilet seats. Things which make my life easier and less painful'**
- **'I found the caseworker exceptionally friendly, helpful, patient and supportive'**

However, one person reported that they still wanted help with their home but felt 'abandoned'.

Overall, the findings of the online survey echo and reinforce the findings from the casework analysis about the positive outcomes achieved.

Case Study 3: Susan

Susan has multiple health issues that affect her mobility and make it hard for her to climb stairs. The occupational therapist supporting her thought it would be helpful to have a stair lift fitted in the home she shares with her husband. In addition, although their house was built only 10 years ago, it has no working heating or hot water system. The shared-ownership property was built by a housing association but under the terms of the sale the developer was not obliged to pay for repairs, even though the system was faulty from the start.

The caseworker provided a few quick fixes such as hot water bottles and an urn, to help keep the couple warm in the short term. She also managed to access a grant to get a new heating system fitted, and the installation works were due to begin soon.

Before Susan met the GHL caseworker she found the thought of making adaptations to her home so overwhelming that her mental health was affected. Being in touch with a GHL caseworker made her feel like there was a 'light at the end of the tunnel'. Because the caseworker regularly checks in with the couple, she and her husband 'are not alone'. Without that support they think they would still be living without hot water. They are very excited about how much the changes will improve their quality of life.

Key risks reduced/mitigated:

- Improved mental health
- Health conditions relating to a cold home

Section 4
Year 1 evidence on process

This section provides findings about the GHL process[12] in the first year of the project, focusing on the referrals process, funding of works, liaison with other professional organisations and community outreach. The material comes from analysis of the case-level database and from interviews with GHL staff members and referral partners. We then discuss what the first year of delivery has shown about GHL processes.

Programme implementation has closely followed the Theory of Change (ToC): alliance resources are translated, via assessment, advice and casework, into practical repairs and modernisation that reduce hazards in clients' homes and improve residents' comfort and safety. On the ground, caseworkers describe operating as holistic problem-solvers who flex between quick signposting and intensive, face-to-face support, including 'handholding' for tasks such as obtaining quotes or making phone calls where clients struggle to act alone.

12 Drawing a distinction between process and evaluation is not straightforward as inevitably the categories overlap.

4.1 Casework management

The original model assumed a simpler and more straightforward caseload than has been the reality. Most cases have more than one problem or issue, and the core challenge is to uncover and address the 'real' barrier rather than only the presenting complaint. The caseworkers' flexible and person-centred approach is among the aspects most valued by residents, especially where issues are complex or compounded by health, finance and digital barriers.

The work is relational and often face-to-face. Crucially, it joins up the system: caseworkers work with the original referrers – working with ASC, HEART and clinical referrers – so residents experience a single, navigable route rather than multiple hand-offs.

The length of time clients is involved with GHL is recorded in two stages: from referral to allocation, and from allocation to case closure. On average, clients wait 11 days for allocation to a caseworker, after which the average time to case closure is 71 days (almost 2.5 months).

The number of caseworker contacts per client illustrates the intensity that is sometimes required. Across closed cases (n=144) there were 1,392 client/caseworker contacts, an average of 9.7 with a median 6. The highest number of contacts for a single case was more than 200, this is for a complicated case opened in July 2024 and is still receiving support from a case worker. In most cases the caseworkers engaged remotely (usually by phone or email) according to the household's needs. Some 45 cases received at least one home visit, with a total of 67 visits in the first year of delivery.

Analysis of notes on the casework tracker spreadsheet shows that sequencing of works often depends on the availability of finance (DFG/DHFA/HSF, Children in Need) and coordination with third parties ('client getting quotes', 'monitoring pending HEART referral', 'waiting for landlord to do works'). Several records give a snapshot of interventions in progress ('DFG agreed, pending commencement', 'works still ongoing'). This complexity explains why some cases show many interventions with few completed works to date and suggests that raw counts therefore understate eventual throughput.

4.2 Referrals into GHL

GHL has a set list of referral partners who can refer people into the service. Wellbeing Lincs carried out the largest number of referrals, closely followed by occupational therapy teams, the accessible homes and housing standards.

Table 11: Sources of referrals into GHL

Contact Organisation	Percent (%)
Wellbeing Lincs	19%
LCC - Occupational Therapy	15%
DC - Accessible Homes / DFG	12%
DC - Housing Standards	12%
LEAD - HEART / Lincs. 4 Warmer Homes	10%
LCC - Adult Social Care	7%
LCC- Family Hubs	7%
DC- Other	4%
LFR - Lincolnshire Fire & Rescue	4%
LCC- Other	3%
NHS - Asthma Practitioner	3%
GHA - Other	3%

Reason for referral (identified by referral partner)[EB1.1]

When passing information to GHL partners give a reason for referral. Roof repairs (12%), lack of home furnishings (12%) and need for bathroom repairs (11%), were the most common reasons (table 12). As set out in section 3.2 the clients often had multiple issues with their home in addition to the main reason for referral.

Table 12: Reason for referral

Reason for referral	Percent (%)
Roof repairs	12%
Lack of home furnishing (Carpet / Furniture)	12%
Bathroom/ WC repair	11%
Hoarding/ Clutter	8%
Help to Sell/ Move home	6%
Maintaining independence at Home (minor works)	6%
Window and Door Disrepair	6%
Housing condition preventing other works being progressed	5%

*Full list at Annex table B5

4.3 Funding of works

Grants

During the first year of delivery, one of the caseworkers' main tasks has been to connect clients with the funding necessary to carry out improvements to their homes. This funding does not come from the GHL's own budget but from grants from other organisations—most often the Household Support Fund, which is administered by district councils. BBC, ELDC, SHDC, CoLC and NKDC have each made £5,000 available from the HSF for the GHA to access to support minor works and essential household items.

The great majority of grants (94%) were from the Household Support Fund, with two niche routes—SSAFA/British Legion/other Forces charities and Cadent Services Beyond the Meter (via Green Doctors)—each funding a single case (table 13).

