AGENDA ITEM NO 6

REPORT NO 389/16

ANGUS COUNCIL

CHILDREN AND LEARNING COMMITTEE – 8 NOVEMBER 2016

SMOKING POLICY FOR FOSTER CARE AND ADOPTIVE PLACEMENTS

REPORT BY MARGO WILLIAMSON, STRATEGIC DIRECTOR – CHILDREN AND LEARNING

ABSTRACT

This report proposes the adoption of a Smoking Policy for Foster Carer and Adoptive Placements.

1. RECOMMENDATION

1.1 It is recommended that the Children and Learning Committee adopt the proposed Smoking Policy for Foster Carer and Adoptive Placements (Appendix 1).

2. ALIGNMENT TO THE ANGUS COMMUNITY PLAN/SINGLE OUTCOME AGREEMENT/CORPORATE PLAN

2.1 This report contributes to the following local outcome(s) contained within the Angus Community Plan and Single Outcome Agreement 2013-2016:

- We have improved the health and wellbeing of our people and inequalities are reduced.

3. BACKGROUND

3.1 Angus Council currently does not have a Smoking Policy for Foster Carer and Adoptive Placements but we request that carers adhere to the good practice of not smoking in the presence of any foster children. Our practice is that we do not place any children under 2 years of age in a household where carers smoke. On 25 June 2009, Angus Council declined to adopt a Smoking Policy after report number No 409/09 was referred from the erstwhile Social Work and Health Committee.

4. CURRENT POSITION

4.1 Given the increasing evidence regarding the impact of passive smoking on children it is appropriate that the previous decision not to adopt a formal smoking policy is revisited. A proposed smoking policy is appended to this report for consideration by elected members.

4.2 Angus Council currently has seven fostering households where one or both foster carers smoke. There are no implications in terms of approval and capacity for three foster carers as they are approved for young people over the age of 12 years. Three carers will require a change of approval once the children in their care move on. One carer has a child living with them on a permanent basis and there will be no change to this as a result of the proposed policy as changes to placements are only made when it is in a child's best interests.

5. PROPOSALS

5.1 It is proposed that Angus Council adopt the proposed Smoking Policy as appended to this report.

5.2 It is proposed that this policy will be applied to new placements only and there will be no detriment to existing placements.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications to the proposed policy.

7. CONSULTATION

7.1 Consultation has been undertaken in relation to the prosed Smoking policy with the foster carers consultative group, the Looked After Child Medical Advisor, young people who are looked after and accommodated and the NHS Tayside Tobacco Control Manager.

NOTE: No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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List of Appendices: Appendix 1 Smoking and Foster Care Policy

Smoking Policy for Foster Carer and Adoptive Placements

1.0 Aim of Policy

1.1 The aim of this policy is to promote the health and wellbeing of children who are Looked After and Accommodated, while at the same time ensuring that as wide a choice of placement as possible is available to meet the needs of children and young people from 0-18 years.

1.2 It is essential that Angus Council takes all possible steps to reduce the exposure of looked after and accommodated children to passive smoking within our foster and adoptive homes and discourage young people from taking up smoking.

2.0 Rational for Policy

2.1 There is now a strong body of evidence to suggest that smoking and passive smoking have a detrimental effect upon the health of and development of children. A smoker inhales only 15% of the smoke from a cigarette; the remainder goes into the surrounding environment where it can be breathed in by other people.

2.2 Babies and children who are unable to avoid smoke in their environments are particularly at risk. There is an increased risk of bronchitis to children of parents who smoke. The risk is highest in the first year. If both parents smoke the risk is highest and lowest if neither parent smoke.

2.3 Children of smokers are much more likely to be taken to hospital within the first year of life with chest problems than those of non-smokers. They also have more ear, nose and throat infections than non-smokers children. Children exposed to smoke are more likely to develop breathing problems in adulthood.

2.4 Scientific evidence that passive smoking causes lung cancer in non-smokers is now accepted worldwide. Smoking has also been linked to other health problems such as asthma and heart disease.

2.5 There is also evidence to suggest that young people growing up in smoking households are more likely to become smokers themselves. The responsibility on local authorities to promote the welfare of the child means a proactive approach needs to be adopted to ensure their health is safeguarded.

2.6 Nationally around 12% of 15 year-olds stated that they were regular smokers with girls being more likely to smoke than boys. 5% of pupils (age 11 to 15) reported being regular smokers (at least once a week). However prevalence of regular smoking increased with age: from 0.5% of pupils aged 11 years old to 12% of 15 year-olds with girls being more likely to smoke than boys. Those young people who do experiment run the risk of addiction and of becoming long term smokers.

2.7 The earlier young people become regular smokers, the greater their risk of developing lung cancer or heart disease if they continue smoking into adulthood. Teens who smoke are significantly influenced by whether their parents or adults who care for them smoke now or did in the past.

3.0 Foster Carers and Smoking

3.1 Angus Council's policy in respect of foster care and smoking is that:

3.2 Fostering and adoptive applicants for children up to the age of 11 years must be non-smokers. This also applies to other members of the household.

3.3 Fostering applicants for children of all ages with a disability must be non-smokers: disability in this context means children who are often unable to play outside, all children with respiratory problems such as asthma and all those with heart disease or other medical condition deemed relevant by the medical adviser.

3.4 Foster carers who have successfully given up smoking should not be allowed to adopt or foster high risk groups (children under 11, children with a disability, chest problems, heart disease or other medical condition deemed relevant by the medical adviser) until they have stopped smoking for a minimum period of 12 months.

3.5 Foster carers for children aged 12 and over who smoke will required to smoke out with the house.

3.6 Placement within a smoking household can only be made where the young person does not have a known respiratory problem and has given his/her consent and has parental consent.

3.7 Existing foster carers who continue to smoke, and new foster carers of young people out with the categories listed above, should be proactively encouraged to stop smoking. Information on smoking cessation classes can be provided by the carers GP service.

3.8 Foster Carers have a responsibility to ensure that children/young persons have access to guidance and support to stop smoking or using e-cigarettes.

3.9 All foster carers who smoke should follow the guidelines issue by the National Safety Council (NSC) (2004) which include:

- Do not smoke around children or permit others to do so
- Keep your home smoke-free
- Smoke only outside the house
- Never smoke in the car

4.0 E-Cigarettes

4.1 The policy in relation to smoking applies equally to the use of E-Cigarettes.

4.2 Evidence to date shows the hazards associated with the use of e-cigarettes is likely to be extremely low and certainly much lower than smoking. However, our primary concern is the lack of evidence regarding the long term impact on the use of e-cigarettes and that foster carers need to be mindful of providing a good role model to children, regarding smoking and the use of e-cigarettes now or in the

future.

4.3 All e-cigarettes including refills, cartridges and tanks should be kept out of reach of children/young people. All products containing nicotine, such as cigarettes, ashtrays, gum, patches, sprays, lozenges and e-cigarettes, should be kept away from children. This includes batteries used in e-cigarettes.

4.4 Nicotine is highly poisonous to children and even a small amount can be very dangerous. Poisoning can happen from children chewing, swallowing or playing with nicotine products. Used patches can still contain enough nicotine to harm a child.