6.1.10 Smoking Policy for Foster Carers and Children and Young People in Care

**1. Introduction**

There is increasingly strong medical evidence to support the view that smoking and passive smoking have a detrimental effect upon the health of children.

The outcomes of research on the effects of smoking on the health of children clearly demonstrate that passive smoking can be harmful in terms of children's health, particularly the risks of developing respiratory problems. In addition, there is some evidence to suggest children living in smoking households are more likely to become smokers themselves. The responsibility of Northamptonshire Children’s Trust is to promote the welfare of any child looked after, and therefore to take a pro-active approach to ensure the child's health is safeguarded.

The evidence in terms of the effects of Electronic Cigarettes on health is evolving and can only be based on the length of time that they have been in existence. NICE (National Institute for Health and care Excellence (guidelines (2018)) state:

*The evidence suggest that e-cigarettes are substantially less harmful to health than smoking but are not risk free. The evidence in this area is still developing including evidence on the long-term health impact. There remains concern about the role modelling effect should carers be seen using e-cigarettes, and that the use of these products might normalise “smoking” behaviour. Although there is agreement internationally that e-cigarettes are significantly less harmful than smoking tobacco at the moment there is no international consensus on the risk/benefits of e-cigarettes.*

**In light of no conclusive evidence at this time, Northamptonshire Children’s Trust continue to adhere to the same guidance and recommendations to carers who use e-cigarettes as those carers who smoke tobacco, regardless of nicotine content.**

Northamptonshire Children’s Trust believes that all children have the right to live in a smoke free environment and we have a commitment to achieve this aim. This policy will be reviewed annually to take account of changes in smoking patterns and current research.

Northamptonshire Children’s Trust will ensure that recruitment, support and retention processes for foster carers address the issue of smoking in a robust and open manner. This procedure sets out the action that will be taken to achieve this.

**2. Assessment**

Smokers should not be denied the opportunity to foster, although we recognise there can be long-term health, social and possibly legal implications for any child or young person in their care who has been exposed to second-hand smoke, or who then regards smoking as the norm. Research does suggest that smoke free environments, promoting non-smoking as the cultural norm and providing children with information about the dangers of smoking does help to prevent some young people from starting smoking. Additionally, providing positive non-smoking role models and support to stop smoking can help them quit if they already smoke.

All new and existing carers who smoke will be provided with information and encouraged/supported to give up smoking. There are a range of organisations to which carers can be referred and guidance as how to minimise children's exposure to smoke.

It follows then that the assessment of new carers who smoke and the supervision of existing smoking carers must take account of their attitude and willingness to work with the agency on this issue. Guidance and support however must be seen as an interim measure as we work towards what CORAM BAAF describe as "a position where no more smoking carers are recruited".

**3. Policy Statement**

Any child under the age of five years or a vulnerable child/young person with learning and/or physical disabilities, chronic respiratory problems (current or historical), heart disease or glue ear who requires a foster placement, will not be placed in a placement where foster carers or any members of the household smoke. These vulnerable children are regarded as the high-risk groups in respect of the effects of exposure to second-hand smoke. This policy applies regardless of whether foster carers or other members of the household smoke outside of the property.

Foster carers caring for vulnerable children in the high risk groups should not day carers, including other foster carers, who smoke.

Where applicants to foster do smoke, discussion will take place with them early in the assessment process on the dangers of passive smoking to the health and development of children.

For those applicants or members of a household who are in the process of stopping smoking, they should be advised that to be classed as a non-smoker involves having given up smoking for at least 12 months. This does not imply that approval will automatically be withheld until 12 months after ceasing smoking. The approval will be determined and judged on the quality of the assessment and clearly documented.

Currently approved foster carers who smoke will be encouraged to create a smoke-free home. Foster carers should not smoke in front of children and young people. Smoking should only take place outside the home. Children in foster care should not be exposed to smoking when visiting friends and relatives of the carer or when other smokers visit the foster home. Carers should not smoke in the confined space of a car.

Where foster carers are accommodating a young person with a smoking habit, clear guidelines must be agreed with the child's allocated social worker and parents, when they are placed. This should be discussed at the Placement Planning Meeting and clearly documented. It should be noted where foster carers decide that young people in their care who smoke cannot do so in the foster home, this may have implications for matching. Carers will also be expected to actively discourage children and young people in their care from smoking. They must not provide cigarettes or tobacco, and ensure that any cigarettes/lighters in the home are kept securely.

All applicants and carers who smoke will be encouraged to make use of smoking cessation services provided by the local authority, NHS or by way of support from their own GP.

Smoking habits will be considered at a carer's annual review of approval. Reports from social workers and discussion with carers should note any changes in smoking habits. Supervision sessions provide a valuable opportunity to reinforce the service's expectations about smoking. It may be that smoking is a response to stress and this will need to be explored. Carers should be supported to manage stress in safer ways such as through relaxation and so on. Thus the service, as well as promoting smoking cessation, should additionally provide a signpost and support to alternative ways of managing stress.

Birth parents should be asked for their views on their child living in a smoking or non-smoking household, and these views must be taken into consideration.

A child or young person should be able to veto a plan to be placed in a smoking environment.

In all Long-Term fostering and Family and Friends placements, the additional health risks to the child of being placed in a smoking household needs to be carefully balanced against benefits of the placement for the child. This assessment must be clearly documented.

Foster carers' household rules (safer caring policy) should include expectations about smoking and that these should be made clear to children and young people (age appropriately) on placement – see [**Behaviour Management and Safe Caring Procedure, Minimum House Rules**](https://northamptonshirechildcare.proceduresonline.com/p_behav_man.html#minimum_house_rules).

**4. Caring for Young People Who Smoke**

Foster carers are encouraged to have house rules which actively discourage smoking. It may be helpful to have a house rule of no smoking indoors. This should help restrict smoking without making it a source of conflict in the household. House rules regarding smoking must apply to everyone, including guests. It is important that foster carers are informed of the following:

1. No child/young person under the age of 18 years old is legally allowed to buy tobacco products in the UK. This restriction applies to e-cigarettes/vaping and associated products;
2. No child/young person under the age of 18 years old is legally allowed to smoke tobacco products. This restriction need to also be considered in relation to those young people who smoke e-cigarettes.
3. Foster carers caring for a child/young person who smoke under the age of 16 years cannot give permission or condone the action. Carers must actively encourage the child/young person to stop and, where possible, insist that the child/young person smoke away from the property. Carers must inform their Supervising Social Worker and the child's social worker, if social workers are not aware;
4. Cigarette, tobacco, e-cigarettes and associated products must not be bought or offered to children / young people;
5. Cigarette, tobacco, e-cigarettes and associated products must not be used as a reward or punishment to children / young people.

Foster carers must advise and inform children/young people of the health risks associated with smoking and other consequences of becoming addicted.

**5. Smoking Cessation Advice**

Foster carers should be directed to their General Practitioner (GP). Advice and support is also available from the NHS Smoke Free advice line on 0800 022 4332, NHS advice website at [**www.nhs.uk/smokefree**](https://www.nhs.uk/smokefree), or a [**Local Stop Smoking Service**](http://www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines).