

Report To: Community Health & Care
Partnership Sub Committee

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Subject: SMOKEFREE CARE PLACEMENTS POLICY FOR LOOKED
AFTER AND ACCOMMODATED CHILDREN AND YOUNG
PEOPLE

1.0 PURPOSE

The purpose of this report is to inform the Sub-Committee of the Inverclyde Community Health and Care Partnership Smokefree Care Placements Policy for Looked After and Accommodated Children (LAAC) and seek approval for implementation.

2.0 SUMMARY

Smoking and exposure to smoke is a major issue within Looked After and Accommodated Children (LAAC) settings across Scotland. A firm evidence base exists which highlights the role of local authorities with regard to the promotion of health and wellbeing among this target group.

NHS Greater Glasgow and Clyde, in partnership with other local authorities, have identified a policy gap in relation to LAAC, and subsequently drafted proposals to provide children and young people with positive role models and smokefree environments in order to promote healthy lifestyles.

In response to this a short life working group developed the Inverclyde CHCP Smokefree Policy for Looked After and Accommodated Children. Once in agreed final format, this policy was sent for consultation in late 2011 (see attached). Following this a final version of the Policy was agreed by the working group in February 2012.

3.0 RECOMMENDATION

It is recommended that the Sub-Committee:

- Note the content of this report.
- Approve the Policy for implementation across Inverclyde CHCP.

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4.0 BACKGROUND

Well established evidence shows that smoking is a leading cause of health inequalities, preventable illness and premature death. Additionally, the substantial cost of maintaining a smoking habit can also exacerbate poverty and it is argued that these factors should be considered important components of the harm caused to children through exposure to second-hand smoke (SHS).

Carers and staff have an important role in protecting children from SHS and encouraging smoking cessation. A survey undertaken amongst looked after and accommodated children (LAAC) revealed that whilst carers could not stop the children in their care from smoking, they often indicated the health risks involved and encouraged them to give up. Additional research undertaken amongst children in foster care revealed that where the child was a non-smoker they were often disapproving of their foster carer's smoking habit and highlighted the dangers of '*passive smoking*' and the detrimental health impact of living in a smoking household.

In 2007 a LAAC smoking cessation project was piloted in Glasgow through partnership funding between NHS Greater Glasgow and Clyde and Glasgow City Council. The outcome of this was the identification of a policy gap which subsequently led to the development of a '*Smoke Free Care Placements Policy for Glasgow City Council's Looked After and Accommodated Children and Young People*'. The policy aims to ensure that LAAC are provided with positive role models and smoke free environments to promote health and healthy lifestyles and sets out the duties and responsibilities of the staff, carers and children in achieving this.

In 2009, funding was secured to expand the project across NHS Greater Glasgow and Clyde in order to provide a unified and consistent approach to tackling the issue of smoking in care placements throughout the Board area. As a result of this a short life working group was established to develop a policy on smoke free care placements in Inverclyde, through partnership working between Inverclyde CHCP and NHS Greater Glasgow and Clyde (NHSGGC).

It is recognised that considerable progress has been made in this area and evidence from formal reviews of foster carers and placements indicates that carers are well aware of the risks of passive smoking and of their importance as role models. Many have therefore changed their behaviour and practice in relation to smoking. As with residential services however it is accepted that a specific policy would formalise this practice.

5.0 PROPOSALS

- 5.1 Currently, there is no formal written policy recommending smokefree environments within Inverclyde Local Authority foster care placements, nor a policy for placing children in homes with individuals who smoke. On initial enquiry, all prospective foster carers are asked about their smoking status. As their application progresses the issue of smoking is discussed with them in further detail to ascertain information about their smoking habits and standards regarding second hand smoke.
- 5.2 Lifestyle issues including smoking are discussed at the Fostering Resources Panel where the application for approval as foster carers is considered. Applicants are advised that the expectation of Inverclyde Council is that they will not smoke in the house or in front of children. They are also told about smoking cessation services available and advised to discuss this matter further with their family placement social worker. At present, the '*Foster Carers Agreement*' made between the foster carer and the Local Authority does not cover the issue of smoking. However this is in the process of being revised and information about the Local Authority's standards regarding smoking is being considered.