Table 13: Grants accessed for financing GHA supported works (N=144 (closed case excl. withdrawn), N=33 total grants accessed)

Type of Grants	% closed cases	% of grants accessed
Household Support Fund	22%	93%
SSAFA /British Legion/ other Forces charities	1%	3%
Cadent Services Beyond Meter via Green Drs	1%	3%

Grant types potentially available for GHA supported works but not accessed during this period include: DFG, DHFA, Friends of the elderly, Gosberton relief in need, CBHRS Grant (Neighbourhood Team), Energy Grants (e.g., HUG/ECO/Warm Homes/Cadent/Brit gas)

In some cases, GHL uses the HSF to provide practical items to clients such as dehumidifiers, furniture, radiators and electric blankets. HSF vouchers were also provided to clients to spend in specific retailers or on certain items, particularly flooring. Cash vouchers accounted for the highest number of cases, but expenditure was dominated by flooring (table 14).

Table 14: HSF vouchers provided to clients and total and AVG spend per voucher type (N=144, closed cases, excl. withdrawn)

HSF vouchers	Number	Total spend	Average per client
Cash voucher (£)	10	£3,950	£395
Flooring Voucher (£)	6	£6,000	£1000
Food voucher (£)	5	£250	£50
Store (non-Food) vouchers (£)	4	£1,320	£330
Pre-paid energy card (£)	1	£200	£200
	Total	**£11,720**	

Self funding

Although the initial expectation of the Good Home Hub model was that a significant proportion of clients would be able to self-fund improvement works, experience from the first year of delivery shows that this was only the case for a minority. Of 144 cases that progressed (withdrawn cases excluded), 25 cases (17%) sourced self-funding for works. The dominant source of (self) funding is from Savings, Pension or Own Income (72% of self-funders). Only three clients accessed loans and four clients sourced funds through family and/or friends.

Table 15: Sources of self-funding for works accessed by client (N=144 (closed case, excl. withdrawn), N=25 (Number of self-funding)

Source of self-funding accessed	% of cases	% of self-funders
Savings/ pension pot/own income	13%	72%
Friend & Family	3%	16%
Loan	2%	12%
Insurance	0%	0%

4.4 Interventions delivered by others after caseworker referral

To help support people make interventions to their home the caseworkers often collaborate with other agencies. In 56% of cases the caseworker contacted at least one other organisation[13]: most frequently energy advice organisations followed by Disabled Facilities Grant Teams, Wellbeing Lincs. and housing standards teams (Annex table B8).

Of the closed cases that received caseworker support (81 cases), about half had interventions delivered through their GHA referral (table 16). The most frequent intervention was help to access financial solutions. Other interventions included help to reduce damp and mould (38%), help to find a trusted trader (30%), and help to commission works (28%). All eleven cases that received help to commission works, proceeded to have works carried out in their home.

13 The data table has a long list of 30.

Table 16: Interventions delivered through GHA referral (N=40, closed cases that had works delivered)

Interventions	Count	% of closed cases with interventions delivered
Help to Access financial solutions	30	75%
Help to Reduce Damp & Mould	15	38%
Help to find a trusted trader	12	30%
Help to commission works	11	28%
Accessed essential household items (e.g. white good / furniture / portable heating)	9	23%
Help to maintain independence at home	7	18%
Help to check Electrical safety	4	10%
Help to move home	3	8%
Help to Declutter Home	2	5%

4.5 Giving advice to other professionals

Alongside receiving referrals and working with clients, GHL offers professional advice all professionals and volunteers in Lincolnshire on a variety of topics from practical home solutions to funding options. The advice focusses on upskilling the workforce and increasing awareness of available resources, grants and services that are available to support housing related conditions. This includes professionals working in South Keveston. The advice enables those organisations to better support their own clients and can sometimes avert the need for onward referral to GHL.

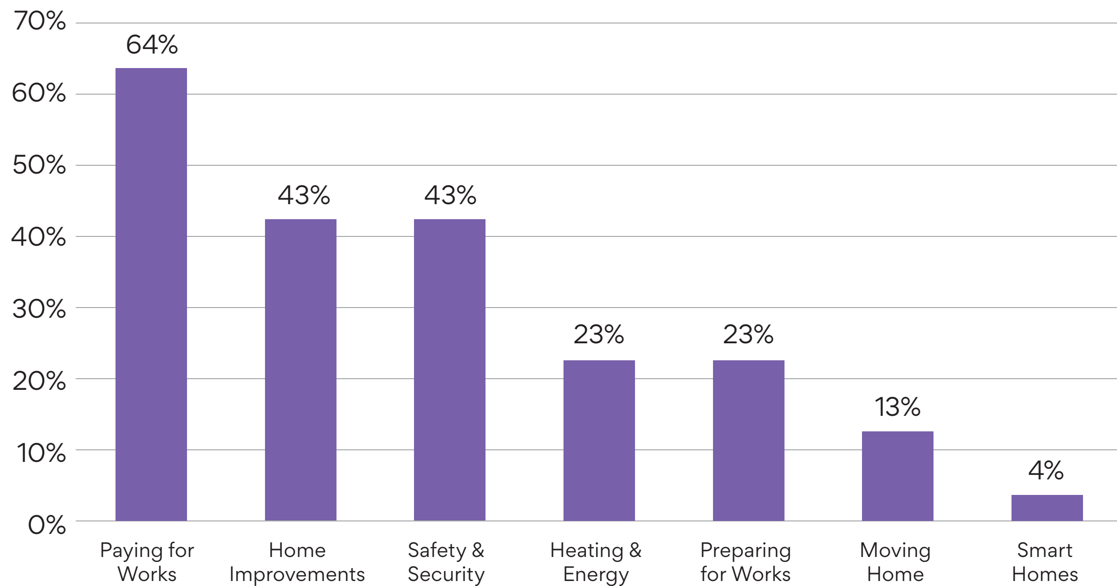
Between June 2024 and September 2025, partners made 80 requests for professional advice from the GHA. These were advice requests – guidance or signposting – rather than formal referrals of clients.

GHL advice was tailored to the nature of the inquiry, and each individual query (n=80) may cover several issues. Funding questions drive contact with GHA (64% of inquiries), with professionals looking for advice on the availability of grants and charitable and financial support for their clients to pay for needed works (figure 6).

In terms of home improvement guidance (43% of queries), beyond seeking general advice, involved practical minor works – cleaning, small repairs, and gardening – and adaptations for accessibility. There is some interest in specific components like windows & doors, roofs, and floors, with occasional plumbing issues.

The pattern of engagement highlights the wider challenges organisations faces when supporting residents in Lincolnshire and shows the reach – and growing trust - Good Home Lincs has built amongst their partners in its first year of delivery.

