

Bridgend County Borough Council Smoking Policy in relation to Adopters and Foster Carers

1. Background

- 1.1 The health, safety and wellbeing of children and young people are at the heart of policies and practice related to children accommodated by local authorities. This includes taking into consideration the effects of smoking on children who are placed in the care of adopters and foster carers, and recognising the important role that adopters, foster carers and social workers have in protecting all aspects of a child's health.
- 1.2 The issue of adopters and foster carers smoking is controversial and requires that the rights of adopters and foster carers to smoke be 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. Every local authority as a 'corporate parent' has a responsibility towards 'looked-after' children that has to be balanced against the rights of adopters to do as they wish in their own homes. Amongst these competing priorities, however, it must be stated that adoption and fostering are services for children, as opposed to adults and the interest of the child must be paramount.
- 1.3 There is considerable evidence demonstrating the negative effect that living with adults who smoke has on children. 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. Measures such as restricting smoking in the vicinity of children or using fans or open windows to ventilate rooms where smoking had taken place are ineffective. There are also other health hazards associated with smoking, including poisoning and the increased risk of fire-related injuries.
- 1.4 By placing children in environments where they may be subject to adverse long-term effects on their health as a result of smoking, local authorities may be making themselves liable for legal challenge if the health of former 'looked after' children and young people becomes compromised as a result of their placements when in the care of a local authority.

2. Aims

- 2.1 BCBC wishes to move towards a position where children are only placed in smoke-free homes. We acknowledge that some adopters and foster carers who smoke have recognised sufficiently the needs of the children and young people for whom they care and are already minimizing the impact of their smoking on their children.
- 2.2 BCBC will encourage all adoption and fostering agencies to seek to provide a range of support mechanisms to help prospective adopters to stop smoking where necessary. This may include recognising that some adopters smoke as a response to stress caused by their caring responsibilities and ensuring that appropriate support is available to minimise this, as well as offering access to standard smoking cessation programmes.

- 2.3 In addition 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.
- 2.4 This policy has been informed by the British Association for Adoption and Fostering's Practice Note 51: '*Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers*' and The Fostering Network's publication, '*Foster Carers and Smoking*'. A position statement dated 29.08.07 and signed by Dr Carolyn Sampeys (Chair), stated "The BAAF Welsh Medical Group fully endorse the BAAF Practice Note 51and would like to support all Local Authority and Independent Adoption & Fostering Agencies within Wales in amending their policies with regard to smoking. The BAAF Welsh Medical group would wish to aim for a future position where all Adopters are non smokers".

3. Prospective Adopters and Foster carers and Children needing placement

- 3.1 Whilst all children have the right to be placed in a smoke-free environment, there are particular health risks for children under five that need to be taken into consideration. Other than in exceptional circumstances, **children under five years of age will not be placed with adopters who smoke or where there is a smoker living in the home.** There are particularly high health risks for very young children and toddlers who spend most of their day physically close to their carers. Evidence confirms that it is not practical, safe or possible to attempt to create a smoke-free environment for very young children by other ways, (for example, by only smoking outside the home).
- 3.2 Disabled children of any age who are physically unable to play outside, children with respiratory problems such as asthma, heart disease or glue ear should not be placed with adoptive families in whose home smoking occurs.
- 3.3 In specific and exceptional circumstances when it is agreed that a child under the age of five years, or a disabled child of any age, will be placed with prospective adopters where there is a smoker living in the home, **the reasons for this decision and who was party to the decision must be recorded on the child's file and agreed by the team manager.**
- 3.4 In all adoptive and foster care placements the additional health risks to the older child of being placed in a household where smoking occurs needs to be carefully considered. This is because long-term exposure to passive smoke poses a significant risk of ill-health that increases with time.
- 3.5 The wishes of children and their birth parents should be sought and considered when making a choice about whether children are to be placed in families where smoking occurs, although in some situations the health needs of the child may override the wishes of the children/parents.
- 3.6 Smoking can be a response to stress. Since smoking is harmful to the smoker as well as others in the household, all adoption agencies must offer advice and assistance to adopters to help them stop smoking and signpost them to relaxation and other stress reduction programmes. Other types of support such as that provided by adoption and fostering organisations or by an adoption/fostering

worker may also be helpful in reducing stress. Agencies should offer help in locating and attending smoking cessation courses.

- 3.7 Prospective adopters and foster carers will be advised, by their Agency, at an early stage in the adoption/fostering process, of all relevant policies and procedures in respect of smoking and the placement of children. They will be advised that smoking habits will be considered during the assessment, along with other health issues. Prospective adopters or foster carers who smoke will be encouraged to consult their GPs and advised of local supports to assist them to give up.
- 3.8 Where applicants have given up smoking, a child in the high risk groups (see 3.1 & 3.2) will not usually be placed with them until they have given up smoking successfully for a minimum of 12 months. This is because the relapse rates in the first 3-6 months are high, but after 12 months most people will not begin smoking again.
- 3.9 Information regarding the harmful effects of smoking will be included in preparation and training programmes for prospective and approved adopters. Adopters and foster carers will be advised that the likely choice of placements will be reduced as a consequence of their smoking.
- 3.10 In specific, exceptional circumstances applicants who smoke outside the home only, may be approved as prospective adopters or foster carers.
- 3.11 Prospective adopters' and foster carers' smoking habits will be considered at their approval and again at the time of matching and placement.

4. Social workers and support staff

- 4.1 The behaviour of social workers provides a role model to children and young people in care. They must promote the benefits of not smoking and give positive messages to children and young people about not smoking.
- 4.2 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 minimize the lingering effects of cigarette smoke.
- 4.3 Social workers should provide access to health education/smoking cessation programmes for young people where it is needed.

5. Children and young people

- 5.1 Children and young people should be given the necessary information and support that helps them to take responsibility for their own health and should be encouraged and supported to attend cessation programmes where appropriate.

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