PCC | Foster Care Agency

Phoenix Community Care Ltd
Policy & Procedure

Smoking & Health Policy for Foster Carers (inc Connected Persons)

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Introduction and Background

There is increasingly strong medical evidence to support the view that smoking and passive smoking have a detrimental effect upon the health of children. Only 15% of the smoke from a cigarette is inhaled by the smoker, the rest goes into the surrounding air and other people breathe it in. Babies and children who cannot avoid smoke where they live and play are particularly at risk. Babies whose parents smoke are much more likely to be taken to hospital with chest trouble in their first year of life than non-smokers' children. Children exposed to smoke are more likely to develop breathing problems as adults.

The Department of Health publication, Scientific Committee on Tobacco and Health (SCOTH) (2004), update of evidence of health effects of second-hand smoke states: 'A number of new studies have confirmed the range and extent of health damage in infancy and childhood. Children are at greater risk in their homes and the evidence strongly links SHS with an increased risk of pneumonia and bronchitis, asthma attacks, middle ear disease, decreased lung function and sudden infant death syndrome'. The conclusion states: 'The evidence published since 1998 continues to point to a strong link between exposure to SHS and adverse health effects in children'. Passive smoking - breathing other people's tobacco smoke - has been accepted by scientific bodies worldwide as a cause of lung cancer in non-smokers, as well as aggravating many other illnesses such as asthma. Some research also suggests a possible connection to heart disease.

The outcomes of recent research on the effects of smoking on the health of children thus 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 on local authorities 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.

On 1st July 2007, the smoke free regulations of the Health Act 2006 came into force. These regulations require that all 'enclosed' and 'substantially enclosed' workplaces and public places are smoke free.

Phoenix Community Care believes that **all** children have the right to live in a smoke free environment and we have a commitment to achieve this aim.

Policy Statement

Phoenix Community Care believes that a smoking environment should be avoided in the best interests of children who are to be placed away from home. We are working towards a position where no looked after child will be exposed to living in a smoking household.

This policy will be reviewed annually to take account of changes in smoking patterns.

Principles

Any deviation from the principles of this policy need to be justified as being in the best interest of the child or looked after children.

Whilst Phoenix Community Care acknowledges the proven skills and abilities of many of our carers who smoke, it is our view that children's health must be our primary consideration.

The main purpose of this policy is to reduce children's exposure to passive smoking within our foster homes. As the effects of passive smoking are greater for younger children, a move to smoke-free home environments for these children is proposed.

A second purpose of the policy is to discourage young people from taking up smoking.

The National Care Standards for Foster Care and Foster Placement Services states that carers are assessed on their ability to promote the health, education and personal and social development for children in their care. All new fostering applicants who smoke will be advised from an early stage in the process that their smoking habits will be considered during assessment along with other health issues.

Policy Guidance

It is important to note that no child will be moved from a placement where carers smoke providing the wellbeing and security of children in their care is evidenced and a full risk assessment has been carried out.

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 use baby-sitters or any other day carer (including another foster carer) 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.

Approved foster carers need to know that if they smoke, placing social workers are more likely to choose non-smokers for preference. They should be advised about the smoking policy and asked to seriously consider giving up.

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

It is advisable that foster carers do not smoke in front of children and young people. Carers will also be expected not to advocate smoking with Looked After Children, for example by ensuring that they do not provide cigarettes or tobacco, and ensuring that any cigarettes/lighters in the home are kept securely.

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 agreement meeting and clearly documented. It should be clearly 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.

Phoenix Community Care will ensure that all applicants and carers know about the effects of passive smoking through preparation and training programmes, and foster carers who smoke will be encouraged to stop smoking.

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.

If carers have recently stopped smoking, this must be recorded and documented on their file.

Children from non smoking birth families should not be placed with substitute carers who smoke.

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.

References and Useful Websites

Children Act 1989 Adoption and Children Act 2002 BAAF practice note 30: Children and Smoking

Smoke Free England website

NHS Giving up Smoking website

Action on Smoking and Health (ASH) website

Department of Health, Scientific Committee on Tobacco and Health (SCOTH) (2004) *Second hand smoke: Review of evidence since 1998,* London: The Stationery Office

Office of the United Nations High Commission for Human Rights (1990) *Convention on the Rights of the Child,* Geneva: Office of the United Nations

Department of Health, NHS Booklet, *Secondhand Smoke Kills, (March 2007)*, London: The Stationery Office

BAAF (2007) Reducing the Risk of Environmental Tobacco Smoke for Looked After Children and their Carers, Practice Note 51, London: BAAF

National Safety Council (2004) *The ABC's of Secondhand Smoke*, Washington DC: Environmental Health Centre, National Safety Council
National Safety Council ABC of Second Hand Smoke website