

Policy on Smoking for Foster Carers, Adopters, Children and Young People in Care

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AMENDMENT

This chapter was updated in August 2016. A link was added to Rules about tobacco, e-cigarettes and smoking: 1 October 2015.

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1. Introduction

- 1.1 The health, safety and wellbeing of children and young people are at the heart of policies and practice related to children in care. This includes taking into consideration the effects of smoking on children who are in foster care or placed for adoption, and recognising the important role that foster carers, adopters and social workers have in protecting all aspects of a child's health while they are in care or adopted
- 1.2 The issue of smoking and foster carers/adopters is controversial and complex and requires that the rights of foster carers/adopters to smoke be balanced against the rights of looked-after or adopted children. Children frequently come into the care system with neglected or impaired health but they have the right to be healthy.
- 1.3 The corporate parent has a responsibility towards looked-after children that has to be balanced against the rights of foster carers and adopters to do as they wish in their own homes.
- 1.4 There is a huge body of evidence that demonstrates the negative effects that smoking has on children. The health risks from smoking and passive smoking are well known, with smoking being the single greatest cause of preventable illness and premature death in

the United Kingdom. A recent study in the British Medical Journal suggested that the only way of reducing children's exposure to passive smoke is to maintain a smoke-free home. Other measures, such as restricting smoking in the vicinity of the child or using fans or open windows to ventilate rooms where smoking has taken place, are ineffective. There are also other health hazards associated with smoking, including poisoning and the increased risk of fire.

- 1.5 Successive governments have been reluctant to legislate on specific areas concerning suitability to foster or adopt, preferring to leave the interpretation of general statements to the discretion of individual agencies.

Consequently, there is no overarching national policy on foster carers/adopters and smoking. This means that every fostering and adoption service makes decisions about how important the question of smoking is for them, depending on a number of issues, including levels of recruitment and the age of the children they are placing.

- 1.6 In 2004 the Children's National Service Framework for Children, Young People and Maternity Services was published by the Department of Health and Social Care (DHSC) in England, and in 2006 the Welsh Assembly Government published the equivalent for Wales. These documents both set new standards for children's health and social services and represent a fundamental change in government thinking about the way health and social care services are delivered. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to be healthy and stay healthy (Every Child Matters)

- 1.6 In 2006, the Health Act was passed in Parliament; this includes provisions to make enclosed or substantially enclosed public places and workplaces smoke-free. The Act was fully implemented in July 2007.

- 1.7 The Children and Families Act 2014 imposed a new restriction on smoking in private vehicles where a person under the age of 18 is present in the vehicle.

On 1 October 2015 it became illegal:

- For retailers to sell electronic cigarettes (e-cigarettes) or e-liquids to someone under 18;
- For adults to buy (or try to buy) tobacco products or e-cigarettes for someone under 18;
- To smoke in private vehicles that are carrying someone under 18.

- 1.8 Smokers should not be denied the opportunity to foster or adopt, but there can be long-term health and social (and possibly legal) implications for the child or young person in their care who has been exposed to second-hand smoke, or who comes to regard

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. Providing positive non-smoking role models and support to stop smoking can help them quit.

- 1.9 Walsall Children's Services Fostering and Adoption Services are moving towards a position where children and young people in care and placed for adoption are only placed in smoke-free homes. It is acknowledged that expecting all foster carers who currently smoke to suddenly give up is not realistic, and we also acknowledge that some foster carers who smoke have recognised sufficiently the needs of the children and young people for whom they care and are already minimising the impact of their smoking on the children that they foster.
- 1.10 The Fostering and Adoption Services in Walsall will ensure that recruitment and retention processes address the issue of smoking in a robust and open manner:
- 1.11 The general guidance on this issue is clear and is best summarised as follows:

"Local Authorities and other fostering service providers should move progressively to a situation where no more smoking carers are recruited". (**CoramBAAF practice note 51, page 9**)

