



Beat Asthma Friendly Homes Pledge

Checklist and Evidence Record Template (internal record for Private Landlords/PRS)

No	Pledge Commitment	Local approach and evidence to demonstrate compliance	Further Action Required By whom and by when	Compliant Y/N
1	Maintain the highest standards of legal compliance at all times.			
2	Work collaboratively with managing agents and others to put in place management arrangements to ensure ability to comply, this may include provisions for periodic inspection, complaints handling, staff training and development and other local developments.			
3	Act in accordance with the Government guidance on understanding and addressing the health risks of damp and mould in the home			
4	Take complaints regarding mould seriously			
5	Respond to reports of mould within 21 working days (or any shorter timeframe that is indicated in amended national guidance), prioritising cases where there is a child with a chronic respiratory condition living within the household			
6	Provide good advice to tenants about ventilation and how to improve air quality and where to find resources to help them manage their asthma			
7	Promote the benefits of a Smoke Free Home to tenants and signpost them to available resources and smoking cessation services as appropriate			

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8	Make sure their housing checks pick up key areas that might impact on the health of a child with asthma			
9	Provide resources to help tenants identify, assess and mitigate any risks			
10	Make sure all staff who either visit properties or who have contact with families have undertaken Level 1 Elearning for Health Paediatric Asthma training to ensure they understand the impact of housing environment on childhood asthma			
11	Work closely with and take advice from Local Authority Housing Teams and relevant health and social care professionals where additional risks or vulnerabilities are identified to ensure the safety and wellbeing of children with severe asthma to effectively reduce risk.			
12	Provide support for tenants where housing cannot be made suitable by way of referral to housing solutions or other appropriate support services.			

Name of Private Landlord	
Name of Housing Lead responsible for the implementation of the BAFH pledge	
Name of person completing the checklist	
Designation of person completing the checklist	
Date of Completion	
Date for planned review	