Figure 6: Types of information provided to professional inquiries (N=80)



4.6 Community outreach: events and meetings

GHL staff attended 111 online or in-person events between March 2024 and September 2025 to raise the profile of the project. Most (75) were professional facing (75, or 68%), to groups of 4-150 people. They also attended more than 25 sessions with residents.

Several professional-facing events were used to explain the offer and onboard partners. Staff attended a range of multi-agency networking forums and local partnership meetings (e.g., South Lincolnshire Partnership Networks etc) to build referral pathways and relationships across health, housing and VCSE. They also attended training and practice development sessions (e.g., Family Hubs domestic abuse training, STAR sessions and Mosaic Champions) to upskill frontline staff. Finally, they presented at strategic and thematic events – conferences and awareness days (e.g., Ageing Well, National Fuel Poverty), plus specialist meetings (DFG, housing enforcement, energy efficiency) – that connected the work to wider system priorities.

Resident-facing events all took place in person and included large public fairs and shows (Lincolnshire Show, Age Matters Fair), open days/ community festivals (VSSCIC), regular community drop-ins, markets and

health and wellbeing events. Staff also reached out at events like That Bread-and-Butter Thing lunches (a weekly mobile food club that offers members good quality, nutritious food at heavily discounted prices) to those who might benefit from practical signposting and referrals. GHL attended some events that mixed both professionals and residents including falls pop-ups and civic/anti-poverty forums.

Section 6

GHL/Connect to Support web activity

The evidence of the first year is that the website and HHA tool has operated largely separately from the casework service, although caseworkers do use the website and tool as resources.

GHA shared information from the council's web analytics on use of the GHL webpage, including the Healthy Homes Assessment tool. The Good Homes Lincs website was officially launched on 19 September 2024 and figures run to 29 September 2025. Over this period there were 8,637 total users, of which 7,204 were new users. They conducted 21,181 page views, with the average time spent on each page being 2 minutes 37 seconds. The GHL web pages soft launched in April 2024 – over this period there were 9,528 users to the 29 September 2025.

The top five most visited pages (excluding the GHL landing page and the About us page) are:

- Healthy Home Assessment (see below for more detail about the assessment tool)
- Paying for Works leading to:
    - Grants
    - Charitable and Financial Support
- Home Improvements

6.1 Location and timing of users

According to VPN data, just over a third of all users are from Lincolnshire, closely followed by London. However, this data is not always accurate as service providers often route IP addresses and traffic back to a physical location. Looking at the breakdown within Lincolnshire, the highest proportion come from Lincoln.

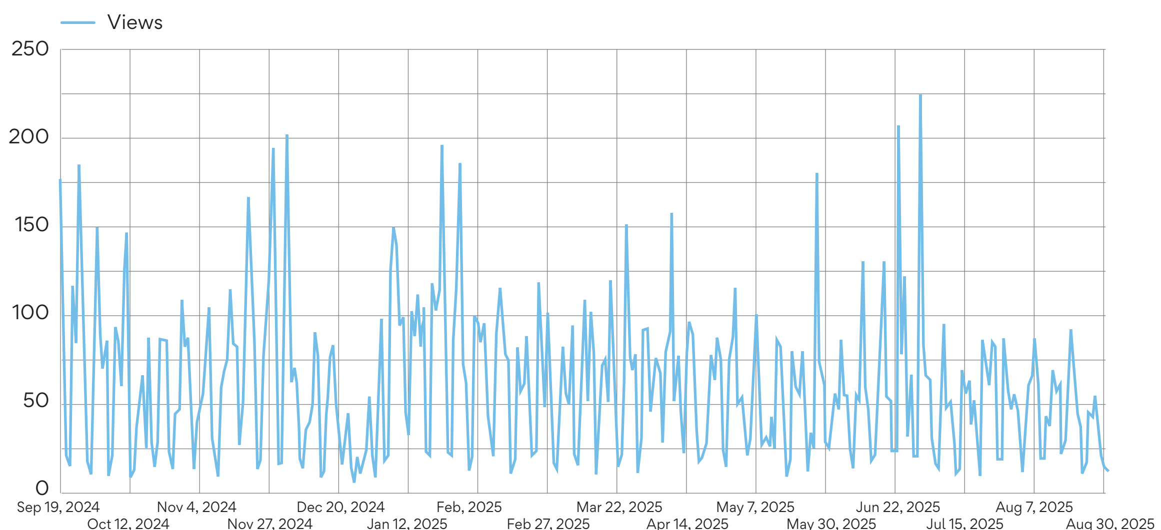
Table 17: Website users by location

Area	Number of users	Percent (%)
Lincolnshire	**7940**	**33%**
Lincoln	989	13%
Horncastle	546	7%
Louth	393	5%
Spalding	238	3%
Boston	163	2%
Sleaford	146	2%
London	**2,298**	**31%**
Manchester	**1,736**	**23%**
Not set	**689**	**9%**
Leeds	**166**	**2%**
Birmingham	**132**	**2%**

Note: Figures do not sum to total users

Figure 7 shows user traffic from September 2024 – August 2025. There were spikes on particular dates (late Nov/early Dec, late Jan, 27th May etc). The reasons for this are unclear and might relate to communications campaigns or events promoting traffic to GHL or CTS generally, or potentially caseworker activities.

Figure 7: GHL webpage views, September 2024-August 2025



6.2 Healthy Homes Assessment tool

Between 8 April and 16 Sept 2025[14], 84 people completed the Healthy Home Assessment tool—that is, about 3.5 people a week. Two-thirds completed the assessment independently and the remainder were helped by someone else. Around a quarter of those who completed the assessment left more detailed information about their home/household. Most lived in an owner-occupied house.

Table 18: Characteristics of users of HHA tool (of those who provided info N=26)

Type of property			Building type			Tenure			Household		
A house	20	77%	Terraced	10	53%	Own outright	3	18%	On own	3	18%
A studio, flat or maisonette	4	15%	Detached	2	11%	Own w/a mortgage	8	47%	Partner or family	9	53%
A bungalow	2	8%	Semi-detached	4	21%	Rent from HA	1	6%	Share with others	3	18%
			In a block with a shared entrance	2	11%	Rent from council	1	6%	Lodger or rent a room	2	12%
			In a block with your own entrance	1	5%	Rent from private landlord	4	24%			

The tool gives a list of 19 options from which the user may select the areas they would like to assess[15]. The participant is asked a series of questions related to the areas of assessment, then provided with relevant information and advice. This is made up of short paragraphs linking to different informational pages. The most common issues explored were general condition outside, general condition inside and windows and doors (table 19).

