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ash joint briefing
action on smoking and health

The Fostering Network

Foster care, adoption and smoking

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This briefing sets out the joint position of ASH and the Fostering Network in relation to foster care, adoption, and smoking. It is intended to describe the shared policy position of those organisations who work to protect the public's health and the welfare and interests of fostered and adopted children. It also outlines recommendations for local authorities to consider when creating policy in this area.

Overview

The overriding priority in foster and adoptive care is the welfare of the child who is being placed. It always aims to provide a safe, loving and positive environment for the child, helping to improve their chances of being happy and healthy as they grow older.

However, secondhand smoke presents a serious risk to a child's health and having a parent who smokes significantly increases the likelihood that a child will smoke.[1] It is therefore in the interest of all children, and particularly vulnerable children who are in or have been through the care system, to be raised in smokefree homes, ideally by non-smoking carers.

All fostering and adoption services should move towards a situation whereby children and young people are only placed in smokefree homes, whether or not the foster carer or adoptive parent is a smoker. Careful consideration should be given before the approval and matching of foster carers who smoke for children under five years, parent and child placements and children of any age if they have a known respiratory illness which is aggravated by the effects of second-hand smoke. Local authorities must protect children from secondhand smoke and the impact of smoking on a child's behaviour, while doing their best to ensure that no child in need goes without a home. Balancing the risk of exposure against the benefits of good and appropriate care is challenging, but by focusing on the individual child's needs, the right decisions can be made. In all cases foster carers must provide a smoke-free environment.

Impact of exposing children to smoking

Children who are in, or have been through, the care system are among the most vulnerable people in society. They are more likely to have emotional or behavioural problems,[2] suffer from health inequalities and to face poor life chances and outcomes.[3] Children from disadvantaged backgrounds are also more likely to be exposed to secondhand smoke,[4,5] and children in care are significantly more likely to smoke. A study from 2003 found that as many as two thirds of children in residential care smoke,[6] at the same time an estimated 9% of children between 11 and 15 were regular smokers.[7]

Health impact

Children are particularly vulnerable to the damaging effects of secondhand smoke because of their smaller, immature and developing organs.[8] Evidence shows that secondhand smoke is a preventable cause of numerous health conditions including bronchitis, asthma, pneumonia, meningitis and sudden infant death syndrome.[9]

The Royal College of Physicians estimates that household smoking increases the incidence of childhood asthma by as much as 50% and results in 20,000 cases of lower respiratory tract infection each year.[1] Exposure to secondhand smoke in childhood can also lead to long term respiratory problems, including an increased risk of chronic respiratory illness and lung function deficits in later life.[10]

In addition to the well documented physical harm caused by secondhand smoke, research suggests that environmental tobacco smoke could be neurotoxic at extremely low levels and exposure to secondhand smoke may impair mental development and lead to neurobehavioral disorders.[11,12] A recent study also found that children who were continuously or intermittently exposed to secondhand smoke were more likely to be physically aggressive and display anti-social behaviour.[13]

Each year in the UK children breathing in other people's cigarette smoke results in 300,000 GP visits,[1] and children exposed to smoke are also likely to have more days off school each year.[14]

Impact on children and young people's behaviours

As well as the health impacts of exposure to secondhand smoke, parental smoking is strongly linked with smoking in adolescence and in later life. Children with at least one parent who smokes are 72% more likely to smoke in adolescence.[1] It is estimated that each year at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home.[1]

Not only do parents and carers act as role models to children in their care, but children with parents who smoke are likely to find it easier to obtain cigarettes. All parents and carers should therefore consider the impact of smoking on the behaviour of young people in their care. Exposure to secondhand smoke can also lead to symptoms of nicotine dependence in children who have never smoked.[15] Exposure can have an effect on receptors in the brain, which may increase vulnerability to smoking and nicotine addiction.[16]

The age at which a child starts to experiment with smoking is significant. The younger children start, the more likely they are to become heavily addicted. They are also likely to find it harder to quit as adults.[17]

Fostering and adoption services should minimise the risk to young people, both as children and in later life, by supporting fostering and adoptive parents to quit smoking and at the very least maintain smokefree homes.

