**Foster Carer Smoking Policy and Guidance**

This procedure applies to all approved foster carers.

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**1. Introduction**

This policy is designed to offer clear guidance regarding fostering, smoking tobacco and using electronic cigarettes.

This policy aims:

* To promote the health of children and young people in care by eliminating their exposure to passive smoking within the foster home.
* To discourage children and young people from taking up smoking so that the health of children in care is improved.
* To balance the foster carers’ right to smoke against the rights of children to be protected from the effects of smoking and remain healthy.
* To promote positive behaviour in respect of use of electronic cigarettes.

**2. Legislation and guidance**

Smoking has been prohibited by law in virtually all enclosed work and public places throughout the United Kingdom since 2007. The sale of tobacco products to under 18’s was prohibited from October 2007. From the 1st October 2015 new legalisation was introduced making it illegal to smoke in private vehicles that are carrying someone under 18. These legislative changes have contributed to a growth in the anti-smoking and anti-tobacco lobby, and to the increase of nicotine containing products, such as electronic cigarettes.

**CORAMBAAF Practice Guidance Note 51**

There is consistent scientific evidence to support the association of an increased risk of the following conditions in children brought up in smoking households.

* Sudden Unexpected Death in Infancy (SUDI) or cot death is the most common cause of death in children aged 1–12 months. Compared to those infants whose mothers do not smoke, the infants of smoking mothers have almost five times the risk of dying from SUDI.
* Lower respiratory tract infections (pneumonia and bronchitis) in pre-school children occur more frequently if a parent smokes.
* Asthma and respiratory infections in school age children are more common in a smoking household. It is estimated that between 1,600 and 5,400 new cases of asthma occur every year as a result of parental smoking. In addition, established asthma tends to become more severe in smoking households.
* Parental smoking is responsible for a 20–40 per cent increased risk of middle-ear disease in children. This is associated with hearing loss, a need for surgery, secondary speech delay, schooling difficulties and social isolation.
* In the UK, 17,000 children under the age of five are admitted to hospital every year with illnesses resulting from passive smoking.

As well as the health impacts of exposure to second hand smoke, parental smoking is strongly linked with smoking in adolescence and in later life. Children with at least one parent who smokes are 72% more likely to smoke in adolescence. It is estimated that each year at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home (Royal College of Physicians, 2010). Foster carers provide an important role model for children and will be a significant influence in determining whether a child will eventually become a smoker.

**3. Tobacco policy**

**Foster carers who smoke**

An assessment of the applicants’ lifestyle is an important part of the assessment process and smoking habits of applicants will be considered along with other health issues. This policy is clearly stated in the Information and Guidance, which is sent out to anyone who is interested in becoming a foster carer. The issue of smoking is again discussed during the initial assessment interview and applicants who smoke are told that they can only be considered for a child over the age of 5 years. Within assessment and recruitment foster carers should be provided with information about the effects of passive smoking.

All foster carers should be encouraged to stop smoking by:

* Providing information on the effects of passive smoking
* Providing information on the effects of smoking on adult health
* Providing information on local and national NHS services for stopping smoking
* Discussing smoking risks at every foster carer review
* Considering the smoking habits of other members of the household and regular visitors.

Information is available from GP surgeries and the NHS website www.givingupsmoking.co.uk or the NHS Smoking Helpline 0800169 0169. The fostering service will also provide advice and support to prospective foster carers.

All foster carers should follow the National Safety Council guidelines to minimise children’s exposure to tobacco smoke if they are unable or unwilling to stop smoking. The NSC advice includes:

* Don’t smoke around children or permit others to do so
* Keep your home smoke-free by smoking outside the house
* Never smoke while washing, dressing or playing with a child
* Never smoke in a car used to transport children.

Foster carers who smoke should be given extra information about the risks of burns and fires from smoking because 1 in 10 fires are ignited with smoking related material, and cause 1 in 3 of all deaths from fires.

Smoking arrangements for all foster carers who smoke should be stated in their Safe Care Policy and should specify the age of the children to be placed, where the foster carers and other household members smoke and how this affects their ability to provide a smoke free environment. The safer care should include storage of tobacco, cigarettes, lighters and electronic cigarettes.