14 Although the tool had been available since September 2024 there were issues with the website. It was re-launched and reliable data collected from April.

15 39% of respondents also clicked on the option for 'Property type and tenure', which is a classification of ownership type rather than a problem with the property and is therefore not included in the table.

Table 19. Problems in the dwelling: percentage of HHA tool users selecting each category

Category	Count	Percentage
General Condition Outside	31	37%
General condition inside	31	37%
Windows and Doors	25	30%
Stairs	23	27%
Bathroom	22	26%
Boilers, heating and hot water	22	26%
Smells in the property	20	24%
Kitchen	20	24%
Bedrooms	20	24%
Access	19	23%
Fire Safety	19	23%
Electrics	18	21%
Water getting into your home	18	21%
Pests	18	21%
Lighting	16	19%
Security	15	18%
Connection to mains services	15	18%
Floors	14	17%

Thirty-four people identified a single area to assess, 27 people selected 2 to 5 areas and 23 selected more than five.

Section 7

Year 1 value for money

7.1 Budget and expenditure so far

The project was initially funded by the eight participating authorities. Between them they contributed £442,519[16] (table 20). This core funding was supplemented in 2025 when East Lindsey District Council contributed £121,157 of its MHCLG Healthy Homes funding[17] to GHL, bringing the total project budget to £563,676. The additional resources allowed the project to recruit another caseworker to support delivery of the ELDC Healthy Homes project and to recruit two additional hoarding support caseworkers serving the ELDC area only.

16 Five authorities contributed top-sliced amounts from their Disabled Facilities Grant allocations. The contributions of West Lindsey and Lincolnshire County Council were from other funding sources. South Kesteven does not participate in the caseworker service and made a correspondingly smaller contribution.

17 This funding covers damp and mould referrals from Housing Standards for triage, information and advice, and referral back to housing standards for enforcement action if required

Table 20: GHL funding by source

Council	Amount
East Lindsey District Council (ELDC)	£112,844
Lincolnshire County Council (LCC)	£100,000
North Kesteven District Council (NKDC)	£50,379
City of Lincoln Council (CoLC)	£47,140
West Lindsey District Council (WLDC)	£43,933
South Holland District Council (SHDC)	£42,735
Boston Borough Council (BBC)	£35,007
South Kesteven District Council (SKDC)	£10,481
INITIAL FUNDING FOR TWO YEAR PROJECT	**£442,519**
Additional amount from ELDC Healthy Homes (received 2025)	£121,157
TOTAL FUNDING	**£563,676**

The pilot period runs for two years from July 2024-June 2026 and this year of delivery report covers the period to September 2025. In that month the project was about three-fifths of the way through its original timetable, suggesting that around £340,000 would have been spent. However, because additional funding became available during the course of the project the amount spent in the initial period to Sept 2025 will have been somewhat lower—say £300,000.[18]

What the funding has enabled

This section focuses on VFM for three types of GHL activity[19] and their outcomes: provision of information and advice; casework support; and the HHA tool. The discussion relates the project's estimated expenditure in the first year of delivery to activities and achievements during that period.

Contributions to the overall GHA budget currently pay the salaries of the GHA Lead (one of the two project managers- the other being the Public Health Officer provided by LCC)[20] and six caseworkers:

- Core GHA offer from 1 July 2025 to 30 June 2026 (GHA lead + 3 caseworkers)
- Additional caseworker from 1 Jan 2025 to 30 June 2026
- 2 hoarding caseworkers from 1 September 2025 to 30 June 2026

18 This is an LSE estimate for the purposes of the initial VFM evaluation: we have not seen the detailed project budget. Neither income nor expenditure was evenly distributed across the period.

19 The theory of change lists nine activities that would take place under the project: Good Home Lincs website, Healthy Home Assessment tool, signpost services, advise on works needed, advise on funding access, list of trusted tradespeople, referrals to casework team, clients self-refer, tailored support (handholding).

20 The other manager is employed by Lincolnshire County Council.

The budget covers 110 months of caseworker time over the full two years, of which half (55) were used in the period to September 2025 because of the staggering of funding. Three caseworkers were employed during the initial phases of the project, but the size of the team has now doubled, suggesting that the pace of activity and the delivery of outcomes will be higher in the months that remain.

The costs associated with the web-development & platform for the GHL webpages on the Connect to Support website, including the Healthy Homes Assessment tool were met from within existing LCC resources.

7.2 Service outputs and outcomes

The most obvious output of the project is the completed improvement of 40 homes with caseworker support or through referral to other agencies, with many more improvements planned or underway, which will be picked up in the next evaluation.

A second important output was repairs and modernisation undertaken by clients themselves after getting information and advice from GHL staff and/or the HHA tool. We have less information about the extent to which clients took action after receiving advice; what we do have comes from the LSE survey. We will investigate ways of improving this information during the remainder of the evaluation.

Related outcomes and their values

The 'value' element of value for money is not assessed purely in terms of financial cost. Many of these works were modest: in all the cost of the improvements undertaken to date (both closed and open cases) was £53,960. (Note that the cost of improvement works themselves is not charged to the project budget: these costs are covered by grants or by the clients themselves.)

The real value of the interventions, particularly for this client cohort, is captured in the 'Outcomes' section of the Theory of Change. This identifies six short-term outcomes that should be evident in the first one or two years. They include fewer hazards in the home, better energy efficiency, and better client health and wellbeing. Wider outcomes include decreased demand for NHS or local authority services. These outcomes could produce significant positive value for public sector budgets but are expected to be apparent only in the longer term. Our interviews confirmed the overall logic. Clinical partners related housing problems directly to health: for example, the respiratory nurse said damp, mould and cold homes exacerbate paediatric asthma.

We do not (yet) have evidence on all of these outcomes. The main ones about which we have information are home improvements that have led to reduced hazards and/or have improved clients' health and wellbeing. At this

stage most of the evidence is anecdotal, though we are hoping to gather enough data to conduct statistical analysis for the final evaluation.

Overall assessment for casework service

Costs are relatively modest for two main reasons: first, because the budget covers only salaries and on-costs; the costs of overheads including office space and IT systems are borne by the local authorities hosting the project team. Second, the financial costs of interventions themselves are covered by grants or other finance, or by other agencies to which GHL refers clients.