Protecting children from smoking

Public health campaigns have increased awareness among parents and the public of the dangers of secondhand smoke and current research shows that attitudes towards smoking in the home are hardening.

A 2014 YouGov survey, commissioned by ASH, showed that 86% of GB respondents said they do not allow smoking anywhere in their home or only in places that are not enclosed (such as the garden or on a balcony).[18] This is a significant increase from the 78% of respondents who did not permit smoking in their home in 2009.[19] Attitudes of smokers are also improving. In 2014, 48% of daily smokers did not allow smoking in their home or only in places that are not enclosed, an increase from 39% in 2009.

A socio-economic divide does, however, exist. In 2014, 88% of people in professional and managerial occupations (social grades ABC1) did not allow smoking in their home or only in places that are not enclosed, this compares with 82% of people in people in routine and manual occupations (social grade D) and 77% of people in casual work, pensioners and others who depend on the welfare state for their income (social grade E).

It is important that local fostering and adoption services take advantage of shifting attitudes and protect the most vulnerable children. Children who go into foster care are more likely to have lived with parents or carers from more disadvantaged backgrounds, who are more likely to be smokers. This makes it even more important to have a clear policy which protects children from secondhand smoke in the home.

The role of local government and providers

The Government has set a clear direction for local authorities defining their duties in relation to promoting the health and wellbeing of both children,[20] and looked after children.[21] Protection from

smoking clearly falls within this remit. Local authorities currently have a range of policies in place. Some areas insist that potential foster or adoptive parents have stopped smoking for at least a year prior to caring for young or high risk children, others only encourage smokefree homes. We would welcome increased consistency across local authorities.

BAAF has made a series of recommendations, including:

- Children under five should not be placed with carers who smoke.
- Children with a disability which means they are often unable to play outside or move away from smoking adults, those with respiratory problems, and those with heart disease or glue ear should not be placed with smoking families.
- In long-term fostering, kinship and adoptive placements, the additional health risks to the child of being placed in a smoking household need to be carefully balanced against the benefits of the placement for the child.
- Carers who have stopped smoking should not be allowed to adopt or foster high-risk groups until they have given up smoking successfully for a year because of the risk of relapse.[22]

The recommendations provide comprehensive guidance which has been adopted, or part adopted, by many fostering and adoption services.

The Fostering Network and ASH believe that all local authorities should have a stated policy to minimise the harm to children from exposure to smoking which includes:

- Assessing the smoking status of potential foster carers and those wishing to adopt prior to placement and informing them about the local authority's policy.
- Supporting foster carers and adoptive parents who smoke to quit by signposting them to stop smoking services and advising them on how to minimise any potential harm by establishing a smokefree home and car.
- Providing information to all foster carers and adoptive parents on the dangers of secondhand smoke, the impact of role modelling, and the health benefits to children of smokefree homes and cars.

We also believe that careful consideration should be given before the approval and matching of foster carers who smoke for children under five years, parent and child placements and children of any age if they have a known respiratory illness which is aggravated by the effects of second-hand smoke. In all cases foster carers must provide a smoke-free environment. We would expect local authorities to take steps to ensure carers maintain a smokefree home. This could include, for example, prescription of licenced Nicotine Containing Products (NCP) in line with NICE guidance on tobacco harm reduction.[23]

The local government and fostering and adoption providers also have a responsibility to ensure all vulnerable parents and foster carers and adopters have access to good quality information regarding the dangers of smoking and should be signposted to local smoking cessation services.

In addition providers should ensure that birth parents who smoke are given good information about the risks they pose to their child and encouraged not to smoke during visits.

Authorities should create policies which balance the risk of exposure to smoke against the advantages of a strong and supportive home for a child and ensure decisions are taken accordingly.

