

Extract from guidance published by The Fostering Network

Foster carers and smoking

Introduction

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, and recognising the important role that foster carers and social workers have in protecting all aspects of a child's health while they are in care.

The issue of smoking and foster carers is controversial and requires that the rights of 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.

The corporate parent has a responsibility towards looked-after-children that has to be balanced against the rights of foster carers to do as they wish in their own homes.

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. 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 [Blackburn et al 2003]. There are also other health hazards associated with smoking, including poisoning and the increased risk of fire.

In 2004 the *National Service Framework for Children, Young People and Maternity Services* was published by the Department of Health 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.

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.

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. 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 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.

In order to facilitate the move towards a future where every child is placed in a smoke-free foster home, the Fostering Network recommends that recruitment and retention processes should address the issue of smoking in a robust and open manner:

- **Agencies need to provide a range of support mechanisms to help foster carers and prospective foster carers to stop smoking where necessary. This may include recognising that some foster carers 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.**

And

- **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.**

Family and friends foster carers

The Fostering Network recognises that there are additional complex issues involved where children are living with relatives who are approved as foster carers.

The legal and public health context

In recent years there has been a measurable shift in the number of workplaces that are smoke-free. The report by the Office for National Statistics entitled *Smoking-Related Behaviour and Attitudes Records* stated that in 2002, for the first time, 50% of people's workplaces were free from tobacco smoke, which was up from 40% in 1996.

In 2006, the Health Act was passed by Parliament that includes provisions to make enclosed or substantially enclosed (e.g. bus shelters) public places and workplaces smoke-free. This is already in place in Scotland, Wales and Northern Ireland, and is to be implemented in England in July 2007.

Through this legislation, virtually all enclosed public places and workplaces in England will be smoke-free, including all pubs, clubs, membership clubs, cafes and restaurants from 1st July 2007, as in Scotland and Wales.

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.

Smoking, foster care and the corporate parent, current practice and policies

Studies have shown that smoking policies in workplaces, schools and public places have an impact on tobacco consumption, increase quitting rates and raise awareness about passive smoking and its impact.

Policies on smoking vary throughout the UK, with different agencies having different practices, and with policies differing between adoption, fostering and residential care settings. Even within fostering agencies there is considerable variation in the nature of the formal and

informal smoking policies used, with some agencies having no policy at all and some having a policy of placing children in a family where there are smokers in exceptional circumstances. Policies vary from established written policies to more informal policies to a simple provision of information on relevant topics, e.g. passive smoking.

When placing children for fostering, decisions are often made at short notice, and with a shortage of available foster carers, smoking may not be a priority consideration. Fostering may also be viewed as a short-term measure so that longer-term health concerns are perceived to be less important.

However, this attitude is inconsistent with the UK Government and Scottish Executive's approach to children looked-after which aims to address the differing "life outcomes" of children looked-after compared with those who are adopted or who live in birth families. This approach acknowledges that poor health at the start of life can have a lifelong impact on a child.

Placing authorities and fostering agencies need to be aware of potential legal action in the future if a child develops a smoking-related disorder or claims "normalisation" of smoking, after being placed in a foster home where smoking occurs.

All who recruit foster carers need to give the protection of the health of children in their care a high priority. This means that wherever possible placement teams must try to protect children from exposure to second-hand smoke at home.

Recruitment issues and foster carers who smoke

Given the weight of scientific evidence, in an ideal world no child would ever be placed in the household where smoking occurs. However, it must be acknowledged that in the UK tobacco use remains normal and accepted.

There is a shortage of suitable foster carers and there are also significant pressures on agencies seeking to recruit foster carers. Fostering services have to balance the needs of children against the profile of foster carers available.

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.

Fostering services may not wish to create an image that results in smokers feeling that their applications would automatically be unwelcome.

Fostering services 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.