Benefits are potentially high. Positive effects in terms of reduced hazards and greater client wellbeing began to appear as the first cases were closed, and the flow of benefits is now accelerating. In the next phase of the evaluation, we will collect more robust evidence on the type and magnitude of benefits, including importantly reductions in public-sector costs, to inform a more detailed cost-benefit analysis. Overall, the experience of the first year suggests that the GHL casework service represents good value for money.

7.3 The webpage and Healthy Homes Assessment tool

We do not know the cost of developing the webpage and HHA tool but will seek this information in the final evaluation. Whatever the cost, this will likely have been front-loaded: once the website and tool were up and running, they should need little further expenditure. The website and tool are well designed and intuitive, giving access to a range of useful information for residents. The guidance on the web pages is not comprehensive (much more detailed information is available from other web sources) and this is by design: the GHL webpages are intended to provide a single point of access to trustworthy information sources.

We are informed the website is a key tool for caseworkers to investigate potential options and solutions for clients. They also help keep the website current by identifying out of date information, suggesting amendments and recommending the addition of information or organisations they encounter through their casework.

The HHA tool was completed by 84 people in the six-month period for which we have data (suggesting a total audience of about 180 if take-up was similar in the first months of the project). This is a small number for a universally and freely available service, suggesting that there is little demand for a web-based tool of this nature, and/or that the audience that could potentially benefit is unaware that the tool exists. The GHA has been promoting the HHA at community events and with stakeholders, which may increase usage. This will continue to be monitored throughout the pilot.

The HHA tool is available not just for internet users but also for caseworkers to use with their clients. In total, 59 HHA were completed in the first year by

the case workers. We have not yet investigated how they use the tool and the value it brings and will look at this question in the coming months. Since the website initially launched there have been 8,637 total users, of which 7,204 were new users. The global nature of the internet means that users may not live in Lincolnshire, elsewhere in England or indeed in the UK.

Without information about the cost of the website and HHA tool we cannot say at this stage whether they represent good value for money. Year 1 experience indicates that the benefits of these elements are limited, but it will continue to be evaluated in the second year of delivery. Even so, the website serves as an online ‘front door’ for the wider service, and ongoing costs are likely minimal.

Section 8

Conclusions and key lessons

8.1 Were assumptions borne out?

The original GHL project design reflected a number of assumptions—explicit and implicit—about client behaviour and need, the governance context and GHL team capacity. These assumptions, as listed in the Theory of Change, were that:

(1) people want advice on how to make changes to their homes

(2) people will act on the advice given

(3) people will be able to access the finance needed to make changes

(4) people will be honest about the condition of their homes

(5) building and planning regulations will allow changes to be made

(6) GHL teams will be able to handle demand, and,

(7) the casework team and website remain in place for the duration of the programme.

These contextual assumptions in the ToC have largely held, with caveats. People do seek advice and, with support, will act on it; but many require sustained 'handholding,' which shifts the centre of gravity towards advocacy as much as advice. Most clients cannot fund works themselves and are ineligible for private/market finance, so access often depends on discretionary routes (e.g., HSF vouchers etc) and limited grant funding, whose ceilings rarely cover major disrepair. Honesty about conditions can be partial until trust is built. Building and planning rules have not been the primary brake; instead, tenure constraints, fabric condition and digital exclusion have been the recurring frictions.

The assumption that teams could handle demand has been tested the most: rapid growth in awareness and referrals – described as a 'snowball'– has validated the model but also underscored the need to pace scale up and build dependable delivery capacity, especially for small works. The team has operated with one less FTE Caseworker for much of the first year due to long-term sickness and has adjusted casework and work flow to accommodate.

8.2 Changes to expected delivery modes

The first year of delivery showed that most of the relationships and activities in the original Theory of Change performed as expected. There were however some areas in which the ToC does not align with experience in the first year.

The Theory of Change indicated there might eventually be potential for clients to self-refer. This is not currently part of the programme, and the number of referral partners has remained limited. However, options for increased referrals via referral partners have been identified. There has been requests from some potential partners, especially from parts of the NHS, to widen the pool. GHL managers have not done so as they are concerned that even the enlarged casework team could not handle a significant increase in case numbers, especially as the long-term sickness absence of one FTE caseworker increased pressure on colleagues. GHL are investigating options for direct referrals via visiting services such as the mobile library, as a route for more vulnerable residents who may struggle to self-help. These cases would follow the same triage process as other referrals.

Year 1 showed that cases are more complex, and clients have higher levels of need than initially expected. As the project was gearing up, GHL staff indicated that one of their aims was to help people who had the money to carry out works but needed support to organise them. However very few people in the Year 1 client cohort have been in this position and many needed support finding grant funding. Caseworkers have to work hard to locate suitable funding with the Household Support Fund, Disabled Facilities Grants and discretionary grants playing an important role. One major change which has helped in this area is the standardising of the

allocation of the discretionary grants across districts. Previously each district had different policies in place, and each application would have to be sent through a separate district specific process for decision. Unlike the other grants, there is greater flexibility in what they can be used for.

The caseworker team has expanded since the project began. When GHL started, the team worked closely with the Hoarding Pilot, a programme run by the charity Shine that employed two dedicated caseworkers to deal with hoarding cases in one small area of Lincolnshire. The hoarding pilot had been funded for one year, and when that funding ended the hoarding caseworkers were recruited by the GHL team in September 2025 to support clients in the East Linsdey District Council area who struggle with hoarding. Their existing clients were given the choice to be referred by Shine to GHL.

The Trusted Tradespeople (Buy with Confidence) website is expected to be a key GHL resource, giving access to competent local tradespeople who could undertake GHL-supported improvements. This is not yet as established as hoped as traders continue to sign-up to the scheme. GHA caseworkers report that there is a shortage of tradespeople in the area, and difficulties engaging traders to undertake smaller works jobs, particularly in more remote areas of the county; GHA caseworkers seek to promote the Buy with Confidence scheme to both residents and traders engaged to undertake GHL supported works, however, traders have reported that they do not need to pay to be listed on the Trusted Tradespeople site as they have a pipeline of existing clients and word of mouth-referrals. Caseworkers said finding tradespeople was a significant challenge.

