



Beat Asthma Friendly Homes

Implementation Guide - RSL

Document Review Date	
April 2026	



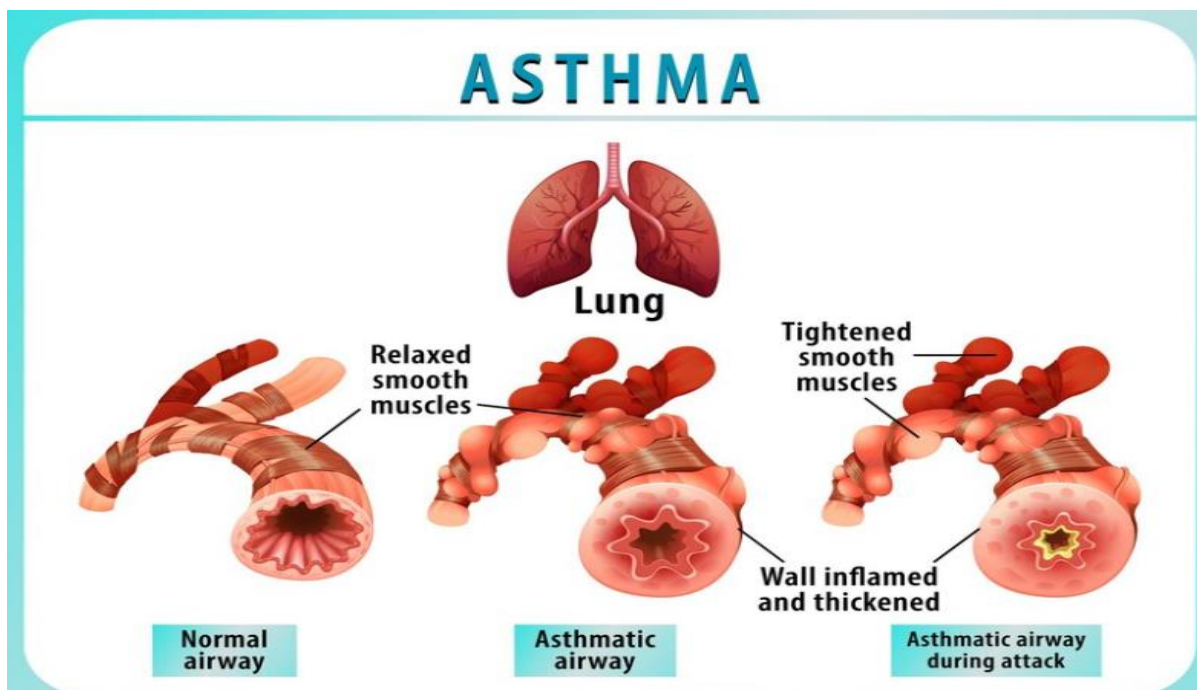
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Important Information about Asthma

- 1.1 million children suffer from Asthma in the UK
- Common chronic disease in children
- Outcomes for children with asthma in the UK amongst the worst in the West
- Asthma is one of three conditions that account for 94% of emergency hospital admission for children under 19 with Long Term Condition (LTC)
- The NENC ICB has significantly higher rates of admissions for asthma for young people aged 10 to 18 than the England average
- Where data is available the NENC ICB has significantly higher rates of A&E attendances across all age ranges compared to the England average.
- The NENC region as a whole has a higher proportion (29.4%) living in the 20% most deprived areas of England than the national average (20.2%).
- Asthma and Lung UK report May 24 identified that since the NRAD Report (ten years on) there have been **nearly 25% more asthma deaths** highlighting that the systemic failings remain and work is still required in this area

What is Asthma ?

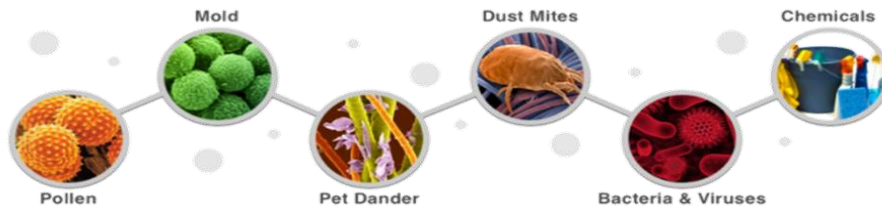
Asthma is a common condition that affects the airways in the lungs. People with asthma have sensitive airways that become inflamed when exposed to triggers. Inflamed airways make it difficult to breathe. This leads to symptoms like wheezing, coughing or breathlessness.



Asthma symptoms often occur in response to a trigger. Common triggers are listed below. It is important to appreciate that not every trigger is relevant to every child, it could be individual triggers or a combination of any or all. This list is not exhaustive

- Mould or damp-home environment
- Allergies– such as to pollen, house dust mites, animal dander
- Cigarette smoke

- Fumes/ pollution/sprays/aerosols
- Infections triggering coughs and colds
- Weather – season change/wind/thunderstorms
- Medicines – particularly aspirin and ibuprofen type medication
- Emotions- including stress/ laughter/anxiety
- Exercise /activities requiring stamina
- Temperature change –cold weather



Why good quality and appropriate housing and accommodation and indoor air quality is important for children and young people with asthma?

We recognise that outdoor and indoor/built environment can have a significant impact on respiratory health outcomes for children.

Poor indoor air quality can be a significant source of ill health. Poor housing quality and social deprivation are strongly associated with asthma morbidity. A study from Sweden found that moisture-related problems in buildings are a risk factor for asthma and allergic symptoms among pre-school children. Damp or mould in the house can be detrimental to all children, in particular those with respiratory illnesses. Indeed, in January 2023 a coroner found that Awaab Ishak's death was caused by prolonged exposure to black mould.

The National Asthma Care Bundle for Children and Young People with Asthma

NHS England and NHS Improvement worked with key stakeholders, including Young People and their families, to develop The National bundle of care for children and young people with asthma. This programme is an evidence-based approach to support local systems with the management of asthma care. The main aim is to control asthma symptoms, reduce the risk of asthma attacks and prevent avoidable harm. The Bundle was published in September 2021 and is available at the following link

[NHS England » National bundle of care for children and young people with asthma](#)

The bundle covers each of the following components based on the patient pathway:

- Environmental impacts
- Accurate and early diagnosis
- Effective preventative medicine
- Managing exacerbations
- Severe asthma

Two additional working groups were formed to support the development of the bundle as golden threads through the programme:

- Asthma Competencies, Training and Education Needs
- Data and Digital

As well as the bundle framework itself there were a range of other resources developed and shared and an accompanying resource pack has been published available at the following link [National-bundle-of-care-for-children-and-young-people-with-asthma-resource-pack-September-2021.pdf](#)

What is the Beat Asthma Friendly Housing Pledge Accreditation Scheme?

The Beat Asthma Friendly Housing Pledge accreditation mark has been initiated to encourage housing providers, Registered Social Landlords, Alms Length Management Organisations, Tenant Management Organisation and Private Landlords to support the provision of safe and healthy living environments for young people with asthma. The Beat Asthma Friendly Housing Pledge (BAFH) aims to support the housing sector in understanding and managing asthma and is specifically for agents with housing stock in the North East and North Cumbria ICS footprint. Commitment to and implementation of the requirements of the Pledge will:

- Improve asthma awareness and management in the community
- Improve support for Children and Young People (CYP) and for families of CYP with asthma
- Support responsibilities for the health, safety and wellbeing of group members and staff
- Ensure the agency or landlord is implementing current and best practice asthma management strategies
- Enables the agency/landlord to promote it's BAFH Pledge accreditation status to ensure the community is aware of their commitment to Asthma Friendly strategies

The BAFH Pledge for registered providers is available in [Appendix 1](#)

How can housing agencies and individual landlords demonstrate compliance with the BAFH Pledge?

The BAFH pledge outlines a series of commitments that housing providers, agents and landlords are required to comply with and be able to demonstrate necessary evidence as part of their due diligence/self assessment process.

There are 2 separate pledges depending on whether agencies have RSL status or not. These have been collaboratively developed and endorsed by appropriate agencies.

Within both the areas for consideration include

- Legal compliance (as required)
- Industry/good practice guidance
- Complaints processes
- Response to reports of damp, mould and/or condensation
- Advice to tenants
- Promotion of smoke free agenda and signposting for support as required
- Proactive housing checks
- E-learning for Health online training (available free of charge)
- Collaborative and partnership working with statutory and non statutory partners

By committing to the scheme and signing up to the Pledge as a Beat Asthma Friendly Housing provider RSLs, TMOs and ALMOs are promising to maintain adherence to the following provisions (described in detail in the following sections). There will be a local lead identified within the organisation, responsible for the oversight of the Pledge and for maintaining the standards and requirements throughout.

A helpful checklist has been prepared for registered providers to work through and assess/review/confirm internal compliance. This is a template resource only and is not required for submission. It is intended to support providers to gather their evidence internally. The checklist template is in [Appendix 2](#)

☑ **Comply with the [Social Housing \(Regulation\) Act 2023](#)**

This means local compliance with social housing regulatory requirements as defined in the Act. The Act makes provision about the regulation of social housing; about the terms of approved schemes for the investigation of housing complaints; about the powers and duties of a housing ombudsman appointed under an approved scheme; about hazards affecting social housing; and for connected purposes.

The Social Housing Regulation Act 2023 enables a proactive approach to regulating social housing landlords, ensuring standards are met on matters such as safety, transparency and tenant engagement. The Act allows the Regulator of Social Housing to take action against social landlords before people are at risk and hold landlords to account with regular inspections. It introduces new social housing consumer standards and gives the Secretary of State power to require social landlords to investigate and rectify serious health hazards.

There are a range of statutory obligations that fall into a range of categories that align to the rights of tenants in all applicable rented accommodation as follows. See helpful summary providing overview of the Social Housing Regulations [a-summary-of-key-measures---social-housing-regulation-act-.pdf](#)

- To be safe in their home
- To know how their landlord is performing
- To have their complaints dealt with promptly
- To be treated with respect
- To have their voice heard by their landlord
- To have a good quality home and neighbourhood to live in

The BAFH Pledge requires regulatory compliance with the [Social Housing \(Regulation\) Act 2023](#)

☑ **Comply with the [Decent Homes Standard](#) and apply it to all our rented homes**

The Decent Homes Standard is a set of criteria that a home must meet to be considered decent.

The Decent Homes Standard has played a key role in setting the minimum standards that social homes are required to meet since the early 2000s. The [Social housing white paper](#), published on 17 November 2020, outlined the government commitment to review the Decent Homes Standard.

The [Levelling up white paper](#) built on this ambition, setting a mission for the number of non-decent rented homes to have fallen by 50% with the biggest improvements in the lowest performing areas, alongside consulting on a legally binding Decent Homes Standard in the private rented sector for the first time.

The Decent Homes Standard is currently applicable to the social rented sector.