- 5.3 Inverclyde Council's *'No Smoking Policy and Procedures'* (2006) currently applies to all Local Authority residential care placements in Inverclyde. Under this policy, smoking is not permitted in any Council controlled workspace, including Council owned or operated vehicles. Smoking within most Council controlled outdoor areas is not prohibited, although individuals must not smoke at the entrances or exits of Council buildings as it causes blockage and gives a poor impression. Some Council controlled outdoor areas must also be smoke free, such as children's play parks, school playgrounds and other areas identified through risk assessments. This currently applies to Local Authority residential care placements where smoking is not allowed within either the building or grounds.
- 5.4 The 2006 policy applies equally to all persons using or visiting council premises, including employees, elected members, residents/clients, pupils/students and members of the public. An exception is made for residential establishments for the elderly where a designated smoking room can be provided for the use of the residents only. No further guidance is given to residential care placements for LAAC. Children accommodated within Local Authority residential care placements in Inverclyde are expected to comply with this policy and not smoke within the building or grounds of the care placement. Currently it is reported that children are routinely asked about their smoking status on admission to a care placement and the smoking policy is explained to them along with other *'house rules'*.
- 5.5 Concerned groups have highlighted that the rights of the child must be taken into account. Consideration must be given to the possibility of future legal action if a child develops a smoking related illness or claims *'normalisation'* to smoking after being placed in a care environment where smoking occurs.
- 5.6 The above together with a substantial evidence base allowed a short life working group to be established with the principal objective of developing a smokefree policy for looked after and accommodated children within Inverclyde CHCP. Membership of this group included staff from Inverclyde CHCP Children and Families Service, Health Improvement, the LAAC Nurse together with staff from NHSGGC.
- 5.7 A paper was drafted which outlined the current status within Inverclyde along with recommendations for future practice. This paper produced by NHSGGC was used as the starting point for discussions.
- 5.8 Building on the above and the introduction of related policies in other local authorities the working group produced a draft policy which reflected the needs locally as well as built upon the available evidence base.
- 5.9 This draft was agreed by the working group following discussions regarding impact, implementation, and appropriateness of component sections. The document was split into relevant segments outlining the responsibilities of individual groups involved including staff and carers, children and young people, residential services and family placements services.
- 5.10 The policy states that staff should not smoke in the presence of children and young people and includes the following:
- *Managers and supervisors are responsible for enforcing the Smoke Free Workplace procedure*
 - *Regular inspection should be carried out by each unit*
 - *Smoking is not permitted during working time*
 - *Staff should not be seen smoking by young people*
 - *Staff should be seen as positive role models for young people*

5.11 In relation to the recruitment of foster carers, people who smoke will not be denied the opportunity to become carers however the policy looks to introduce the following:
When making their recommendation to the Fostering Panel, the assessing social worker will give due consideration to the following:

- *The extent of smoking within the household*
- *Progress with smoking cessation*
- *The assessment of smoking habits and attitudes, with particular reference to the resource being offered by the applicants*
- *Management of smoking within the household, including visitors to the home*
- *Management of smoking in vehicles*
- *Management of smoking outside the home when accompanied by children and young people.*

5.12 With regard to the placement of children and young people in temporary foster care, consideration will be given to the rights of the child to be protected from the harmful effects of smoking and the need to discourage them from either developing or persisting with a smoking habit. Therefore the policy includes the following:
Inverclyde CHCP will, whenever possible, attempt to place children under 5 years in non-smoking households.

Children with the following conditions, wherever possible, will not be placed with carers who smoke:

- *Disabilities which limit their ability to play outside*
- *Respiratory problems such as asthma*
- *Heart disease*
- *Glue ear*
- *Any other condition as advised by the medical advisor*

5.13 Finally people who smoke or who live in households with others who smoke will not be denied the opportunity to make enquiries about adopting a child. In processing their enquiries, there will be an emphasis on education about the implications of smoking and passive smoking for children and young people and the importance of smoking cessation and smoke-free homes.

5.14 In respect of the adoption of individuals included within the groups noted below, smoking while not a complete exclusion will be considered as a major factor in matching:

- Children 0-5 years
- Children or young people with disabilities that limit their ability to play outside
- Children or young people with respiratory problems, heart disease or glue ear

An ex-smoker will not be classed as a non-smoker unless they have been abstinent for 12 months or more.

6.0 IMPLICATIONS

6.1 Legal: None

6.2 Finance: None

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

- 6.3 Personnel: Implications for current staff within service who smoke. Support services continue to be offered to this group
- 6.4 Equalities: An equality impact assessment (EQIA) has been carried out for this policy and is embedded within the consultation report below.

7.0 CONSULTATION

- 7.1 A consultation was carried out across Service users, staff and relevant CHCP service management. Document attached



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8.0 LIST OF BACKGROUND PAPERS

- 8.1 Smokefree Care Placements Policy for Looked After and Accommodated Children and Young People



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Inverclyde Background Report LAAC



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MacMillan, I., (2007), *Smoke Free Care Placements for Looked After and Accommodated Children and Young People*, NHS Greater Glasgow and Clyde and Glasgow City Council.



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