8.3 What has worked well

Local policy flexibility

Local authority policy changes have helped GHL perform its work. Partners highlight the shift to a single, county-wide Discretionary Housing Financial Assistance (DHFA) policy and a broader discretionary stance that allows officers to respond to actual need (for example, by providing storage for possessions displaced temporarily by adaptations, or supporting moves when a property cannot reasonably be adapted). This was seen to require a cultural change for teams used to black-and-white rules and single referral routes, as the new policy widened both the scope of action and the pathways into grants.

Foundation’s regional adviser adds that nationally the DFG cannot always be used as creatively as local problems require, which is why a casework-led ‘outsourced HIA’ style model that can marshal discretionary levers is so valuable.

Small discretionary actions

The caseworkers have proven to be effective practical problem solvers. They described using small, quick discretionary spends (DHFA / HSF) to unlock stalled cases and protect the value of adaptations – for example, addressing building-fabric defects that undermined accessibility. Examples include:

- external French door repair and replacement where distorted frames blocked chair access to the garden;
- small repairs to faulty adaptations such as 'making good' around new grab-rail and ramp points to secure fixings, and ensuring edges are safe;
- putting in temporary ramp wedges to eliminate small lips between rooms after layout changes.

They arranged to replace failing components that did not fall within mandatory DFG coverage, for example:

- swapping out a thermostatic mixer valve/shower pump whose failure made an accessible shower unusable--in this case a modest component replacement brought the facility back into safe service without waiting for a major scheme;
- extended warranty or servicing on critical kit (e.g., heat pump) after coverage expiry and recurrent failure. Here a small discretionary outlay avoided repeat breakdown;
- targeted boiler repairs to restore hot water and heating, or funding interim heating to make a home safe while longer-term routes were pursued.

These actions go beyond historic 'top-up' use and caseworkers believe they made the difference between a case that progressed and one that remained stuck. Managers acknowledge that this 'wider raft' of possibilities brings the risk of demand outstripping resource and requires tough choices, but judge the benefits (cases unblocked, residents safer, adaptations viable) to be substantial. Forthcoming DELTA[21] data are expected to evidence these improvements formally.

21 DELTA is the main platform the Ministry of Housing, Communities and Local Government (MHCLG) uses for the collection of data and the administration of grants. Local authorities are required to submit annual data on, for example, DFG delivery and expenditure to the government via the DELTA system questionnaire. This data helps the government monito the performance of local authorities and informs future allocations and policy decisions. Next year's DELTA returns should be the first realistic point to see local movement from the GHL model. Concretely, the 2024/25 return would reveal whether there's improvement in throughput/timelines across DFG stages, and how volumes and case profiles (by district, tenure, disability type) are trending under the single discretionary policy and casework approach.

The approach of caseworkers

The caseworkers themselves come from a wide range of backgrounds: one worked on a local authority 'Home for Ukraine' scheme, and another previously worked for a district DFG team. They bring a range of professional and (just as importantly) soft skills to the job. The project managers said caseworkers' ability to adapt, and problem solve is central to them being able to deliver support.

Equally, success depends on building relationships of trust with clients; in some cases, this requires significant time and patience. Many residents need close support even for simple administrative steps; some expect GHL to 'solve everything,' so the caseworkers need to carefully manage expectations. To manage the emotional load and maintain consistency, the team uses weekly peer meetings, routine safety check-ins after visits and strong internal communication.

Short-term outcomes

The evidence of the first year is that the short-term outcomes set out in the ToC are being achieved. Residents have experienced practical improvements (fewer hazards, better warmth, safer access) that have improved their wellbeing. Project partners report better communication, wider awareness of services and a greater shared understanding of need and demand.

8.4 Partnership and performance

In interviews, partners confirmed the ToC's expectation that better inter-service co-operation would produce benefits for both residents and partners themselves. Interviewees said GHL was 'in the middle,' ensuring housing issues were not dealt with in isolation and offering a single navigable route. Caseworker involvement reduced the need for referrers to chase and meant clients received practical help sooner. This was regarded as a material improvement on previous pathways.

Inter-service interaction has increased, as envisaged by the ToC. Over the first year of delivery there has been increased joint working by GHL staff and those from other agencies, which all regard as beneficial. HEART officers, working across East Lindsey, Boston and South Holland, describe concurrent case-holding with GHL, outreach into remote areas using an equipped electric van, and immediate use of small discretionary items – such as heaters or boiler repairs – where strict criteria, online processes and digital exclusion would otherwise stall progress. We heard that Adult Social Care has moved from a practice of 'refer and close' to shared handovers and, in some cases, keeping cases open, which reduces churn for residents and duplication for staff. Caseworkers note that residents often have established relationships with referrers, which helps expectation-setting and eases access to homes. Partners describe growing trust and a 'snowball' of

collaboration across the county, with referral streams deliberately paced to match available capacity.

Information-sharing arrangements support practical joint working, and GHL's role in carrying the investigative and administrative burden allows grants officers to focus on statutory decisions.

8.5 Challenges

Experience in Year 1 has highlighted some contextual challenges. The dispersed nature of the population across this large county means in-person visits can require significant travel time. Many potential clients are digitally excluded, and cases often present with several problems.

Market conditions also matter. The small-works market is thin, with few trusted trades on formal lists and limited incentives for local firms to engage. Tradespeople may be reluctant to accept jobs paid for by third-party funding. Caseworkers have therefore drawn on council frameworks, trade bodies and relationship-building.

Funding realities further condition delivery. The Household Support Fund (HSF) has been 'life-changing' for many households, but tranche cycles and banking practicalities mean cash assistance can be swallowed by overdrafts. In response to the GHA has an HSF account, funded via £5k contributions from each of the districts. Currently payments have to be made via ash vouchers, cashed at the post office and given to the contractor. However shortly they will be given the functionality to transfer money directly into accounts, which will mean they will be able to pay contractors directly.

GHL was designed to address problems in dwellings, but such problems are often bound up with—or a symptom of—wider household issues. Referrers and GHL staff say many clients need basic education in household finance, digital skills and home maintenance. The team feels that opening the service to universal self-referral, or significantly widening the pool of potential referrers, would be unsustainable at present capacity – hence the programme's approach of curating referral streams while scaling up.