These criteria include:

- Meeting the current statutory minimum standard for housing
- Being in a reasonable state of repair
- Having reasonably modern facilities and services
- Providing a reasonable degree of thermal comfort
- Having both effective insulation and efficient heating. The concept behind the Decent Homes Standard is that everyone deserves the right to live in a safe and secure home. The standard was introduced in 2000 to address concerns about the quality of social housing and the lack of a common standard for housing providers to operate to.

The government relaunched its review of the Decent Homes Standard in June 2023.

This review will consider a range of changes, including:

- An updated list of items which must be kept in a reasonable state of repair for a home to be considered 'decent'.
- An updated list of services and facilities that every property must have to better reflect modern expectations for a 'decent' home.
- Whether the current Decent Homes Standard sets the right standard on damp and mould to keep residents safe.
- Updates to how the condition of building components, such as roofs and walls, are measured - to make sure that buildings which are not fit for use cannot pass the standard.
- The introduction of a Minimum Energy Efficiency Standard for the social rented sector.

A summary of this information is available at [National Housing Federation - Decent Homes Standard](#)

The BAFH pledge requires compliance with the provisions of the Decent Homes Standard

☑ **Act in accordance with the [Government guidance](#) on understanding and addressing the health risks of damp and mould in the home**

Damp and mould primarily affect the airways and lungs, but they can also affect the eyes and skin. The respiratory effects of damp and mould can cause serious illness and, in the most severe cases, death. The tragic death of [Awaab Ishak](#) was the result of a severe respiratory condition due to prolonged exposure to mould in a home with inadequate ventilation.

The presence of damp and mould can also affect tenants' mental health. This could be due to worries about the health impacts of damp and mould, unpleasant living conditions, and destruction of property and belongings, among other concerns.

Everyone is vulnerable to the health impacts of damp and mould, but people with certain health conditions, children and older adults are at greater risk of more severe health impacts

Landlords should advise any tenant who is concerned about the symptoms they are experiencing to consult a healthcare professional. Landlords should not delay action to await medical evidence or opinion - medical evidence is not a requirement for action, and damp and mould should always be addressed promptly to protect tenant health.

Private and social landlords must adhere to a number of regulations related to damp and mould (see 'Legal standards on damp and mould in rented homes' at the link provided above). A lack of compliance can place a landlord at risk of prosecution or financial penalties. The legislation and standards are sometimes different for social and private rented landlords, but include:

[Housing Act 2004](#)

[Environmental Protection Act 1990](#)

[Homes \(Fitness for Human Habitation\) Act 2018](#)

[Landlord and Tenant Act 1985](#)

[Decent Homes Standard](#)

[Minimum Level of Energy Efficiency standard](#)

Works to the heating and ventilation systems and replacement of windows are all controlled work. When undertaking controlled work, landlords must comply with the [Building Regulations 2010](#).

The BAFH Pledge requires compliance with the necessary standards, as a first step landlords must ensure their homes have all the measures in place to ensure that damp and mould have been minimised. Landlords should regularly inspect their properties, remedy deficiencies promptly and ensure they have a regular programme of maintenance and management.

☑ Take complaints regarding mould seriously

Damp and mould within the home can produce allergens, irritants, mould spores and other toxins that are harmful to health. Even if visible mould is not present, dampness alone can increase the risk of health problems. Excessive moisture can promote the growth of microorganisms such as mould and other fungi, certain species of house dust mites, bacteria or viruses. The more serious the damp and mould problem and the longer it is left untreated, the worse the health impacts and risks are likely to be. Awaab's death highlights just how crucial it is for landlords to understand the health risks of damp and mould and respond with urgency when cases are reported.

The BAFH Pledge requires the Landlord to take prompt corrective action and support to all reports and complaints regarding mould in their tenant's homes.

☑ 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

While damp and mould pose a risk to anyone's health and should always be acted on quickly, it is particularly important that damp and mould is addressed with urgency for the groups below as they are more vulnerable to significant health impacts (this list is not exhaustive and there are other groups of vulnerable people to be considered):

- people with a pre-existing health condition (for example allergies, asthma, COPD, cystic fibrosis, other lung diseases and cardiovascular disease) who are at risk of their condition worsening and have a higher risk of developing fungal infections and/or additional allergies
- pregnant women, their unborn babies and women who have recently given birth, who may have weakened immune systems
- children and young people whose organs are still developing and are therefore more likely to suffer from physical conditions such as respiratory problems
- children and young people who are at risk of worsening mental health

People who fall into more than one of these categories are likely to be particularly vulnerable to the health impacts of damp and mould. Landlords should not delay action to await medical evidence or opinion - medical evidence is not a requirement for action. Certain groups are more likely than others to live in homes with damp and mould could include:

- people with a long-term illness
- people who struggle to heat their homes and/or are experiencing fuel poverty
- people on low incomes
- people with disabilities
- people from ethnic minority backgrounds
- people living in temporary accommodation

When a tenant or another professional notifies a landlord that there is damp and mould in a property, it is crucial that the landlord takes the concern seriously, assesses the issue with urgency to identify its severity, and ensures that they always identify and tackle the underlying causes promptly, and with urgency when concerns have been raised about tenant health. Tenants should be informed about what is being done to resolve the issue and what the likely timescales for the work will be.

The BAFH Pledge requires that if a tenant or other professional reports damp and mould, landlords should establish the source of the damp, whether there is any defect to the property that is causing it, and then carry out the appropriate remedial work within the required timescale.

