



Smoking (including use of e-cigarettes) (Fostering, Adoption Special Guardians)

Policy and Procedure

‘Communication is important, so information should be accessible to everyone. People with sensory communication disabilities may need documents in easy read, large print, audio or Braille formats for example. Others may need face to face communication support through a British Sign Language Interpreter, deafblind interpreter, lip speaker or note taker (as recommended by the NHS Accessible Information Standard). If someone speaks (or reads) a language that is not English, they will need to have the appropriate language-spoken language interpreter and / or text translator’.



1. Introduction

- 1.2. Together4Children has a duty to promote the health of looked after children and children's welfare is paramount in everything that we do. We aim to support foster carers, special guardians and adoptive parents to provide safe, loving and positive environments for all children and young people.
- 1.3. The health risks of smoking are well known, and we have become increasingly aware of how second-hand 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 and non-vaping carers. Foster carers, special guardians and adopters should be mindful that they are acting as role models to children and young people.
- 1.4. This policy should be read alongside the Coram 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).
- 1.5. E-cigarettes, also known as vaporisers, are not tobacco cigarettes. The use of them has become more widespread in recent years and can provide a route for smokers to help them reduce or give up smoking. Due to the relatively recent development of these products evidence of their effects on health continues to evolve. Public Health England reports published in 2015 and updated in 2018 concluded that e-cigarettes are significantly less harmful than tobacco, whilst acknowledging that they are not completely risk-free products (McNeill et al (2015, 2018) cited in Coram BAAF Practice note 68). This is also stated by NICE (National Institute for health and Care Excellence) in 2018, who add that the evidence in this area, including evidence on the long-term health impact, is still developing. Public Health England's (PHE) paper Towards a Smoke-free Generation (2017) and their follow up publication Tobacco control plan: Delivery Plan (2017 - 2022).
- 1.6. Whilst Together4Children do not preclude foster carers or adopters or special guardians who are using e-cigarettes/vaporisers, the following guidelines below should be adhered to.
- 1.7. Due to the recognised differences on health impacts, Together4Children treat tobacco smoking and the use of electronic cigarettes differently as reflected in the following policy.

2. Tobacco smoking

- 2.1. The health risks from smoking and from passive smoking are well known, with smoking being the single, greatest cause of preventable illness and premature death in the UK. (See Appendix A).

- 2.2. Children, under five years old, will not be placed with foster carers or prospective adopters who smoke 'tobacco-based' products. This will include other adult household members who smoke.
- 2.3. In relation to special guardians this issue would be considered on an individual basis weighing the benefits of the placement for the child with the risks of smoking on the child's health.
- 2.4. Applications to foster or adopt children under five years old will not proceed to adoption/fostering panel unless the applicant(s) have been tobacco-free for at least 12 months.
- 2.5. Where an approach is made by the agency to existing adopters to be assessed for a brother or sister a decision will be made in respect of the child's best interest in circumstances where adopters have started using tobacco-based products.
- 2.6. All children and young people with or at risk of respiratory problems such as asthma, and those with heart disease or glue ear, will not be placed or matched with families who smoke with adoptive or fostering families who smoke. In relation to special guardians, this issue would be considered as part of the assessment, balancing the risks to the child health, with the benefits of the placement.

3. E-cigarettes General Information

- 3.1. An e-cigarette (sometimes referred to as a vaporiser or vape) is a device that allows inhalation of nicotine in a vapour rather than smoke.
- 3.2. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke.
- 3.3. E-cigarettes work by heating a solution (e-liquid) that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavourings. Using an e-cigarette is known as vaping.
- 3.4. There are a variety of e-cigarette models available:
 - **Cigalikes:** These look like tobacco cigarettes, with small batteries and can be disposable or rechargeable.
 - **Vape pens:** shaped like a pen or small tube with a tank to store e-liquid and replaceable coils.
 - **Mods:** Mods come in a range of shapes and sizes but are generally the largest e-cigarette devices, with longer lasting batteries.
- 3.5. In the UK e-cigarettes are tightly regulated for safety and quality. They are not completely risk free, but on the current weight of evidence carry a small fraction of the risk of cigarettes. E-cigarettes do not produce tar or carbon monoxide, two of the most harmful

elements in tobacco smoke. The liquid contains some potentially harmful chemicals also found in cigarette smoke, but at much lower levels.