Some of the most challenging circumstances sit at the edges of mainstream eligibility. Some of the poorest and most vulnerable residents live in badly maintained and unsuitable homes, but protections are limited and eligibility for grants is ambiguous. In such cases, GHL's advisory and brokerage role can identify options, but discretionary solutions are often the only practical route to progress. Similarly, owner-occupiers of poor-quality stock, particularly where the Energy Performance Certification (EPC) sits just above typical grant thresholds, may be ineligible for standard schemes despite clear need; here, discretionary expenditure on immediate safety and warmth has been used to bridge gaps. Such examples demonstrate why flexible casework time and broad discretion are not 'nice-to-haves' but core design features.

8.6 Some lessons from the first year

A first lesson is that holistic and flexible casework is the intervention, not just a wrapper around grants. Progress on complex cases comes from sustained, face-to-face problem solving, 'handholding' through quotes and calls, and the ability to focus on the real barrier rather than the presenting issue. This requires recruiting for soft skills – empathy, investigative skills, a non-judgemental approach – and protecting staff wellbeing with peer support and routine post-visit safety check-ins.

A second lesson is about expectation management and practice consistency. We heard that clients and referral partners could be confused about the role caseworkers play, with some clients assuming GHL will 'solve everything'. The spectrum of need can pull caseworkers into highly variable levels of input, some of which take an emotional toll on them. It is important that the service have a consistent offer that still allows for professional judgement. There are currently materials in place provided to clients outlining the role of GHL, but ensuring the resident is aware of what the service does and does not do prior to agreeing, plus light standardisation of common pathways, could reduce confusion while preserving the flexibility that underpins the service.

The third lesson concerns capacity and caseloads. One indicator of the success of the approach is that the team is approaching capacity. At the time of the research teams' September visit, there were 266 total cases of which 139 had been closed, with live caseloads of around thirty per caseworker. Staff reported feeling 'spread thin.' The programme is intentionally restricting some referral channels to avoid overwhelming the team while supply – particularly small-works delivery--catches up. Partners and advisors agree that the highest-leverage investment would be in additional caseworker capacity. This would not only increase throughput but would also free up other professionals (e.g. occupational therapists) to do those jobs that only they can do.

A fourth lesson is that small-works delivery is a critical bottleneck. The thin local trades market, suspicion about third-part funding and the scarcity of 'trusted' contractors, slow cases even when funding is secured. Relationship-building, using council frameworks and exploring alternative routes help, but GHL needs a more dependable handyperson/small-works pipeline to convert assessments into competed, quality work at pace.

Fifth, the county-wide Discretionary Housing Financial Assistance policy, and access to Household Support Funding is a system lever that GHL must keep using – and governing- well. Its value is in unblocking otherwise stalled cases: addressing fabric defects alongside DFG bathrooms; replacing rotten doors that limit access; repairing leaking roofs; funding storage displaced by adaptations; extending warranties; and, where necessary, supporting moves when properties cannot sensibly be adapted.

The policy was deliberately kept broad to avoid fettering discretion and has survived its first annual review unchanged; the corollary is that governance, triage and documentation must keep pace as expectations and demand rise.

A sixth lesson is about funding. The Household Support Fund has been 'life-changing' in practice, but tranche cycles and banking realities mean cash can vanish into overdrafts if administered without support. GHL's use of vouchers and a receipts-based culture are effective safeguards that should continue, alongside proportionate follow-up on how support is used. These controls take time; planning for that administrative load is part of delivering financial help safely.

Seventh, partnership working is now the default operating model, and it works when GHL actively brokers it. Year 2 should see a continuation and extension of shared case holding (with Adult Social Care and HEART, for example). It has become clear that this brokerage role, with regular updates back to referrers, is central to GHL's value proposition. Partners expect that in Year 2 of delivery there will be less pressure on waiting lists and fewer complaints because teams are genuinely joined up.

Finally, Year 1 showed some unexpected clusters of problems. Owner-occupied poor-quality stock create eligibility gaps and safety risks. GHL's advice-led brokerage and judicious use of discretion are often the only routes to progress here; the service should keep capturing learning (what worked, what didn't) so districts can replicate workable solutions.

Annexes

Annex A. LSE evaluation questions and methods

The Centre for Ageing Better has commissioned the London School of Economics to evaluate the GHL project. The research is being conducted by a four-person team: Kath Scanlon, Chihiro Udagawa and Adriana Gaganis from LSE London, alongside Ellie Benton from LSE Housing and Communities. The project runs until June 2026, with a final evaluation report expected in September 2026.

The evaluation examines the GHL project through three lenses: Impact, Process and Cost-benefit. The impact evaluation will look at GHL's success in achieving its intended goals and delivering the target outcomes. It will consider program features, contextual factors and the sustainability of social impacts. The aim is to determine what worked, what didn't, and the lessons learned in generating positive social impact. The evaluation questions have been guided by a Theory of Change developed in collaboration with GHL.

Questions

General impact evaluation questions:

- Did GHL achieve its goals (as far as can be determined during the evaluation period)?
- What worked well (i.e. in line with GHL's goals)? What did not work well? Why?
- Which intended outcomes were produced through GHL? And which positive and negative unintended outcomes? Who benefited and how?

The process evaluation examines how the Theory of Change processes and activities were implemented in practice, assessing their effectiveness. It will evaluate how the various project partners and services collaborated and explore the influence of contextual factors and programme characteristics on the project's execution and its outcomes.

General process evaluation questions:

- How were the TOC processes and activities implemented? How effective were they?
- How did contextual factors and programme features affect implementation?
- How did the various services interact? How effective were referrals?
- What are the key lessons learnt?

The final element is a cost-benefit evaluation, which will look at the costs of services provided as compared to the benefits to clients, the public sector and the wider community.

Methods

The evaluation will employ a mixed methods approach, incorporating both qualitative and quantitative methodologies. Data collection for both impact and process evaluations is being undertaken through:

Online survey

We have created an online survey that is shared with clients supported by GHL caseworkers when their case is closed and also hosted on the GHL website. It is divided into two parts.

1. Evaluation element: captures data about the clients, their homes, and any interventions undertaken following their engagement with GHL. It can be completed by both website users and clients who have interacted with a caseworker. Additionally, this survey serves as a recruitment tool for interviews and research visits.
2. Statistical benchmarking element: completed by clients who have received support from a caseworker. It includes questions from the English Longitudinal Study of Ageing (ELSA) to better understand the impact of the Good Homes Lincs programme by comparing the experiences of GHL participants with information about similar people (control group) who did not receive such interventions, using propensity score matching (PSM).