☑ Have a clear and accessible compliant procedure to respond to damp and mould in place which is implemented in practice

It is totally unreasonable to blame damp and mould in the home on 'lifestyle choices'. It is unavoidable that everyday tasks, such as cooking, bathing, washing and drying laundry will contribute to the production of indoor moisture. With this in mind, the fundamental cause of damp and mould will be due to building deficiencies, inadequate ventilation, inadequate heating and/or poor energy efficiency, not tenants' normal domestic activities.

Landlords should try to understand any barriers related to language, culture, disability, and/or neurodiversity that tenants may face.

The BAFH Pledge requires the Landlord to take prompt corrective action and support to all reports and complaints regarding mould in their tenant's homes. All reports and complaints must be taken seriously and the complaints/reporting/inspection procedures will make provision for reporting and responding to damp, mould and condensation as well as other various defects with the property or environment.

☑ Provide good advice to tenants about ventilation and how to improve air quality and where to find resources to help them manage their asthma

If a dwelling is inadequately ventilated, moisture in the air cannot escape the building and is therefore more likely to cause condensation. It is particularly important that rooms that inevitably involve a lot of moisture production, such as kitchens and bathrooms, have adequate ventilation.

Ventilation systems, such as extractor fans and mechanical ventilation with heat recovery (MVHR) systems should be regularly inspected and maintained by qualified professionals, who will be able to advise on a suitable schedule of maintenance.

It may be beneficial to work with tenants to help them make small, reasonable adjustments to their behaviour, if appropriate, to reduce their damp and mould risk and to signpost them to helpful advice [Understanding and addressing the health risks of damp and mould in the home - GOV.UK](#) or [Dealing with condensation and mould - National Energy Action leaflet - National Energy Action \(NEA\)](#)

More information regarding ventilation and further advice and guidance is available [here](#)

The BAFH Pledge requires that there are processes in place to improve ventilation and that landlords provide appropriate advice and guidance to tenants.

☑ Promote the benefits of a [Smoke Free Home](#) to tenants and signpost them to available resources and smoking cessation services as appropriate

Smoking in the home: New solutions for a Smokefree Generation considers the impact of smoking in the home and what policy measures could be taken across all housing tenures to reduce its prevalence, with the aim of protecting children and adults and supporting healthy communities.

The report calls for collaboration between partners including housing, public health, environmental health, trading standards and the fire service to address the harms from smoking and intervene in communities with the highest rates of smoking.

The recommendations have been informed by close working with professionals from across a range of sectors, engagement with tenants in the private and social sectors, and through analysis of national datasets and published evidence. Smoking also harms non-smokers through exposure to second-hand smoke. This impairs children's health as they develop and can have long term implications into adulthood. Adults exposed to second-hand smoke are also more vulnerable to respiratory and heart conditions while pregnant women are at greater risk of miscarriage and stillbirth.

Tobacco is locking our most disadvantaged communities into an intergenerational cycle of addiction, poverty, and ill health. In the UK, people living in social housing are twice as likely to smoke compared to the general population. Poorer smokers tend to be more dependent, smoke more each day and find it harder to quit. Smoking exacerbates deprivation, with spending on tobacco pushing people and families below the poverty line each year– including dependent children. Children growing up in communities where smoking is socially acceptable are more likely to become smokers themselves.

There is an appetite for more action to reduce smoking in local communities among both private and social tenants. While preferences vary as to exact policy measures, there is a strong consensus that landlords could take a more proactive approach.

There are key groups of professionals who are currently, or could be delivering messages about smoking and smoking in the home to smokers. These include: the fire service, debt advice workers, social care workers, health care professionals and housing professionals.

There is no consensus on the need or desirability of social tenancies including smokefree clauses as standard and significant barriers to implementing rules retrospectively.

This BAFH initiative is an example of a local partnerships between health, housing and others to support implementation of local strategies.

There are a range of resources available on [Healthier Together](#), including signposting to smoking cessation services and also [Fresh Quit](#) resources

The BAFH Pledge requires landlords and housing professionals/staff to promote the benefits of a smoke free home and harm reduction alternatives to their tenants and to share and signpost to local smoking cessation services and resources

☑ Make sure their housing checks pick up key areas that might impact on the health of a child with asthma

Landlords should regularly inspect their properties, remedy deficiencies promptly and ensure that they have a regular programme of maintenance and management.

Landlords have a right to enter their properties, with reasonable notice, but only in specific circumstances which may include:

- to inspect the conditions of the premises
- to perform repairs
- access to provide services

Landlords should make arrangements for an inspection of the home to assess the presence of damp and mould, their severity, location, underlying causes and potential health risks. This is preferred over an assessment based on photos, as the full extent of damp and mould cannot always be identified this way. In many cases, it will be possible to visibly assess mould growth, mould odour, moisture or water damage but chemical testing may also be required. Assessment of damp and mould should be carried out by appropriately qualified contractors.

