

**L. B. Redbridge**

**ANTI-SMOKING**

**POLICY**

**For**

**FOSTER CARERS, SHARED CARERS, RESPITE  
CARERS, KINSHIP CARERS AND SUPPORTED  
LODGINGS PROVIDERS**

## **1. Policy**

- 1.1. This policy has been developed based upon recent scientific evidence and the improved understanding of the negative effects on health due to exposure to passive or second hand smoke from cigarettes, cigars and pipe tobacco.
- 1.2. The corporate parent has responsibilities towards looked after children that have to be balanced against the rights of foster carers to do as they wish in their own homes.
- 1.3. The policy is based upon the best interests of children, young people and their carers and the protection of their health.
- 1.4. The policy applies equally to foster carers, shared carers, respite carers, supported lodgings providers and kinship carers.

## **2. Underlying principles**

- 2.1. Public awareness to the dangers of smoking and inhaling second hand smoke has steadily increased in recent years. What used to be seen as a minor irritant is now seen as a serious potential health issue from which the public needs to be protected.
- 2.2. This change in attitude has immediate implications for all local authorities, voluntary agencies and fostering providers that recruit, train and support carers.
- 2.3. Social care professionals who make placement decisions on behalf of vulnerable children must give a high priority to the present and future health needs of these children and young people.
- 2.4. The rights of substitute carers to smoke must always be balanced against the rights of children to remain healthy. This is especially true of looked after children who frequently come into the care system with neglected or impaired health.
- 2.5. The London Borough of Redbridge has a responsibility to set in place a strategic framework to ensure that the acknowledged health risks and consequences of exposure to environmental smoke are incorporated into routine practice and decision making when placing children.
- 2.6. We are mindful of the importance of not disrupting a stable placement that is otherwise meeting the needs of the child. It is, however, the responsibility of Redbridge to ensure that any health risks to the child are mitigated and brought to the attention of the carers.
- 2.7. The National Minimum Standards for fostering Services (England) emphasizes the importance of health promotion awareness for carers both in relation to their own health and to that of the children in their care.
- 2.8. Smokers should not be denied the opportunity to foster, and many excellent foster carers smoke. However, it is clear that 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.
- 2.9. It is acknowledged that the relationship between the London Borough of Redbridge and our approved foster carers is not currently one of an employer and employee. This Policy is therefore being introduced as 'an agreement' between

two parties rather than as a condition of a contract of employment.

### **3. Scientific evidence supporting the recommendations**

- 3.1. The US Environmental Protection Agency (1992) identified tobacco smoke as a major source of indoor pollution which contains over 400 chemicals in the form of particles and gas and the Child Accident Prevention Trust reports that "smoking materials, including lighter fuel, matches and lighters are the leading cause of fire deaths in the UK (CAPT, 2004).
- 3.2. The government's independent Scientific Committee on Tobacco and Health (SCOTH) reported in 1998 that "secondhand smoke is a cause of lung cancer and childhood respiratory disease".
- 3.3. Unlike adults, children have little choice about whether or not to be in a smoky environment. The younger the child the more likely it is the child will spend most of the day physically in the same room as their primary carers.
- 3.4. A child breathes both the "sidestream" smoke from the burning tip of the cigarette and also the "mainstream" smoke that has been inhaled and exhaled by the smoker. Fielding and Phenow (1998) estimated that nearly 85% of the smoke in a room results from sidestream smoke. Many potentially toxic gases are present in higher concentrations in sidestream smoke than in mainstream smoke.
- 3.5. The particles in tobacco smoke include tar, nicotine, benzene and benzopyrene. The gases include carbon monoxide, ammonia, formaldehyde, dimethylitrosamine, and hydrogen cyanide. Many gases are known or suspected carcinogens (substances that cause cancer).
- 3.6. Cannabis smoke contains more carcinogens than that of tobacco. Redbridge will not place a child with a carer where it is known that Cannabis is smoked or any class A or class B drugs are being used, other than those used on prescription.