"The Fostering Network believes that all fostering services should be moving towards a position where children and young people in care are only placed in smoke free homes" (Fostering Network policy statement - Foster carers and smoking, June 2007, page 3)
- 1.12 However, both CoramBAAF and the Fostering Network recognise that, at present, a total ban on carers that smoke is unrealistic, and in fact, may unreasonably exclude many people who have the attitude and experience to be excellent carers, particularly for older children.
- 1.13 Therefore, over and above smoking restrictions on carers/adopters for younger children and children with specific needs, the overall intention of any policy guidance on this issue should be underpinned by an attitude of partnership working. This is best summarised by CoramBAAF, as follows:

"The issue is therefore not one of banning prospective adopters and new carers, but of engaging with them, providing information and advice and facilitating smoking cessation programmes" CoramBAAF practice note 51, pages 1 and 2
- 1.14 Thus, all new carers and existing carers who smoke must be provided with information and encouraged and supported to give up smoking. There is a range of organisations to which carers can be referred and there is a wealth of guidance about how to minimise

children's exposure to smoke.

- 1.15 It follows then that the assessment of new carers and adopters 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 CoramBAAF describe as "a position where no more smoking carers are recruited".

2. Policy Statement

- 2.1 Walsall Adoption and Fostering Services will ensure that the recommendations contained in **CoramBAAF practice note 51** are fully implemented for all children. Essentially, the main good practice points are:

- Children less than five years old will not be placed with carers/adopters who smoke.
- For adoption, potential applicants who smoke will be sent an information pack on adoption, but their interest will not be pursued until they have ceased smoking for 6 months.
- All children with a disability, respiratory problems such as asthma, and those with heart disease or glue ear should not be placed with smoking families.
- Walsall Family Placement Service acknowledges the proven skills and abilities of many of its carers who smoke but the health and wellbeing of children must be the primary consideration
- The service believes that a smoking environment should be avoided in the best interests of children who are placed away from home.
- The service is working towards a position where no looked after child will be living in a smoking household
- Thus, the main purpose of this policy is to reduce children's exposure to passive smoking within caring households, and discourage young people from taking up smoking.
- As the effects of passive smoking are greater for younger children, a move to a smoke-free home environment for these children is proposed.
- Currently approved carers who smoke will be encouraged to create a smoke-free home. Carers will also be advised to restrict their smoking to certain areas of their house and to ensure that children play, eat and sleep in smoke-free rooms and are not exposed to excessive smoking when visiting friends and relatives of the carers, or when smokers visit the home.
- It is strongly advised that carers do not smoke in front of children and young

people. Carers will be expected not to advocate smoking by children, for example by ensuring that they do not provide cigarettes or tobacco, and ensuring that any cigarettes and lighters are kept securely.

- Smoking habits will be considered in any assessment process, in supervision sessions, and for foster carers, at the annual review of registration and approval.
- It is illegal to smoke in private vehicles where a person under the age of 18 is present in the vehicle.

3. Supervision of Carers who Smoke

- 3.1 The Fostering Network advises that foster carers' household rules (safer caring statement) should include expectations about smoking and that these should be made clear to children and young people (age appropriately) on placement
- 3.2 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.

4. Family and Friends Foster Carers

- 4.1 When assessing family and friends as foster carers for a specific child, there are particular issues to consider if the applicants are smokers. As with any potential carers who smoke, every effort should be made to encourage them to give up or to create a smoke free home for the fostered child.
- 4.2 However, any risks to the health of a child resulting from such a placement will need to be weighed against the potential benefits to a child of being placed with people who are part of their family (or friends) and with whom they have a pre-existing bond. Children generally have better outcomes in such placements and an assessment will need to be made in each case as to whether the best interests of an individual child would be served by living with family and friends carers, even where there may be some doubt as to their ability to provide a smoke-free home for that child.
- 4.3 On going work would be needed to ensure that smoking was restricted as far as possible from the areas of the house that, particularly, a child under the age of five was accessing