When responding to tenants, landlords should take tenants' personal circumstances and vulnerabilities into consideration. It is possible that tenants might be in receipt of support from other professionals

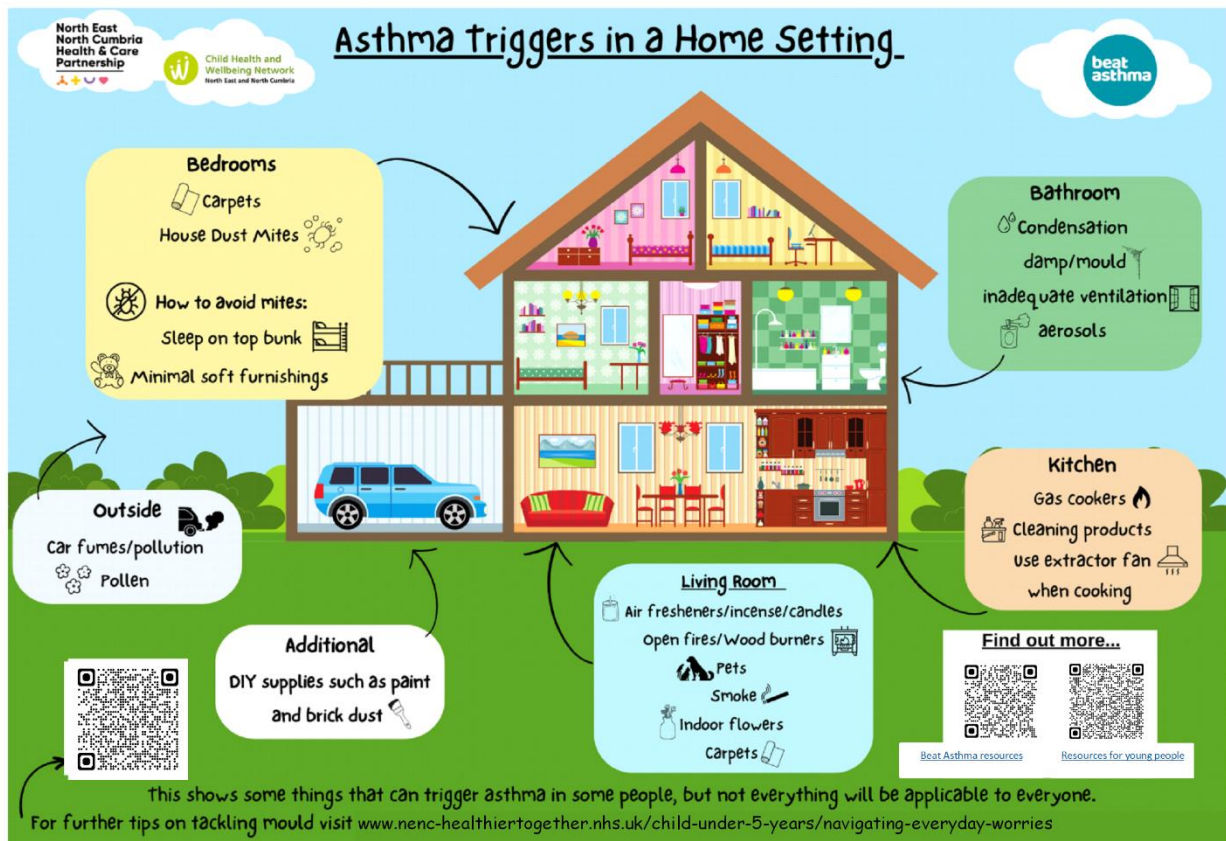
It may be beneficial to work with tenants to help them make small, reasonable adjustments to their behaviour, if appropriate, to reduce their risks and to signpost them to helpful advice.

The BAFH Pledge requires landlords to have processes in place to undertake regular (as appropriate) home checks which highlight and respond to health risks to children and families. The requirement is for there to be consideration of the potential triggers for asthma and concerns regarding damp mould and condensation

☑ **Provide resources to help tenants identify, assess and mitigate any risks**

It may be beneficial to work with tenants to help them make small, reasonable adjustments to their behaviour, if appropriate, to reduce their risks and to signpost them to helpful advice.

The NENC Asthma Leadership Group has produced a range of resources for example a [Triggers in the Home](#) poster as well as at [Appendix 3](#)



Landlords can provide advice and guidance about the risks of damp mould and condensation and other housing related risks and share helpful [resources](#) and ensure that they are aware of how to recognise and report concerns. This also extends to the provision of good advice and guidance about how to prevent damp, mould and condensation in the first place, described throughout this document re ventilation and heating (including signposting to benefits and welfare [advice](#) services) and overall improved indoor air quality

The BAFH Pledge requires landlords to provide tangible advice to tenants about how to identify and mitigate risks. For example, this could include information/resource links/signposting included in new tenants packs, verbal discussions and advice following inspections or during other points of contact or through the distribution of mailouts or other promotional support opportunities.

- 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**

The National Capability Framework for the care of children and young people with asthma NHSE have developed the National Capability Framework for the care of children and young people with asthma to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma. The framework is aimed at both health and non-healthcare professionals across all aspects of a child's life, including childcare providers, education providers, uniformed services, sports coaches, social services and health care workers. The framework was developed by NHS England and NHS Improvement in collaboration with key stakeholders including CYP and their families, national experts and arm's length bodies such as Royal Colleges, professional bodies and Health Education England. Current national guidelines and recommendations were incorporated including the British Thoracic Society/Scottish Intercollegiate Guideline Network (BTS/SIGN) national asthma guidelines, Global Initiative for Asthma (GINA), the NICE asthma guidelines, the National Review of Asthma Deaths (NRAD) report, National Asthma and COPD Audit Programme (NACAP) and the Healthcare Safety Investigation Branch (HSIB) investigation into childhood asthma report and recommendations.

The framework divides different roles into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person with asthma. The more involved the care, the higher the level of tier.

The tiers are not profession specific, but rather describe the minimum required knowledge and skills any individual must possess to safely carry out their role in caring for a child or young person with asthma. Individuals should look at their own role and choose the tier most appropriate to the care they deliver.

