



Foster Carers, Adopters Smoking and Electronic Cigarettes Policy November 2017

Introduction

This policy updates previous policies in the light of changing scientific information and the improved understanding of the effects on health of exposure to passive or second hand smoke from cigarettes, cigars and pipe tobacco.

Every time a child breathes in second-hand smoke, they breathe in thousands of chemicals. This puts them at risk of serious conditions including meningitis, cancer, bronchitis and pneumonia. It can also make asthma worse.

This policy has also been extended in 2017 to include the use of electronic cigarettes (E cigarettes) and 'vaping' and the ban on smoking in cars.

Milton Keynes Council has a duty to ensure the health of looked after children and their carers. Local authorities need to demonstrate that they are taking positive action, particularly as in the future they could face legal action if a child develops a smoking-related disorder after being placed in a foster or adoptive home in which family members smoke.

Further information regarding the risks associated with smoking and children breathing second hand smoke and also electronic cigarette use is outlined in Appendix 1 at the end of this policy.

Smoking in Cars with children present is illegal

It is illegal to smoke in a car (or other vehicle) with anyone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of second-hand smoke. Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional driving licence.

This ban includes Foster Carers and escorts transporting children and young people.

The law applies:

To any private vehicle that is enclosed wholly or partly by a roof

When people have the windows or sunroof open, or the air conditioning on

When someone sits smoking in the open doorway of a vehicle

Milton Keynes Council Smoking Policy for Foster Carers and Adopters

The aim of this council fostering service is to place all children who they care for in non-smoking households.

Children under five years of age should not be placed with local authority carers / adoptive parents who smoke or use electronic cigarettes.

Children with disabilities, respiratory problems, e.g. asthma, heart problems or glue ear, should not be placed with local authority carers / adoptive parents who smoke or use electronic cigarettes.

In all kinship placements, both long term fostering 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.

It is recognised that there are additional complex issues involved in kinship care/connected persons arrangements and assessments. As with any potential carers who smoke, every effort should be made to encourage family or friends to give up or to create a smoke-free home for the 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.

Children generally have better outcomes in such placements and as assessment will need to be made in each case as to whether the best interest of an individual child would be served by living with family and friends carers, even where there may be some doubt as to their ability to provide a smoke-free home for that child.

Foster carers/prospective adopters do not smoke in front of young children and young people.

Foster Carers / Prospective adopters do not 'use' electronic cigarettes in front of children and young people.

Carers will be expected not to advocate smoking by looked after children, for example by ensuring that they do not provide cigarettes, tobacco or electronic cigarettes for them and cigarettes should never be used as a reward for good behaviour.

Foster Carers must not purchase cigarettes, tobacco or electronic cigarettes for children and young people under the age of 18 years. It is illegal for young people themselves to buy or be sold cigarettes, tobacco or electronic cigarettes.

Foster carers should actively encourage children and young people who do smoke to seek advice and guidance to help them give up. Some useful information and tools are available free on the Smoke Free website; this includes kits and apps that may be useful to work with children and young people.

Carers / prospective adopters who are unwilling or unable to cease smoking should be offered advice about minimising children's exposure to tobacco smoke. Carers who do smoke will be encouraged to create a smoke free home.

Foster carers will be advised when visiting friends and relatives of the foster carers who smoke to restrict their smoking to certain areas of their house and to ensure that children play, eat and sleep in smoke free rooms and are not exposed to excessive smoking when visiting friends and relatives of the foster carers or when other smokers visit the foster home.

Where carers / prospective adopters have given up smoking children in the high risk group will not usually be placed with them until they have given up smoking successfully for 12 months, For existing carers this will be discussed by the supervising social worker at home visits and during the household review;

For new carers / prospective adopters this will be covered at recruitment events, and in the recruitment information packs. Carers / prospective adopters who are smokers but indicate their wish to be considered for younger children will be expected to cease smoking permanently before any assessment commences and to have given up smoking for twelve months before children are placed.

If, after approval (and before adoptive placement) carers / prospective adopters recommence smoking, Milton Keynes will reconsider their approval and range and ages of children who can then be placed with them, carers / prospective adopters are expected to be honest and if necessary verification will be sought from their GP.

Carers / prospective adopters should be provided with or directed to additional information about the risks of smoking in the home.
All staff should be aware of the dangers of smoking and actively discourage children from smoking. Promoting a positive health message is crucial.

Staff must not smoke or use electronic cigarettes in the presence of children and young people who they are working with, including children who they are transporting. Smoking in vehicles with children present is illegal. This also contravenes the Local authorities code of standards and ethics for Staff.

Peter Harrell
Fostering Improvement Consultant
November 2017

Appendix 1 : Recommendations and Risks of Smoking evidence

Coram BAAF Recommendations

Coram BAAF has made the following recommendations for looked after children and their carers :

In 1993 BAAF advised that children under two years should not be placed with carers who smoke because of the potential risk to health. This age limit should be increased to all children less than five years old. 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.

