



Smoking /
Vaping policy

February

2021



Smoking Policy for Adoption

About this document

Title: Smoking Policy for Adoption

Purpose: Promoting positive good health for children, young people and their Carers

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Date: February 2021

Version number: 2

Review frequency: Three- yearly

Next review date: February 2024

Introduction

Adoption in Merseyside has a duty to ensure the health of looked after children and their carers and in doing so must continue to keep the welfare of the child as paramount. We aim to provide a safe, loving and positive environment for all children and young people in adoption placements.

The health risks of smoking are well known and in more recent years we have become more aware of how secondhand smoke presents a serious risk to a child's health. It is therefore in the interest of children, and particularly vulnerable children who are in or have had previous experience of the care system, to be raised in a smoke free home, ideally by non-smoking carers.

This policy should be read alongside into account the BAAF Practice note 68; Reducing the risks of environmental tobacco smoke for looked after children and their carers (2018), and the joint briefing from Fostering Network and Ash; Foster care, adoption and smoking (2016). Consultation and comments from NICE. These papers are embedded below.

[NICE Looked-after children and young people](#)

[Practice Note 68. Reducing the risks of environmental tobacco smoke for looked after children and their carers](#)

The following is a table of policy upon first contact with AIM regarding smoking and or vaping.

Scenario	Outcome
<p>At initial contact a prospective adopter currently smokes cigarettes.</p>	<p>The Agency would need to explore how long the prospective adopter has smoked for and at what level. I.e. social smoking/ 20 plus per day for X years. From this information the Agency would ask if possible, the prospective adopter attend a smoking cessation clinic via their GP. This allows the prospective adopter access to support and would be noted on their medical records when the cessation began for medical report purpose.</p> <p>The time frame for re applying to AIM would be 6 months up to 1 year dependent upon the severity of addiction disclosed.</p>
<p>Social smoking</p>	<p>As above 6 months</p>
<p>Social vaping</p>	<p>As above 6 months</p>
<p>Vaping</p>	<p>As above 6 months</p>

1. Introduction and Research

How Smoking Affects Health

The harmful effects of smoking on health have long been recognised. However, over the last few years the scientific evidence of the dangers from inhaling secondhand smoke has increased. The Department of Health recognises secondhand smoke as a serious potential health problem from which the public needs to be protected and in July 2007 legislation was implemented to prohibit smoking in enclosed public spaces and in the work place.

The World Health Organisation recognises that secondhand smoke is a real and substantial threat to child health causing a variety of adverse effects.

Second hand smoke is a controllable and preventable form of air pollution. There is no safe level of exposure.

The health, safety and well-being of children and young people are at the heart of Adoption 22 Guidance for children in care.

There is now a huge body of evidence that demonstrates the negative effects that passive smoking has on children. There is consistent scientific evidence to support the association of an increased risk of a number of health conditions for children brought up in smoking households:

- The infants of smoking mothers have almost five times the risk of dying from sudden infant death syndrome.
- Lower respiratory tract infections such as pneumonia and bronchitis in preschool children occur more frequently if a parent smokes.
- Asthma and respiratory infection in school age children are more common in smoking households.
- Parental smoking is responsible for a 20% -40% increased risk of middle ear disease in children.
- In the UK 17,000 children under the age of 5 are admitted to hospital every year with illnesses resulting from passive smoking.
- Passive smoking has been accepted by scientific bodies worldwide as a cause of lung cancer in non-smokers as well as aggravating other existing illnesses e.g. Asthma.

There are also other health hazards associated with smoking, including poisoning and the increased risk of fire.

Research indicates that children living in smoking households are three times more likely to become smokers themselves than if they are from smoke free households.

Growing up in a household where adults smoke often means that children perceive smoking as the norm.

The carers/parent's approval or disapproval of the habit is a significant factor in determining whether a child will eventually become a smoker. There is little evidence that knowledge of the health risks associated with smoking influences children to be non-smokers.

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. Other measures such as restricting smoking in the vicinity of the child or using fans or open windows to ventilate rooms where smoking had taken place are ineffective.

There has been increasingly widespread public support for smoking restrictions in the work place and other public places. In 2006, the Health Act was passed ensuring that by the 1st July 2007 enclosed or substantially enclosed public and work places are smoke free.

The huge body of evidence that demonstrates the negative effects that smoking has on children means that Adoption 22 agencies, as corporate parents have a responsibility to balance the needs of looked after children against the rights of adopters to do as they wish in their own home.

As local authorities, we are aware that many looked after children are already disadvantaged with neglected or impaired health by the time they come into the care system and they have a right to have their health protected and promoted by their carers. Children's health must be our primary consideration.

Local authorities may also lay themselves open to legal action in the future if a child develops a smoking related disorder after being placed in an adoptive home in which family members smoke.

2. Guidance

Under the Children and Families Act 2014 smoking is restricted when there is a child (person under 18 yrs.) in a vehicle and from October 2015 it is now illegal. Both the driver and the smoker could be fined. However, it does not apply to e-cigarettes. (See Gov.UK Smoking in Vehicles (August 2015)) and DoH, Rules about tobacco, e-cigarettes, and smoking: 1 October 2015.