**Consideration when looking at a child living with another family:**

* Children under 5 years should not live with carers who smoke because of the potential risk to health.
* All children with respiratory problems such as asthma, and all those with heart disease or glue ear should not be placed with smoking families.
* All older children who are able to express a view must be given a choice to be placed with a non-smoking family.
* Carers who have successfully given up smoking should not be allowed to care for children under five, children with a disability, chest problems, heart disease or glue ear until they have given up smoking successfully for a minimum period of 6 months ideally 12 months unless there are other factors in favour of the placement which would outweigh the risk of a relapse.
* All older children, who are able to express a view, must be given a choice about being placed with a non-smoking family.
* Carers should not smoke around children or permit others to do so and should keep their home smoke-free.
* In family and friends foster care placements, the additional health risks to the child being placed in a smoking household will be carefully assessed and balanced against the benefits of the child living within their extended family. Any risk to the health of the child will need to be weighed against the potential benefits of being placed with people who are part of their family and friends network and with whom they are likely to have a pre-existing relationship.

**Guidance for foster carers caring for young people who smoke**

Some children/young people may start smoking or be smokers at the point they become a child in care. Children in care must therefore be:

* Given information about the harmful effects of smoking
* Helped to access support to reduce or give up smoking.

Health professionals including the Specialist Nurse for Children in Care will play an important role in helping to address the issue of smoking.

Foster Carers are encouraged to have house rules which actively discourage smoking. This may help in restricting smoking without making it a source of conflict in the household. If house rules on smoking exist then they should apply to everyone, including visitors.

* No child / young person under the age of 18 years is legally allowed to buy tobacco products (UK law).
* Foster carers are not permitted to provide children/young people under the age of 18 with tobacco products and must ensure that children in care are aware of the smoking policy within the foster home and the expectation of the child/young person to comply with this policy including smoking in bedrooms.
* Foster carers caring for a child / young person who smoke under the age of 16 years cannot give permission or condone the action. They must actively encourage a young person to stop and where possible, insist the young person smokes off their property. Foster carers should inform their Fostering Social Worker and the child / young person’s Social Worker if they are unaware the child smokes.

The parent or person with parental responsibility for the child/young person must be:

* Given a copy of this policy
* Discouraged from smoking during family time
* Requested not to give any smoking materials to the child/young person at the end of family time.

**4. Electronic Cigarettes**

Electronic cigarettes (also known as e-cigarettes and vapourisers) are battery operated devices shaped like cigarettes that provide a method to intake nicotine. They are a nicotine containing product which does not contain tobacco. The nicotine is delivered orally to the user in the form of vapour rather than in the form of smoke. Hence, electronic cigarettes are much closer to non-tobacco licensed nicotine products such as sprays, patches and gum than to conventional tobacco cigarettes.

Electronic cigarettes are marketed as lifestyle products and are widely available in a range of flavours and packaging. They can be obtained from a range of venues including pharmacies and supermarkets as well as on-line. It is proposed that electronic cigarettes are to be licensed and regulated as an aid to quit smoking from 2016 by Medicines and Healthcare products Regulatory Agency (MHRA).

From 1 October 2015 it became illegal for retailers to sell electronic cigarettes or e-liquids to someone under 18, and for adults to buy (or try to buy i.e. proxy purchasing) tobacco products or e-cigarettes for someone under 18. Research has shown that some e-cigarettes can produce harmful vapours. Therefore the same measures should be used with conventional cigarettes.

E-cigarettes are battery powered products that typically look like a cigarette and consist of a cartridge of liquid nicotine, the atomizer (or heating element), a rechargeable battery, and electronics. They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen and the tip of the e-cigarette has a light emitting diode (LED) which lights when the user inhales, resembling a real cigarette. The vapours produced by these products may be a health risk to the person using them and the people around them.

E-Cigarettes should not be used in the foster carer’s home and the same sanctions should be used as above. This includes the safety of the storage of any items in relation to the e-cigarette.

Any foster carers that use an e-cigarette should ensure that this information is noted within their health and safety and safer caring policies and that they follow all of the requirements outlined above for smoking cigarettes. The same applies as above should a young person living within the home use an e-cigarette.