The training is available online and free of charge at [Asthma \(Children and young people\) - elearning for healthcare](#). This training should be widely encouraged (maintenance and repair staff and other subcontractors as well as tenants themselves) this is a wide offer for anyone who wants to find out more about paediatric asthma. Level 1 is a really interesting awareness raising session and aims to provide a basic awareness of asthma, its management, inhaler use and basic modifiable risk factors and ensure that colleagues are able to signpost families to resources.

E-Learning for Health : Training Competency Framework

This framework has been developed to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.

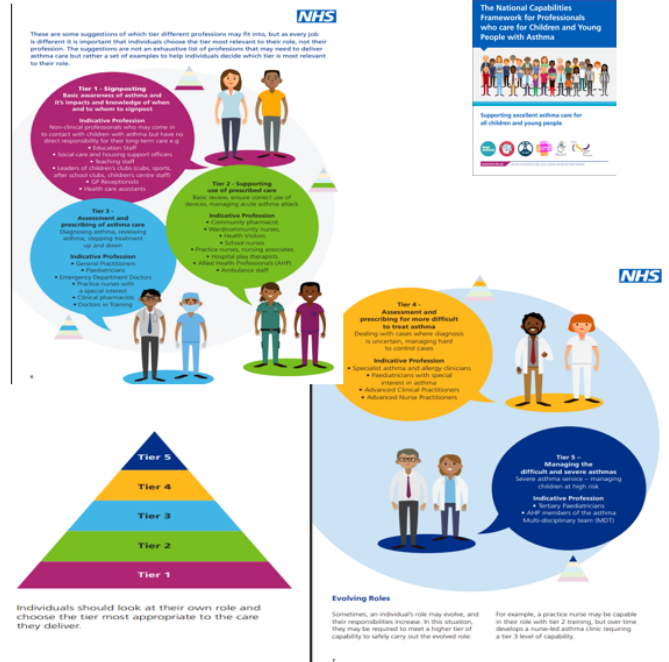
Individuals and professionals will be divided into to different Tiers for awareness sessions.

Tier 1 session includes a 45 minutes online session with multiple choice question to check the individuals knowledge and understanding. This training is free to complete.

Aimed at Social care, housing support officers, teaching staff and leaders of children's clubs (cubs, sports, after school clubs, children's centre staff)

Different tiers will have different requirements for the training/ awareness required.

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>



The BAFH Pledge requires that all customer facing Landlord provider staff complete the Level 1 E-learning for Health Training to widen the awareness and knowledge across the housing workforce.

☑ Work closely with 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

In England, local authorities do not necessarily manage their housing themselves - many have separate companies (called arms length management organisations, or ALMOs) which do so. However, their practices should be the same as if they were the local authority itself.

The [Health and Housing Memorandum of Understanding](#) (updated 2018) is an agreement between local health, social care, housing and support colleagues who are committing to working in partnership to ensure that there is cross-sector identification and awareness of the needs of the local population. The Memorandum of Understanding sets out a detailed action plan to demonstrate how working together across the sectors can deliver activity which ensures that the needs of all local people across the life course are met and health and wellbeing outcomes are achieved and optimized. The memorandum of understanding recognises the need to integrate health, care, support and housing solutions. Since 2014, over 25 stakeholders have signed up including the Department of Health and Social Care, the Ministry of Housing, Communities and Local Government, professional and trade bodies and leading learning networks.

Ideally the intention would be to secure and maintain good quality housing stock for the wide population which is an aspirational position. In the NENC we have taken a pragmatic response and developed an approach to support housing providers and agencies to identify children and young people with asthma who are at particularly significant risk and who are cared for within specialist asthma services (tertiary care services) and whose living environment poses significant risk to their health outcomes. The NENC Regional Approach at [Appendix 4](#)

The BAFH Pledge requires partners to work together and where additional health risks and needs are identified that these are communicated and acted upon to ensure the wellbeing of Children with severe asthma, this includes acting upon advice from specialist doctors from Severe Asthma Services regarding risks and vulnerabilities in relation to indoor air quality and built environment on the health outcomes of CYP with severe asthma.

- ☑ **Our allocations policy will reflect health conditions made worse due to the built environment or physical condition of someone's home and will accept information from nominated identified specialist doctors from the Severe Asthma Services in order to support work to remedy the issue or to prioritise allocation of alternative provision.**

In England, local authorities do not necessarily manage their housing themselves - many have separate companies (called arms length management organisations, or ALMOs) which do so. However, their practices should be the same as if they were the local authority itself.

Housing associations are independent organisations, regulated and often funded by the government, providing housing for people in need and are expected to have equality schemes in place.

Local authorities can only place certain people on their allocation schemes or waiting lists for housing: this is set out in legislation.

Both local authorities and housing associations are governed by the Equality and Human Rights Commission (EHRC) [Code of Practice on Services, Public Functions and Associations](#). Both should have a proper scheme, available to the public, for deciding who gets any vacant homes.

Housing associations are required to co-operate with local authorities and most have nomination or referral agreements with them. This allows the local authority to send recommendations to the association to fill a certain percentage of their vacant housing each year. Some associations allow local councils to fill all the vacancies they may have. The people nominated or referred must come from the council allocations scheme and be eligible for housing.

These services may include allocations schemes, homelessness services, or housing management. When they run these contracts, they have to operate within the law as it applies to councils, which includes testing applicants for eligibility.

When housing associations are deciding for themselves who is to get their housing (not accepting a referral from a local authority or carrying out a contract for them), they are independent bodies who must make their decision within the law and according to their own policies. These policies should not discriminate, directly or indirectly against any applicants.

Ideally the intention would be to secure and maintain good quality housing stock for the wide population which is an aspirational position. In the NENC we have taken a pragmatic response and developed an approach to support housing providers and agencies to identify children and young people with asthma who are at particularly significant risk and who are cared for within specialist asthma services (tertiary care services) and whose living environment poses significant risk to their health outcomes. In the case of children and young people with severe and difficult to treat asthma it maybe that health professionals feel that their environment is having a significant impact on their condition and the medical team looking after the child or young person would recommend re-housing. The majority of these children will be cared for in the Severe Asthma Service at GNCH (run by Dr Moss & Dr McKean), with a minority being cared for

solely at Sunderland Royal Hospital or James Cook University Hospital (Dr Murad & Dr Hegab). If this is the case the health professionals involved will write to the housing providers directly.

The NENC Regional Approach can be found at [Appendix 4](#)

The BAFH Pledge requires partners to work together and where additional health risks and needs are identified that these are communicated and acted upon to ensure the wellbeing of Children with severe asthma, this could include the potential for a recommendation for rehousing (in the event that remedial action cannot/has not been undertaken) from specialist doctors from Severe Asthma Services regarding risks and vulnerabilities in relation to indoor air quality and built environment on the health outcomes of CYP with severe asthma. The BAFH pledge requires that these health needs and considerations are built into local policies and procedures for prioritisation and housing allocation.

How to sign up to the Beat Asthma Friendly Housing Pledge

Organisations are required to review each of the elements of the pledge and consider level of local compliance, identifying local improvement actions and organisational commitment to support and implement the requirements of the pledge.

The first step is to download and review all the resources that have been developed and shared.

The second step is to consider local organisational compliance and steps to be taken to achieve compliance and commitment to the pledge

Then organisations are required to locally collect and assess their evidence

Advice guidance and support can be obtained from the Child Health and Wellbeing Network Community Asthma Advisors at any time.

The final step for the provider organisation is, once they are able to demonstrate compliance and their commitment to the provisions of the Pledge then they are required to notify the CHWN via the [MS Form](#) that has been set up to capture organisational information and details of local implementation.

Once notification is received, confirmation of the Pledge commitment will be reviewed by CHWN team and a certificate of commitment and some narrative for local social media/promotion opportunities, together with the Pledge logo and other Beat Asthma themed logos.

Once commitment to the pledge has been made then this will last the organisation 3 years, provided they continue to meet the commitments and the standards that are required by the Pledge. After the 3-year period has expired then the Provider will be required to repeat the pledge commitment process.

The steps are described in the flow chart below:

Beat Asthma Friendly Housing Pledge Sign Up Process

Arms length advice and support can be received from Community Asthma Advisors contactable via nencib.northernchildnetwork@nhs.net

RSL, TMO, ALMO or Private Landlord to download resources and review.

N.B—2 versions of the pledge exist one for agencies with RSL status and another for the Private rented sector

RSL, TMO, ALMO or Private Landlords implement all aspects of the relevant pledge locally using existing resources and with other resources available on the HT website.

Agencies / individuals collate evidence locally to demonstrate compliance and adherence to the requirements of the relevant pledge.

Agencies / individuals completes online form to demonstrate adherence

<https://forms.office.com/e/wJcTr1S2CL>

CHWN will send out certificate, social media profile and logos upon completion of the form—following desktop review of the form submission



Beat Asthma Friendly Housing Pledge

We recognise the importance of good quality housing and the impact of living conditions on health outcomes for families.

Asthma is a common childhood condition that affects 1 in 11 children and for those that have severe or difficult to treat asthma can be disproportionately impacted by poor housing and indoor air quality.

We promise to:

- Comply with the [Social Housing \(Regulation\) Act 2023](#)
- Comply with the [Decent Homes Standard](#) and apply it to all our rented homes
- Act in accordance with the [Government guidance](#) on understanding and addressing the health risks of damp and mould in the home
- Take complaints regarding mould seriously
- 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
- Have a clear and accessible compliant procedure to respond to damp and mould in place which is implemented in practice
- Provide good advice to tenants about ventilation and how to improve air quality and where to find resources to help them manage their asthma
- Promote the benefits of a [Smoke Free Home](#) to tenants and signpost them to available resources and smoking cessation services as appropriate
- Make sure their housing checks pick up key areas that might impact on the health of a child with asthma
- Provide resources to help tenants identify, assess and mitigate any risks
- 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
- Work closely with 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
- Our allocations policy will reflect health conditions made worse due to the built environment or physical condition of someone's home and will accept information from nominated identified specialist doctors from the Severe Asthma Services in order to support work to remedy the issue or to prioritise allocation of alternative provision.