All children with a disability which means they are often physically unable to play outside, all children with respiratory problems such as asthma and all those with heart disease or glue ear should not be placed with smoking families.

In all 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 available benefits of the placement for the child. This is because the significant risks of exposure to passive smoking increase with time.

Children from non-smoking birth families should not be placed with substitute carers who smoke.

All older children, who are able to express a view, must be given a choice to be placed with a non-smoking family. All carers should be advised about the risks of buying cigarettes or electronic cigarettes for adolescents. Electronic cigarettes should never be used as a reward for good behaviour in adolescents.

The National Safety Council (NSC) (2004) has produced guidelines for parents on what practical steps they can take to minimise children's exposure to tobacco smoke, if they are unable or unwilling to stop smoking. All foster carers, respite carers, adopters and child minders should follow these guidelines, which should also be incorporated into preparation courses. This advice includes:

Don't smoke around children or permit others to do so. Their lungs are particularly susceptible to smoke; Keep your home smoke-free. Because smoke lingers in the air, children may be exposed to smoke even if they are not around while you are smoking;

Never smoke in the room where your child sleeps and do not allow anyone else to smoke there;

Never smoke while you are washing, dressing, or playing with your child;

It is illegal to smoke in the car when children are present. The high concentration of smoke in a small, closed space greatly increases the exposure of other passengers.

Stopping smoking will protect not only the health of children, but also the health of their carers. Agencies have a primary responsibility to ensure that where a relationship is established between a child and a carer, this is maintained for as long as the child needs. It

is a tragedy for a foster carer or adopter to be unable to continue to care for a child who has already experienced significant loss because of preventable illness or premature death. All agencies should, therefore, encourage all carers to stop smoking by:

Providing information on the effects of passive smoking in children;

Providing information on the effects of smoking on adult health;

Providing regular training and information for fostering, adoption and permanency panels;

Advertising local and national NHS services for stopping smoking;

Resourcing nicotine patches for carers, if necessary;

Discussing smoking risks as a routine part of the recruitment process and at every review for all foster carers;

Giving consideration to the smoking habits of other family members and friends who visit regularly, e.g. grandparents or older children who no longer live at home should also be part of these discussions.

Carers who have successfully given up smoking should not be allowed to adopt or foster high-risk groups (children under five, children with a disability, chest problems, heart disease or glue ear) until they have given up smoking successfully for a minimum period of 12 months. This is because relapse rates in the first three to six months are high; after six months the risk of relapse is less and after 12 months most people will be permanent non-smokers. After 10 years of not smoking an applicant is classed as a non-smoker for insurance purposes.

Carers who smoke should receive extra information about the risks of burns and fires from smoking. Fire and burns are the leading cause of death in the home for children. In the UK, 10 percent of fires ignite with smoking related material and cause between 130 and 180 deaths annually, or one in three of all deaths from fires (Department of Health, 2001).

Local authorities and other fostering providers are moving progressively to a situation where no more smoking carers are recruited. This will not only improve the health of some very vulnerable children but will protect the agencies from potential legal action in the future.

Social Workers should carefully consider the importance of promoting non-smoking and the positive messages that they convey to young people. They should actively help all looked after children to stop smoking. Promoting a positive health message also means that they should not smoke in a car which will be used later to collect children and young people; not smoke outside case conferences or reviews and not smoke with young people, nor in the view of children.

Electronic cigarettes and the potential impact on children in care

What is an electronic cigarette (e-cigarette)?

“An electronic cigarette is a battery-powered vaporizer which stimulates tobacco smoking by producing an aerosol that resembles smoke. It general uses a heating element known as an atomizer that vaporizes a liquid solution known as e-liquid. E-liquids usually contain a mixture of propylene glycol, vegetable glycerine, nicotine and flavourings, whilst others release a flavoured vapour without nicotine”

The impact of E Cigarettes on children and looked after young people

The Fostering Network (www.fostering.net) in association with ASH have produced a position statement about the use of e-cigarettes stating that it is “a shared policy position of those organisations working to protect the public’s health alongside those working to protect the welfare and interests of fostered and adopted children”. They conclude that whilst e-cigarettes produce a vapour, “there is no evidence to date that second hand vapour is harmful to human health”. However, **they do advise it is good practice not to use around children and young people until more evidence is gained about the effect of modelling smoking behaviour may have on young people.**

Milton Keynes Council fostering Service follows this advice

Fostering Network and the ASH organisation have jointly produced a position statement they recommend e cigarettes are not used in front of children as they mimic smoking behaviour. The ESC has also raised concerns that the paraphernalia used with e-cigarettes such as chargers can cause a fire risk in the home.