Observations, interviews and focus groups

Over the course of the evaluation the LSE team is making a series of one- or two-day visits to Lincolnshire to observe GHL service providers in their offices and where possible on client visits.

The evaluation team is conducting interviews (in person where possible) with clients, including both those who use GHL services and those who decided not to proceed after the initial approach; with staff members from GHL including all four caseworkers; and with other relevant stakeholders such as Citizens Advice.

As of October 2025, we have made four visits to Lincolnshire. During the most recent visit in September, we held sessions with the caseworkers, referral agencies and key people involved with delivering GHL. We also visited clients' homes to assess interventions and housing conditions.

Analysis of administrative data

GHL has provided anonymised case-level data covering the period July 2024 to August 2025, as well as analytics of the Healthy Homes Assessment tool and of website engagement and user interactions. Our initial Excel analysis of this data underlies much of this report.

Annex B: Detailed tables

Table B1: Topics of initial information provided to client by case worker

Topic	%
Grants	54%
Paying for works	39%
Finding Trusted traders	28%
Damp & Mould	27%
Obtaining quotes	20%
Fire Safety	19%
Loans	16%
Housing Provider / Landlord Responsibilities / Complaints	13%
Selling/ Moving Home	13%
Utility Companies (Social Tariffs)	10%
Credit unions	10%
Budgeting/Debt/ Benefits	9%
Energy Efficiency Schemes	8%
Decluttering/ Cleaning	6%
Scope of works	6%
DHFA	6%
Maintaining independence / Community Connectedness / Health & Wellbeing/ Aids & Adaptations	6%
Money Talk Lincs.	3%
Pest control	1%
Asbestos	1%
Housing benefit	1%
Independent financial advice	0%

Table B2: Initial onward signposting by GHL caseworkers: organisation

Organisation clients were signposted to	%
Connect 2 Support/ Good Home Lincs	30%
Charitable support	26%
Citizens Advice/ Trading Standards	20%
LEAD	16%
Housing Standards	9%
Housing options	8%
Benefits/ Wellbeing	6%
Mortgage provider	5%
Anglian Water - Priority register	5%
Housing Provider	5%
Age UK	4%
Non-Lead Energy Grant Schemes	4%
Shelter	3%
Money Helper	3%
Financial Advisors/ Legal Advice	2%
Lincolnshire Police Crime prevention	1%
NEA	1%
Adult Social Care	1%
Lincolnshire Community Foundation HSF	1%
GP services	1%
NHS Wheelchair Service	1%
LCC Children with Disabilities team	1%
Insurance provider	1%

Table B3: Organisations to which GHL referred clients

Organisation name/type	%
Housing Standards	27%
Citizens Advice	15%
LFR (Online Fire Safety Assessment)	12%
Groundworks Green Drs	12%
Wellbeing/social prescribers	7%
DFG Team	7%
Charities e.g. Swineshead	2%
Neighbourhood Team	0%

Table B4: Topics of initial advice provided by caseworkers

Type of support	%
Grants	24%
Reducing Damp and Mould	17%
Engaging Trusted Tradespeople	10%
Moving home	8%
Landlord / Escalations	8%
Obtaining quotes	7%
General maintenance & repair	5%
Aids and equipment	4%
Electrical safety	3%
Social tariff comparison checks	3%
Grant conditions (Energy grants)	3%
Benefits	2%
Tenancy support	1%
Help to sell a home	1%
Home security	1%
Professional Advocates	1%
Help to investigate and access food banks	1%
Mental Health Charities/phonelines	1%

Table B5: Full list of issues identified by referrers, including those applying to <10% of cases

Issue Identified by referrer	Percent (%)
Finance options	35%
Damp & Mould (inc. flooding/ flood damage)	31%
Living in cold home / No hot water	20%
Support to apply for grants	20%
Property disrepair/septic tank	16%
Replace/Broken Boiler	14%
Roof repairs	12%
Lack of home furnishing (Carpet / Furniture)	12%
Bathroom/ WC repair	11%
Hoarding/ Clutter	8%
Help to Sell/ Move home	6%
Maintaining independence at Home (minor works)	6%
Window and Door Disrepair	6%
Housing condition preventing other works being progressed	5%
Trip/Fall risks	4%
Help with cleaning	4%
Electrical Safety	4%
Drain repairs	3%
Pests	3%
Aids and Adaptations	3%
Kitchen repair	2%
Support Hospital/ Care Home Discharge	2%
Help with Garden clearing/ weeding etc	1%

Table B6: Full list of main reasons for referral

Reason for referral	Percentage (%)
Roof repairs	12%
Lack of home furnishing (Carpet / Furniture)	12%
Bathroom/ WC repair	11%
Hoarding/ Clutter	8%
Help to Sell/ Move home	6%
Maintaining independence at Home (minor works)	6%
Window and Door Disrepair	6%
Housing condition preventing other works being progressed	5%
Trip/Fall risks	4%
Help with cleaning	4%
Electrical Safety	4%
Drain repairs	3%
Pests	3%
Aids and Adaptations	3%
Kitchen repair	2%
Support Hospital/ Care Home Discharge	2%
Help with Garden clearing/ weeding etc	1%

Table B7: Number of organisations contacted per case

Number of organisations	%
No liaison and enquiry	44%
1	33%
2 to 3	17%
4 to 5	5%
6+	1%

Table B8: Onward case referrals by organisation

Organisation clients referred to	%
LEAD/NEA	13%
DFG Team	12%
Wellbeing	12%
Housing standards	12%
Adult Social Care	9%
Housing provider	6%
Contractors	6%
Occupational Therapy	6%
Early Help / Health Visitors	5%
Groundworks Green Drs	4%
Help for Heroes/other Charities e.g., FOTE	3%
Housing Options/ Housing Solutions	3%
Housing Insurance / Mortgage Provider	2%
Community Mental Health Services	1%
Hospital / Care Home Discharge	1%
Neighbourhood Team (NHS)	1%
Environmental Health/Flood and Water Team	1%
Citizen's Advice	1%
Maximising Independence	1%
LCES	1%
Safeguarding	1%
Children's Social Care	1%
LFR	1%
Age UK	1%
DC - Rubbish Collection	1%
NRS (Assistive Technology)	1%
Charis Grants	1%
Energy grant companies	0%
Sensory Services	0%
Carers First	0%

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