### **4. The immediate effects of environmental tobacco smoke in children**

- 4.1. Young children are particularly susceptible to the effects of second hand smoke because their lungs and airways are small and their immune systems are immature. They are therefore more likely to develop respiratory and ear infections when they are exposed to tobacco smoke. Children also have higher respiratory rates than adults and consequently breathe in more harmful chemicals, per pound of body weight, than an adult would in the same period of time.
- 4.2. 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 of Cot Death
  - lower respiratory tract infections (pneumonia & bronchitis)
  - Ischaemic heart disease
  - Asthma
  - Middle ear disease (which is associated with hearing loss, a need for surgery, secondary speech delay, potential schooling difficulties and social isolation)

### **5. The long term effects of environmental tobacco smoke in children**

- 5.1. These are not fully known. The Department of Health Scientific Committee on



Tobacco and Health (2004) conclude that exposure to second hand tobacco smoke can cause both lung cancer and heart disease in adult non-smokers. It is estimated that non-smokers exposed to second hand smoke increased the risk of developing lung cancer by 24% and heart disease by 25%.

5.2. Charlton & Blair (1989) looked at absenteeism amongst 2,800 young people aged 12-13yrs and found that maternal smoking was associated with an increased rate of absence from school. This issue is particularly important for looked after children who frequently come into care with neglected education, are more likely to be excluded from school for other reasons and whose educational achievements in care are poor.

## **6. London Borough of Redbridge's Procedures**

- 6.1. All prospective carers will be sent details of this Policy, as well as the British Association of Adoption and Fostering practice note 51 "Reducing the Risks of Environmental Tobacco Smoke for looked after children and their carers", as it may affect their decision to apply.
- 6.2. All potential carers will be asked at the time of their initial enquiry if they smoke and this will be clearly recorded as it may affect their subsequent approval range.
- 6.3. All existing carers will have the issue of smoking discussed at their annual review and during regular supervisory home visits.
- 6.4. No child less than 5 years old will be placed in a smoking household, unless there are extenuating circumstances. This is because of the particularly high health risks for very young children and toddlers who spend most of their day physically close to their carers.
- 6.5. No child with a disability who is physically unable to play outside, and no children with respiratory problems (such as Asthma), heart disease or glue ear will be placed within a smoking household unless there are extenuating circumstances. These vulnerable children are regarded as high-risk groups in respect of the effects of exposure to secondhand smoke.
- 6.6. Foster carers caring for vulnerable children in the high-risk groups should not use babysitters or any other day carer (including another foster carer) who smoke.
- 6.7. As the risks of exposure to passive smoking increase with time, the child's social worker and family placements officer will carefully assess the additional health risks for a child being placed in a long term fostering or kinship placement that is a smoking household against the other available benefits of the placement for the particular child.
- 6.8. Children who are old enough to express an opinion will be asked their views about being placed within a smoking household, and their views will be considered, prior to the placement being requested.
- 6.9. All carers will be advised of the risks of buying cigarettes for adolescents. Cigarettes must never be used as a reward for good behaviour in adolescents.
- 6.10. The National Safety Council (2004) has produced advice and guidance for parents on what practical steps they can take to minimize children's exposure to tobacco smoke if they are unwilling to stop smoking. These guidelines will be incorporated into preparation training and, once approved, all foster carers, shared carers, respite carers, supported lodgings carers and kinship carers will be

required to follow these guidelines. The advice includes:

- Do not smoke around children and young people or permit others to do so
- Keep your home smoke free
- Smoke only outside of the house
- Never smoke in the room where a child sleeps
- Never smoke while you are washing, dressing, feeding or playing with a child
- Never smoke inside with the windows closed and when children are present.

6.11. Approved foster carers who smoke will be advised about the Smoking Policy and asked seriously to consider giving up. Should they decide to stop smoking they will be provided with specific support and advice from their Supervising Social Worker.

6.12. Redbridge has a primary responsibility to ensure that where relationships are established between a child and a carer, that these are maintained for as long as the child needs them. Redbridge will therefore encourage all carers to stop smoking by:

- Providing information and training on the effects of passive smoking on children
- Providing information on the effects of smoking on adult health
- Providing smoking cessation programmes for carers
- Resourcing nicotine patches for carers if necessary
- Discussing smoking risks as a routine part of the recruitment process
- Discussing smoking risks during supervisory visits and annual reviews

6.13. Foster carers will be informed that placing social workers are more likely to prefer carers who are non-smokers.

6.14. Carers who have successfully stopped smoking will be allowed to care for high-risk groups (e.g. children under 5, children with disability, chest problems, heart disease, glue ear) only after they have stopped successfully for a period of 12 months continuously. This is because research demonstrates that the relapse rates in the first 3-6 months are high, after 6 months the risk of relapse is less and after 12 months most will be permanent non-smokers.