There is consistent scientific evidence to support the association of an increased risk of the following conditions in children brought up in smoking households:

Sudden Unexpected Death in Infancy (SUDI) or cot death is the most common cause of death in children aged 1-12 months. Compared to those infants whose mothers do not smoke, the infants of smoking mothers have almost five to six times the risk of dying from SUDI;

Lower respiratory tract infections (pneumonia and bronchitis) in pre-school children occur more frequently if a parent smokes;

Asthma and respiratory infections in school age children are more common in a smoking household. It is estimated that between 1,600 and 5,400 new cases of asthma occur every year as a result of parental smoking. In addition, established asthma tends to become more severe in smoking households;

Parental smoking is responsible for a 20-40 percent increased risk of middle-ear disease in children. This is associated with hearing loss, a need for surgery, secondary speech delay, schooling difficulties and social isolation;

When someone smokes a cigarette, the smoke from the burning tip is released into the air. So is the smoke they breathe out. Smoke can stay in the air for up to two and a half hours even with a window open. It may still be there even though you can't see it or smell it. Smoke may still be present in large amounts even after the person has stopped smoking.

Further information regarding passive smoking can be found on the NHS Choices website and the Smoke Free website.

In the UK, 17,000 children under the age of five are admitted to hospital every year with illnesses resulting from passive smoking;

Children in care are four more times likely than their peers to smoke, use alcohol and misuse drugs.

The evidence for some of these conditions is close-related – the greater the number of cigarettes smoked by the adults, the greater the risk. The risks to children will, therefore, be increased by the frequency of visits of smoking relatives and family friends.

The Health Act 2006 governing the ban on smoking in public places does not apply to foster or adoptive homes as the relationship with the carer/adoptive parent is not that of an employer or employees.

Current information and thinking around e-cigarettes

According to ASH- the charity, Action on Smoking and Health, it is estimated there are 1.3 million people who are currently using electronic cigarettes in the UK, although other figures have been quoted in excess of 2 million. (www.ash.org.uk)

Research indicates that e-cigarettes have helped individuals cut down or give up smoking which is said to benefit health as they do not contain tobacco or the high levels of toxins found in traditional cigarettes. Since 2016, there have been regulations imposed by the Medicines and Healthcare products Regulatory Agency (MHRA) in particular ;

Restricting e-liquids to a nicotine strength of no more than 20mg/ml, requiring nicotine-containing products or their packaging to be child-resistant and tamper evident, banning certain ingredients including colourings, caffeine and taurine and including new labelling requirements and warnings.

The British Medical Association (BMA) would like to see stronger controls used on e-cigarettes in line with traditional smoking. The World Health Organisation (WHO) would like to ban e-cigarette use indoors, but Cancer Research UK states “there isn’t enough evidence to justify a ban on the use of e-cigarettes indoors”. (www.cancerresearchuk.org)

However, the charity agree there are still some questions about the safety of the chemicals that are in e-cigarettes, and say the current lack of regulation means there’s no way of verifying what’s actually in them, especially with so many different companies now entering the market.

The paraphernalia that charge electronic cigarettes can cause an increase in fire risk. You can avoid many of the dangers by following this simple advice:

- Follow the instructions provided by the manufacturer carefully – battery capacities and charging voltages vary according to manufacturer so it is important to check you are using the correct charger.
- Heed any warnings supplied with the product. Over-tightening of the screwed connection to the rechargeable battery can result in mechanical damage which can in turn create heat problems and possible failure.
- Ensure that e-cigarettes are not left charging for long periods of time
- Do not leave e-cigarettes plugged in overnight or whilst you are out of the house
- Look for the CE mark that indicates chargers comply with European Safety standards
- Please keep all e- cigarette paraphernalia out of the reach of children. The liquids used are dangerous and should be stored in the same way as prescription drugs.

Protecting children from the dangers of smoking is a top priority for Cancer Research UK who says that in the UK alone, over 200,000 children under 16 start smoking. They state “we need to find out more about whether e-cigarettes are attractive to children, particularly given the appealing flavours”.

The Child Accident Prevention Trust (CAPT) quote “Nicotine is highly toxic through ingestion, inhalation or skin contact, especially for young children. Ingestion of only a tiny amount can be fatal. A bulletin circulated to GPs and pharmacists in Northern Ireland in January stated that less than 2mls can be fatal for an adult, and warns that it is very likely to be even less than this for a child”. Furthermore they state there have been cases of children being poisoned, one fatally from liquid used for e-cigarettes (www.capt.org.uk).

Finally, concerns have been raised about the safety of charging appliances in relation to e-cigarettes. The Electrical Safety Council (ESC) states “There have been a number of reported incidents involving e-cigarette chargers, with numerous reports of the chargers exploding

whilst in use” and have listed some key points to reduce many of the dangers (www.electricalsafetyfirst.org).

Conclusion

It is evident that the use of e-cigarettes is increasing and more companies are becoming involved with the marketing and production of the product. It is widely thought they can help to reduce or stop smoking traditional cigarettes which would beneficially impact on the health of the individuals. As no tobacco is used in an e-cigarette and therefore, it is seen as a safer option. However there has not been adequate research into the subject .

Although it seems clear there is a risk to the health of children if they ingest liquids used from e-cigarettes.