SECTION 31
FOSTER CARER SMOKING AND TOBACCO
POLICY AND PROCEDURES

August 2010
**POLICY**

**TOF takes the view that smoking must be actively discouraged in the foster home.** **TOF aims to eliminate smoking from all foster homes.**

**LEGISLATION**

Health and Safety Legislation and Supporting Regulations: provides for employees to have a safe and healthy working environment.

In 2006, the Health Act was passed by Parliament that includes provisions to stop smoking in the workplace. Whilst a foster carer’s home is not a workplace, forthcoming legislation is likely to lead to even greater recognition that smoking in any enclosed spaces can be detrimental to the health of both the smokers and those around them.

**Foster carers and smoking**

1 **Introduction and Background**

1.1 The health, safety and well being 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, and Recognizing the important role that foster carers and social workers have in protecting all aspects of a child’s health while they are in care.

1.2 The issue of smoking and foster carers is controversial and requires that the rights of foster carers to smoke are balanced against the rights of looked-after Children who frequently come into the care system with neglected or impaired Health but who have the right to be healthy.

1.3 There is a huge body of evidence that demonstrates the negative effects that smoking has on children. A recent study in the BMJ suggested that the only way of reducing children’s exposure to passive smoke is to maintain a smoke-free home. The Government’s independent Scientific Committee on Tobacco and Health (SCOTH) reported in 1998 that, 'Second-hand smoke is a cause of lung cancer and childhood respiratory disease. There is also evidence that second-hand smoke is a cause of alchemic heart disease and cot death, middle ear disease and asthmatic attacks in children. Restrictions on smoking in public places and work places are necessary to protect non-smokers. Parents need to be informed about the effects of second-hand smoke on their children.' BMJ 2000, 5 August
1.4 The Child Accident Prevention Trust ranks tobacco products among the top causes of poisoning in children each year in the UK, alongside medicines and household detergents [CAPT 2004]

1.5 Materials - including lighter fuel, matches and lighters - are the leading cause of fire deaths in the UK [CAPT 2004]

1.6 Smokers should not be denied the opportunity to foster, 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.

1.7 Time Out Fostering believes that the agency should be moving towards a position where children and young people in care are only placed in smoke-free homes. We acknowledge 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 recognized sufficiently the needs of the children and young people for whom they care and are already minimizing the impact of their smoking on the children that they foster. In order to facilitate the move towards a future where every child is placed in a smoke-free foster home, Time Out Fostering recommends that recruitment and retention processes should address the issue of smoking in a robust and open manner:

1.8 Time Out Fostering is aware of potential legal action in the future if a child develops a smoking-related disorder or claims 'normalization' of smoking, after being placed in a foster home where smoking occurs.

1.9 This policy should be available to all staff, foster carers and prospective foster carers.

2 Recruitment

2.1 Time Out Fostering may not wish to create an image that results in smokers feeling that their applications would automatically be unwelcome. However Time Out Fostering will only accept applications from smokers who smoke outside only.

2.2 Time Out Fostering welcome applications from socio-economic groups where smoking is more prevalent, but where particular strengths and qualities can be offered to children. Especially in the case of older children, some such placements comply with the philosophy of enabling children to be near their homes, to maintain contact with relatives and to stay at the same school.
2.3 Any foster carers who smoke will only be approved for children over five and will not be approved for children with disabilities that prohibit them from attending regular school.

2.3 Time out Fostering aims to recruit only non-smokers.

3 Existing Smokers

3.1 ‘Smoking’ covers a range of activities, from those who smoke heavily to those who may smoke one or two cigarettes in the evening in their back garden. Many excellent foster carers smoke. While the long-term welfare of the child is paramount, and the risks of passive smoking to children are well established, smoking status is not necessarily an indicator of parenting skills.

3.2 Any existing foster carers who smoke will be expected to smoke outside when children are placed with them.

3.3 There must be no smoking in front of children or young people.

3.4 Time out Fostering will provide a range of support mechanisms to help foster carers and prospective foster carers to stop smoking where necessary. This may include recognizing that some foster carers smoke as a response to stress caused by their caring responsibilities and ensuring that appropriate support is available to minimize this, as well as offering access to standard smoking cessation programmes.

3.5 All cigarettes, lighters and matches must be kept locked away from children and young people.

4. General Issues

4.1 No under fives or children with certain disabilities will be placed with carers who smoke. Disabled children who are physically unable to play outside, and children with respiratory problems such as asthma, or with heart disease or glue ear, should never be placed with foster families where smoking occurs.

4.2 The birth parents of all children placed with foster carers who smoke will be given access to this information.

4.3 Time Out Fostering need to start an honest debate with all concerned in the fostering process around the rights of a child not to be exposed to smoking against foster carers’ rights.

4.4 Smoking will be addressed within the annual review of carers.
4.5 Information regarding the harmful effects of smoking should be included in preparation and training programmes for prospective and approved foster carers.

4.6 Foster carers should take full responsibility for implementing any changes in their household that mitigate against the risks of poisoning, burns and household fires caused by smoking.

4.7 Foster carers’ household rules should include expectations about smoking and these should be made clear to young people (of appropriate age) on placement.

4.8 Social workers must never smoke around children and young people, including in view of children and young people. They should also be aware that the smell of smoke remains on the person and in the car, and should ensure that they are doing everything they can to minimise the lingering effects of cigarette smoke.

5. Active smoking by fostered children

5.1 Some children and young people will already be smokers. Smoking-awareness education, and training on how to offer brief interventions on smoking, should be part of the training and support given to foster carers to allow them to offer appropriate advice to children who smoke.

5.2 Parents'/carers approval or disapproval of smoking is a significant factor in determining whether a child will eventually become a smoker, and children living with parents/carers who smoke are nearly three times more likely to be smokers than those whose parents/carers do not smoke. Example has a stronger influence than health education on children’s smoking habits. Foster carers should be encouraged to reflect on the example that they are giving children regarding smoking. Therefore Children and young people should be actively discouraged from smoking.

5.3 Children and young people must not be bought or given cigarettes.

5.4 Children and young people should not be allowed to smoke in their bedrooms or in the foster carer’s house if it is a smoke-free environment. Children and young people who smoke should do so outside the foster home.
5.5 Children and young people must be encouraged and supported to consider their current and future health by being offered good role models, information that is accessible and meaningful to them and, where relevant, access to smoking cessation programmes.

5.6. Children and young people will be consulted on their views about smoking.

5.7 Time Out Fostering should work with health services and looked-after children nurses to ensure that the children and young people in their care are aware of the health risks associated with smoking. Where appropriate, smoking cessation programmes should be accessible to children and young people in care who smoke.

5.8 Foster carers must make it clear to children and young people that smoking in bedrooms is not tolerated as it carries a very high fire risk and endanger the whole family. The effective step to minimize exposure to tobacco smoke is to ban smoking. Where appropriate, foster carers should work with children and young people in their care who smoke to understand the health risks they face and to access smoking cessation programmes.

5.9 Children and young people should respect the rules of the household in which they are placed and may require support from those responsible for their care when there is conflict.

6. Children and young people staying with relatives or friends.

6.1 There are additional complex issues involved where children are staying with relatives who may or may not be approved as foster carers.

6.2 When assessing relatives as foster carers for respite for a specific child, there are particular issues to consider if the applicants are smokers. As with any potential foster 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. However, any risk 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 are likely to have a pre-existing bond.
6.3 Ongoing work would be needed to ensure that smoking was restricted as far as possible outside, definitely in the case of a child under the age of five.