The number of prospective foster carers for children whose behaviour is difficult or for children with special needs is likely to be limited. In arranging family placements for older children, agencies have to weigh disadvantages (and, on the evidence, smoking has to be counted as one) against advantages. These may include personality, experience, age cultural background, geographical situation of the home and many more. This balancing act must be carried out in the light of the strengths that foster carers could offer.

Fostering services 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.

Foster carers who smoke and children and young people

Parents'/carers' approval or disapproval of the habit is a significant factor in determining whether a child will eventually become a smoker, and children living with parents/carers who smoke are nearly 3 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.

Foster carers' right to smoke must 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.

The younger the child, the more likely it is that they will spend most of the day (physically) in the same room as their parent/carer and outside school. Children spend most of their time at home, indoors with their parents or carers. Unlike adults who can choose whether or not to be in a smoky environment, children have little choice, which is why some fostering agencies already indicate that they do not place children under a certain age with smokers.

Recommendations

For public authorities

Public authorities need to be aware that, by placing children in environments where they may be subject to adverse long-term effects on their health or claim social normalisation as a result of smoking, they 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 care.

As corporate parents, all public authorities have a duty to promote healthy living in line with government policy. Policies on smoking developed for use in children's services should be sufficiently consistent to ensure that children are entitled to similar protection, regardless of their care context. Policies on smoking in all care settings – adoption, fostering and residential care – should be seen as inter-related. In addition to the equity argument, it should also be noted that many children looked-after will experience more than one type of care and consistency is therefore crucial.

For fostering services

The managers of fostering services, together with their fostering panels, should establish clear guidelines on their approach to foster carers who smoke which should be available to all staff, foster carers and prospective foster carers.

While 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 when being placed. No children under five years old should be placed with non-related foster carers who smoke – 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. Evidence confirms that it is not practical or safe for foster carers to create a smoke-free environment for very young children by (for example) smoking outside.

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.

In all planned long-term placements, and in those placements which are not planned as long-term but become long-term, the additional health risks to the 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.

The wishes of children and their parents should be sought and adhered to 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.

Prospective foster carers should be advised, at an early stage in the process, of the fostering service's policy and informed that smoking habits will be considered during the assessment, along with other health issues.

Information regarding the harmful effects of smoking should be included in preparation and training programmes for prospective and approved foster carers.

Fostering services 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.

Foster carers

Foster carers have a responsibility towards their own health and the health of their families. Where they are offered smoking cessation support, they have a duty to seriously consider the benefits of taking up that service.

Foster carers need to be mindful that their behaviour provides a role model for the children in their care and they need to consider the effect of smoking on those children.

Foster carers must never buy cigarettes for children and young people in their care, and cigarettes must never be used as a reward for good behaviour.

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.

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

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 endangers the whole family. The effective step to minimise 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.

Social workers

As above, 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.

They should support foster carers in ensuring that children and young people understand the rules regarding smoking, and should provide information that helps foster carers to enforce innovative ways to get children and young people to stop smoking.

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.

Social workers must never buy cigarettes for children and young people.

Social workers should provide access to health education/smoking cessation programmes for young people where it is needed.

Children and young people

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 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.

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.

Conclusion

The health risks to children and young people of being exposed to second-hand smoke have been well documented. There is a very specific shift in society away from the acceptability of smoking in public places where others may be subject to second-hand smoke, endorsed by changes in the law.

Whilst the issue of foster carers and smoking is clearly challenging in that foster carers are performing a public duty in their own homes, this is a challenge that has to be addressed if children and young people are to be kept safe and healthy.

Fostering services should move in a planned way over time to ensure that children are placed with foster carers who do not smoke by:

1. Recruiting foster carers who do not smoke or at the very least, at an early stage in the recruitment process, assisting those that do smoke to give up by fully informing them of the risks and providing appropriate support to them in giving up.
2. Careful matching in placements and by helping current foster carers to give up or moderate their smoking through providing a range of support mechanisms, whilst mitigating against possible future claims from children/parents whose health may have been impaired by not living in a smoke-free environment.