However, as a region we are working towards a position where no child placed for adoption will be exposed to living in a smoking household.

1. The younger the children, the more likely it is that they will spend most of the day physically in the same room as their parent/carer. Unlike adults who can choose whether or not to be in a smoky environment, children have little choice, therefore Adoption 22's position statement is that member agencies will not place children under 4yrs 11 months with non-related adopters in smoking households.
2. Children with disabilities who are physically unable to play outside or children who are vulnerable due to respiratory problems such as asthma, heart disease or glue ear will not be placed with non-related adopters where smoking occurs.

3. Adopters will be expected to ensure that children and young people in their care are not exposed to excessive smoking when visiting friends and relatives or when other smokers visit the home.

Exceptions to the above

In all adoption placements for older children and relative and foster carer adoptions, the additional health risks to the child of being placed in a smoking household will be carefully assessed and 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.

4. Any risk to the health of the child will need to be weighed against the potential benefits of being placed with people who are part of their family and friends' network and with whom they are likely to have a preexisting relationship.

The wishes of children and their birth parents should be considered when making a choice about whether children are to be placed in a family where smoking occurs.

5. It is an expectation that adopters do not smoke in front of children and young people.
6. Adopters will also be advised to restrict their smoking to outside of their house and to ensure that children play, eat and sleep in smoke free rooms.
7. Adopters will be expected to ensure that children and young people in their care are not exposed to excessive smoking when visiting friends and relatives of the carers or when other smokers visit the home. They will be transported in smoke free cars.
8. If adopters do smoke outside, supervision arrangements for children in placement should be explicit (see Section 6, Household Smoke Screening Tool).

3. Smoking Cessation

(See Section 2, Guidance regarding smoking in cars).

It is important that prospective foster carers and adopters are made aware at the early stages of recruitment that Knowsley have policy guidelines about the ages and needs of children whom they will not place with non-related adopters who smoke.

Prospective adopters should be advised that smoking habits will be considered during the assessment, along with other health issues.

Prospective adopters who currently smoke will be offered every advice and assistance from smoking cessation services and other sources to assist them in giving up if they wish so and supporting them to help avoid relapse.

(See Section 6, Household Smoke Screening Tool).

Ex-smokers are particularly vulnerable to relapse in the first three to six months. After 6 months the risk of relapse is less, and after 12 months most people will be permanent non-smokers. These risks should be taken into consideration when matching vulnerable groups of children such as the under 5's, children with chest problems etc.

Adopters who have stopped smoking, but relapse will receive a sympathetic response to the relapse by the placing local authority. However, there will be an expectation of the carer to re-address when and where they smoke etc.

If the relapse occurs whilst waiting for a placement their suitability for more vulnerable groups of children would need to be reconsidered by a review. Again, the prospective adopters will be offered help and support to stop smoking.

4. Practice Guidelines for Placing Children with Adopters who Smoke

- Prospective adopters should be made aware of the agency's smoking policy at the time of the initial visit and given an opportunity to discuss the implications of smoking on their application.
- The department's smoking policy is discussed further during the preparation groups. At this stage of the application process, any prospective adopters who smoke will be provided with Stop Smoking information packs.
- Where there are prospective adopters or other household members who smoke, this will be addressed during the assessment.
- No children who are under the age of 4 yrs. 11 months, disabled or have respiratory problems should be placed with adopters, where there are household members who smoke, unless in exceptional circumstances (see exceptions). Potential risks to a child's health as a result of the placement will need to be weighed against the potential benefits of that placement e.g., adopters who have adopted a sibling or foster carers adopting. This is due to the particularly high health risk for very young children and toddlers who spend most of their day physically close to their carers;
- Adopters need to maintain a smoke free home. This includes other household members and visitors to the home, who should be asked to smoke outside.
- An individual smoking policy for all adopters who smoke, should be developed and kept on file, which states the age of the children being placed, where the adopters and other household members smoke and how this affects their ability to provide a smoke free environment;

- The wishes of children and their parents should be considered when making a choice about whether children are to be placed in families where smoking takes place.

5. Recruitment Guidance for Adoption Services

There is a shortage of suitable adopters to meet the needs of all the children we are seeking to place. Given the weight of evidence that now abounds, and the shift in public attitudes, it would be preferable to always place children in non-smoking households.

This region must balance the needs of children against the profile of adopters currently coming forward. Therefore, whilst Adoption agencies are moving to a position where no adopter smokes, we recognise that we will continue to accept applications from smokers for certain children.

In arranging placements for older children, the disadvantages, and risks of placing them in a smoking household may be outweighed by the advantages. This balancing act must be carried out in the light of the strengths that adopters could offer. This may include personality, experience, existing relationships age, cultural background, geographical situation of the home and many more.

7. References

CoramBAAF – practice note 51 (2007) Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and Their Carers.

Department of Health, Scientific Committee on Tobacco and Health, review of evidence of passive smoking