The role of foster carers

Foster carers are primarily concerned about the welfare of the children in their care and they have a responsibility to promote a healthy lifestyle, whether this be in relation to exercise, healthy diet, alcohol or smoking.

Foster carers who smoke, like all people who smoke, need support, motivation and information to enable them to quit. As most smokers started when they were children, many foster carers who smoke are likely to have done so for some years. Quitting may take repeated attempts and may never be achieved.

All foster carers should be informed about the harm caused by secondhand smoke and the influence that smoking has on the behaviour of young people and children. To encourage healthy lifestyle choice and ensure that a child's exposure to secondhand smoke is minimised, they should be encouraged to ensure that their home and cars are smokefree. In line with NICE guidance on tobacco harm reduction,[23] they should adopt a smokefree approach and use a licenced Nicotine Containing Product if necessary to abstain from smoking to protect children.

Foster carers should be aware that their own smoking may influence the behaviour of children in their care and should ensure that children are well informed about the risks associated with smoking and the dangers of addiction.

The role of adoptive parents

As with foster carers, adoptive parents are primarily concerned about the welfare of children in their care.

Adoptive parents should, as should all parents, be encouraged to ensure a child's exposure to secondhand smoke is minimised.

The local authority's focus should be on deciding if a home is suitable prior to the child's placement. Potential adopters should be informed of the local authority's policy surrounding adoption and smoking. If applicants smoke, they should be provided with support and information to enable them to quit. If they are unable to quit they should be supported in line with NICE guidance on tobacco harm reduction,[23] to adopt a smokefree approach and where necessary use licensed NCP to abstain from smoking to protect children. They should also be made aware of the risk of children modelling their behaviour on that of those around them.

Addressing smoking behaviour of children in care

As noted above, there are higher rates of smoking among children in care. This can have a serious impact on their life chances and reduce the likelihood of them living a long and healthy life. It also has financial implications as the cost of maintaining an addiction to tobacco throughout their lives could be significant.

The role of local government

Local authorities should have a clear and enforced policy for addressing the smoking behaviour of children in care. This policy should discourage looked after children from taking up smoking in the first place and encourage them to stop.

Local authorities should provide residential care staff and foster carers with training to raise awareness of issues around tobacco use and signpost to smoking cessation services. This should also include clear and enforced guidance on speaking to young people about their smoking behaviour and prohibiting staff from facilitating or endorsing smoking behaviour.

The role of carers

All carers have a central role in looking after the health of children in their care. Carers should encourage looked after children to quit smoking and, although it may be difficult, they should enforce no smoking rules. They should not facilitate or encourage smoking by buying cigarettes for children and cigarettes should never be provided or taken away as a means of reward or punishment.

It is important that carers provide young people with the advice, guidance and support they need to enable them to quit smoking. Carers should signpost children to local Stop Smoking Services and, where appropriate, to health professionals who may be able to recommend a licensed Nicotine Containing Product (NCP).

Support available

NHS Stop Smoking Services provide free support to help people give up smoking. Evidence shows people are four times more likely to successfully quit smoking when using local NHS services combined with stop smoking medicines.

These services are not designed specifically for young people, although a number of local authorities do have a service specifically for teenagers and young people. National charities such as QUIT and regional charities like Kick Ash and Kick Butt also provide free and confidential stop smoking services for young people. They offer specialist support and make stop smoking medication available for those over 12 years old.

Recommendations

1. All local authorities and fostering and adoption service providers should have an explicit foster care and adoption smoking policy. This policy should promote non-smoking for all foster carers and adoptive parents. It should support carers to give up smoking and at the very least promote smokefree homes and cars, balancing the risk of exposure against the benefit of appropriate care.

2. All foster carers and adoptive parents should be empowered to protect children in their care from the potential harm of secondhand smoke and the risks associated with parental figures who smoke being seen as role models.

3. Fostering and adoptive parents should be given appropriate support and guidance to address the smoking behaviour of children in their care and to enable them to signpost children to health professionals and stop smoking services. Staff in children's homes should also be provided with clear guidance on managing smoking behaviour of children in their care.

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