6.15. Carers should carefully consider the importance of promoting non-smoking and the positive message they can convey to young people. They should actively help all looked after children and young people to stop smoking. Where 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 must be discussed at the placement agreement meeting, and be clearly documented and recorded.

6.16. Promoting a positive health message also means carers should not smoke in a car, which will be used later to transport children and young people; not smoke outside case conferences, reviews or other meetings and not smoke with children and young people, or in their view.

6.17. Redbridge aims to move to a situation where no more smoking carers are recruited. Stopping smoking will protect not only the health of children and

young people but also the health of their carers.

6.18. Redbridge aims to make no new placements to smoking households after 1<sup>st</sup> January 2010.

6.19. This policy and procedure will be reviewed regularly in light of new research and findings on smoking and related issues.

**Sources:**

The Fostering Network "Foster Carers and Smoking – Policy Paper, May 2007  
[www.nsc.org/ehc/indoor/smokemod.htm](http://www.nsc.org/ehc/indoor/smokemod.htm)

British Association of Adoption and Fostering (BAAF) practice note 30 "Children and Smoking"

British Association of Adoption and Fostering (BAAF) practice note 51 "Reducing the risks of Environmental Tobacco smoke for looked after children and their carers" 2007

L.B. Havering "Non-smoking Policy" April 2007

Medway Council Fostering Service "Placement Smoking Policy", August 2007

Bracknell Forest Borough Council "Fostering Service: Non-Smoking Policy for Foster Carers" February 2008

Oxfordshire Children, Young People and Families Family Placement Service "Smoking and Health Policy for Fostering & Family and Friends Carers", March 2008

Oxfordshire Children , Young People and Families Family Placement Service "Smoking and Health Policy for Fostering & Family and Friends Carers", March 2008

**Comments made by Foster Carers at joint meeting between Redbridge Foster Care Association and Children Living Away From Home Division held June 19<sup>th</sup> 2008.**

1. The Policy is unfair as it is telling carers how to live their lives.
2. It looks like the impact of the Policy will mean that eventually the Council will not use carers who smoke. Will the Council only be employing non-smoking social workers in the future?
3. We understand that the health of the children we look after is important and for this reason we only smoke outside the home, we always tell children we look after about the health risks from smoking, we explain how its not a good habit to develop and we try to help them stop smoking if they already do so.

**Comments made by individual Foster Carer directly to Fostering & Adoption Service Manager following mailshot to all Foster Carers in May 2008**

1. We agree totally with this Policy. Smoking is not allowed in the workplace and foster caring is a job. The same rules should apply to visitors to the establishment to make sure there is a smoke free environment indoors.

**Comments made by Children Living Away From Home and Care Leavers via questionnaire survey during September 2008.** 17 responses received in total and all respondees said they were non-smokers themselves.

1. In response to the question "*what are your thoughts about smoking in general*", 15 young people replied: Smoking is bad for you, smoking gives you bad breathe, smoking gives you yellow teeth, it's disgusting, in general I don't like smoking, it's bad for everyone's health, it should be stopped. 2 young people replied: There's nothing wrong with it, I've no thoughts about it"
2. In response to the question "*how do you feel about people smoking in the home*", 8 young people replied: they don't, 6 replied: I wouldn't want it; it's not good; they shouldn't and 3 young people replied: It's OK if its in a different room
3. In response to the question "*would you discourage your friends/family/associates from smoking*", 11 said 'yes', 5 said 'I don't know' and 1 said 'no'
4. The responses from our children looked after indicate that the majority would be in favour of a policy that encouraged foster carers to stop smoking

**Comments made by Councillor members of Corporate Parenting Steering Group**

1. The Policy should be more robust and it would better to implement the 'no new placements to smoking households' aspect sooner than January 2010. It would be helpful to know how officers intend to respond to carers who do not adhere to the policy.
2. The Policy could be interpreted by carers as being quite threatening as it explains how staff will discuss the carers smoking habits with them during supervisory visits and at their annual review. It would be helpful if the impact of the Policy in relation to the birth family and contact visits were clarified.