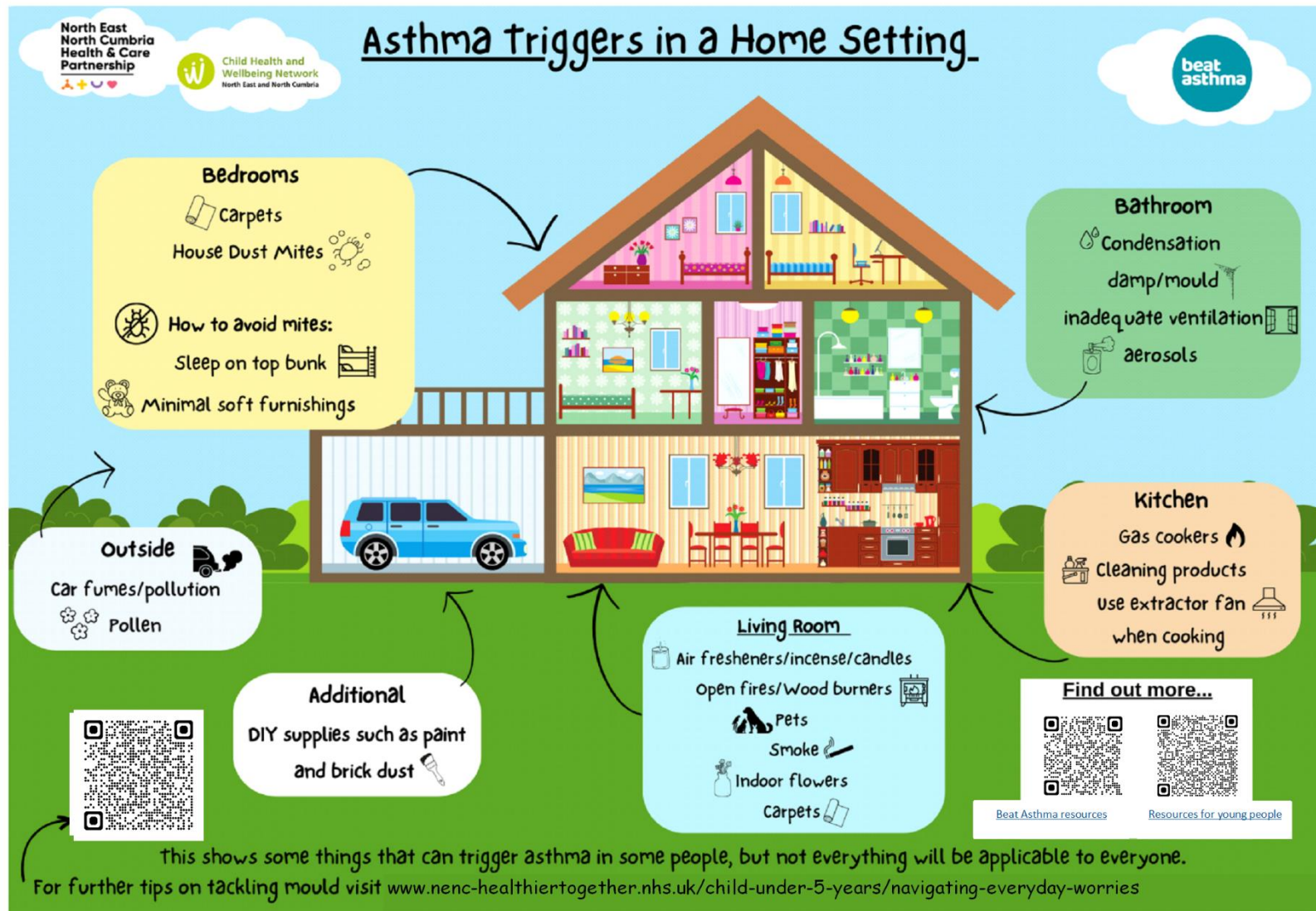
Appendix 2
Registered Social Landlord Checklist

No	Pledge Commitment	Local approach and evidence to demonstrate compliance	Further Action Required By whom and by when	Compliant Y/N
1	Comply with the Social Housing (Regulation) Act 2023			
2	Comply with the Decent Homes Standard and apply it to all our rented homes			
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	Have a clear and accessible compliant procedure to respond to damp and mould in place which is implemented in practice			
7	Provide good advice to tenants about ventilation and how to improve air quality and where to find resources to help them manage their asthma			
8	Promote the benefits of a Smoke Free Home to tenants and signpost them to available resources and smoking cessation services as appropriate			
9	Make sure their housing checks pick up key areas that might impact on the health of a child with asthma			
10	Provide resources to help tenants identify, assess and mitigate any risks			
11	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			

Appendix 2
Registered Social Landlord Checklist

12	Work closely with 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			
13	Our allocations policy will reflect health conditions made worse due to the built environment or physical condition of someone's home and will accept information from nominated identified specialist doctors from the Severe Asthma Services in order to support work to remedy the issue or to prioritise allocation of alternative provision.			

Name of registered provider	
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	





North East North Cumbria Regional Approach to Rehousing for Children with Severe Asthma

Poor indoor air quality can be a significant source of ill health. Poor housing quality and social deprivation are strongly associated with asthma morbidity. A study from Sweden found that moisture-related problems in buildings are a risk factor for asthma and allergic symptoms among pre-school children (Indoor Air. 2005;15 Suppl 10:48-55. doi: 10.1111/j.1600-0668.2005.00306.x.).

Damp or mould in the house can be detrimental to all children, in particular those with respiratory illnesses. Indeed, in January 2023 a coroner found that Awaab Ishak's death was caused by prolonged exposure to black mould. Therefore, every effort should be made to remedy damp and mould in houses in a timely manner (21 days or any such shorter period that may be defined by relevant guidance and legislation), especially if there is a child with a chronic respiratory problem living within in the household.

In the case of children and young people with severe and difficult to treat asthma it maybe that health professionals feel that their environment is having a significant impact on their condition and the medical team looking after the child or young person would recommend re-housing. The majority of these children will be cared for in the Severe Asthma Service at GNCH (run by Dr Moss & Dr Mckean), with a minority being cared for solely at Sunderland Royal Hospital or James Cook University Hospital (Dr Murad & Dr Hegab). If this is the case the health professionals involved will write to the housing providers directly.

