

Foster care and smoking



the fostering
network



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This brief sets out the joint position of the Smokefree Action Coalition and the Fostering Network in relation to foster care and smoking. It is intended to describe the shared policy position of those organisations working to protect the public's health and those working to protect the welfare and interests of foster children. It also outlines two recommendations for local authorities to consider when creating policy in this area.

Overview

The overriding priority in foster care must be the welfare of the child. Foster care provides a positive environment for children, helping to improve their chances of being happy and healthy as they grow older. A foster carer who smokes is no less able to provide this care. However, secondhand smoke presents a serious risk to a child's health¹ and an adult role model who smokes significantly increases the likelihood that a child will smoke². More information regarding the health impact on children can be found in the joint statement between ASH and the Faculty of Public Health¹.

It is in the interest of all children to be raised in a smokefree home. All fostering services should be moving towards a position where children and young people in care are only placed in smoke-free homes, regardless of whether the foster carer is a smoker or non-smoker.

Local authorities must protect children from secondhand smoke while doing their best to ensure that no child in need goes without a foster place. 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.

Recommendations

- 1) All local authorities should have an explicit foster care and smoking policy which promotes smokefree homes and balances the risk of exposure against the benefit of appropriate care.
- 2) All foster carers should be empowered to protect children in their care from the potential harm of secondhand smoke and the risks associated with foster carers who smoke being seen as role models.

1 Action on Smoking & Health and Faculty of Public Health. Children & Secondhand Smoke. 2008 www.fphm.org.uk/resources/AtoZ/ps_secondhand_smoke.pdf

2 Royal College of Physicians. Going smoke-free. The medical case for clean air in the home, at work and in public places. London, RCP, 2005

Impact of exposing children to smoking

Looked after children

Looked after children are among the most vulnerable in our society. They are more likely to suffer health inequalities and face poor life chances and outcomes³. Two thirds of children in care smoke⁴, far higher than the average⁵, and suffering mental trauma as a child is also a predictor to smoking in later life. Children within the care system are more likely than others to have their life chances cut short through smoking habits.

Health impact

Children are particularly vulnerable to the damaging effects of secondhand smoke because of their smaller, immature and developing organs⁶. Secondhand smoke is a preventable cause of conditions including sudden infant death syndrome, bronchitis, asthma and pneumonia⁷. One study found that in households where both parents smoke, young children have a 72% increased risk of respiratory illnesses⁸.

Children exposed to secondhand smoke have more days off from school⁹ and there is some evidence that exposure to secondhand smoke can impair mental development¹⁰.

In addition there is evidence of long term harm including more respiratory symptoms and poorer lung function¹¹ and long-term sickness absence in adulthood¹².

Role models

Parental smoking is strongly linked to smoking in later life. The children of parents who smoke are around three times more likely to become smokers themselves². In a recent study 99% of 16 year old regular smokers lived with at least one smoker¹³.

Half of all smokers do not quit before they die, with many dying prematurely of smoking related disease. The younger a smoker starts the more likely they are to become heavily addicted.

Protecting children from smoking

Children in foster care are at less risk where they live in a smokefree home and are cared for by foster carers who do not smoke. Achieving this should be the aim of all fostering services and government.

The role of government

There is no current national policy position on smoking and foster care: It is left to local authorities to form their own approach. However, the Government has set a clear direction for local

3 Polnay L. Promoting the health of looked after children. *BMJ* 2000; 320(7236): 661–662.

4 Office for National Statistics, The mental health of young people looked after by local authorities in England, 2002. 2003

5 Office for National Statistics. Smoking and drinking among adults, 2006 (General Household Survey 2006). ONS, 2008

6 BMA. Breaking the cycle of children's exposure to tobacco smoke. 2007

7 Department of Health. Secondhand smoke: Review of the evidence since 1998. Scientific Committee on Tobacco and Health (SCOTH). 2004

8 Strachan, DP and Cook, DG. Parental smoking and lower respiratory illness in infancy and early childhood. *Thorax* 1997; 52: 905-914.

9 Charlton A. Children and smoking: the family circle. *British Medical Bulletin*, 1996. 52:90-107

10 Yolton, K. Exposure to environmental tobacco smoke and cognitive ability among US children. Papers presented at Pediatric Academic Societies' Annual Meeting. 7 May 2002

11 Svanes, C et al. Parental smoking in childhood and adult obstructive lung disease: results from the European Community Respiratory Health Survey. *Thorax* 2004; 59: 295-302

12 Eriksen, W. Do people who were passive smokers during childhood have increased risk of long-term work disability? *Eur J Public Health* 2004; 14: 296-300

13 Woods S. The Liverpool Longitudinal Study on Smoking: Experiences, beliefs and behaviour of adolescents in secondary school 2002-2006. Roy Castle Lung Foundation. 2008

authorities defining their duties in relation to promoting the health and wellbeing of children¹⁴, protection from smoking clearly falls within this.

Many local authorities have responded to this duty in ways ranging from formal structured policies to merely providing information regarding the dangers of smoking¹⁵.

The Fostering Network and the Smokefree Action Coalition 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 foster carers and informing potential foster carers about the local authority's policy.
- Supporting foster carers who smoke to quit or advising them on how to minimise any potential harm by establishing a smokefree home.
- Providing information to all foster carers on the dangers of secondhand smoke and the health benefits to children of smokefree homes and cars.

We also believe that no child under the age of five should be placed in the care of a foster carer who smokes as children this age are particularly at risk from secondhand smoke.

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

The role of foster carers

Foster carers are primarily interested in the wellbeing of the children in their care. When informed about the risks and dangers associated with smoking, they are well placed to ensure that any harm is minimal.

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 will have done so for most of their adult life and quitting may take repeated attempts and may never be achieved.

All foster carers should ensure that a child's exposure to secondhand smoke is minimised in the home and car. They should adopt a smokefree approach and use nicotine replacement therapy if necessary to abstain temporarily from smoking to protect children.

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

www.smokefreeaction.org.uk
www.fostering.net

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¹⁴ Department of Health. National Service Framework for Children, Young People and Maternity Services. 2004

¹⁵ The Fostering Network. Foster carers and smoking. June 2007