- 3.6. Public Health England's (2015) independent evidence review found that, based on the available evidence, vaping is around 95% less harmful than smoking. The Royal College of Physicians came to a similar conclusion in its 2016 report 'Nicotine without smoke: tobacco harm reduction'
- 3.7. CoramBAAF – Practice Note 68 (2018) notes: 'Whilst e-cigarette use as a substitute for tobacco smoking is likely to pose a much lower level of risk to the health of the individual who switches, the evidence that is currently available does not confirm that they are completely safe. It is important to continue to monitor the impact of e-cigarettes on health and any potential risks to children and young people living with those who use them'.
- 3.8. This position will be reviewed regularly as new evidence-based research becomes available.
- 3.9. Together4Children recognises the low risk to children and does not view the use of e-cigarettes as a reason to exclude prospective foster carers/adopters, purely on this basis. However, prospective carer/adopter's use of e-cigarettes will be discussed at the initial visit, during the full assessment and monitored via the review process.
- 3.10. Together4Children will not exclude prospective carers/adopters who wish to care for children under the age of 5, or with respiratory health issues from proceeding to assessment if they use electronic cigarettes.
- 3.11. Carers/adopters who use e-cigarettes will be encouraged to restrict their usage to outside of their home and will be expected not to use e-cigarettes in front of children including in a vehicle. Also to keep all e-cigarette equipment out of reach of children.
- 3.12. Prospective carers/adopters who use e-cigarettes will need to demonstrate in the Risk Assessment/Health & Safety Plan, what steps they will take to minimise any risk to the child. This should include details about where and how often e-cigarettes are used and how e-cigarettes and their components are stored.
- 3.13. If carers or other family members/visitors are using e-cigarettes they should be advised (as part of the assessment/review process) to do so only when children (of all ages) are not present. Ideally, carers/ prospective adopters will not be using e-cigarettes.

4. Placements with Other Agencies

- 4.1. When children are placed with other agencies, those agencies will be made aware of Together4Children's Policy and be asked to observe the same requirements.

5. Local Procedures

- 5.1. During the recruitment and assessment process, discussions about smoking/vaping will take place with applicants regarding the agencies' expectations and requirements.
- 5.2. The issue will be raised regularly with all approved foster carers/prospective adopters who smoke/vape and reinforced through the assessment process, annual review, supervision and the Safe Care Plan.
- 5.3. For carers/prospective adopters who smoke/vape, we will encourage and support their engagement in the completion of smoking cessation programme(s) which will be discussed as part of the assessment and review process.
- 5.4. All Together4Children Partners have a duty to consider the effects of smoking on children in their care. The expectations of Together4Children should be made clear to all prospective adopters/foster carers/special guardians; ensuring that a child is not exposed to secondary smoke/vapor and that, as role models smoking and vaping are not encouraged.
- 5.5. Discussions about smoking should be undertaken in the spirit of promoting the health of the prospective adopters, foster carers and special guardians and practical strategies should be made available to support those who wish to stop.

6. Appendix A: Additional Information

6.1. [What's wrong with second-hand smoke?](#)

Tobacco smoke contains poisonous gases, tar and thousands of toxic chemicals. These poisons get into the bodies of children who live in smoky atmospheres. As children are more sensitive to smoke than adults, due to their bodies still developing, it is not safe for children to be in a room where someone is smoking, even if the room is odourless and not visibly smoky.

6.2. [How does second-hand smoke harm children?](#)

Babies and children who are exposed to a smoky atmosphere are:

- Twice as likely to have asthma attacks and chest infections
- More likely to need hospital care in their first year of life
- Off sick from school more often
- More likely to get coughs, colds and wheezes.

6.3. [Medical research also shows they have:](#)

- Much higher risk of cot death than the children of non-smokers
- Increased risk of meningitis
- More chance of getting 'glue ear', which can lead to partial deafness.

6.4. What can you do to protect babies and children?

- You can help protect them by keeping their playing, sleeping and eating areas completely smoke-free

6.5. What can I do if my family and friends are smokers?

- Let them know before they visit that you are keeping your home smoke free for your children's health
- Ask if they would not smoke while visiting you
- Explain that children can get ill through second-hand smoke.

6.6. Useful tips:

- Always smoke outside, well away from children.
- When out and about with the family, try to find non-smoking or smoke-free areas.

6.7. The benefits of giving up smoking:

- After 20 Minutes - Blood pressure and pulse return to normal.
- Circulation improves, especially to hands and feet.
- After 8 Hours - the oxygen level in your blood increases to a normal level. Chances of a heart attack start to fall.
- After 24 Hours - Carbon monoxide leaves the body. The lungs start to clear out mucus and debris.
- After 48 Hours - Nicotine is no longer found in the body. Senses of taste and smell improve.
- After 72 Hours - breathing becomes easier. Energy levels increase.
- After 2 to 12 Weeks - Circulation improves throughout the body. Walking and exercise become easier.
- After 3 to 9 Months - Breathing problems, coughing, shortness of breath and wheezing improve. Lung efficiency increases by 5-10%
- After 4 Years – The risk of having a heart attack falls to about half that of a smoker.
- After 10 Years – The risk of lung cancer falls to around half that of a Smoker; the risk of a heart attack also falls to about the same as someone who has never smoked.

7. Smoking Cessation Services:

7.1. Talk to your GP or Pharmacist:

Many people don't realise that their GP can help them quit smoking. Your doctor can do a lot, such as enrolling you in a 'stop smoking' clinic and prescribing nicotine replacement

therapy such as patches and gum, or prescribe a stop smoking medication such as Champix.

7.2. Get a free 'Quit Kit'

This kit is packed with practical tools and advice to help you stop smoking, including a 'tangle' to keep hands busy, a wall chart to keep track of your progress, stress-busting apps, information on medicines that can help you stop smoking and exercises to improve your willpower.

7.3. Join an NHS Stop-Smoking Service:

The NHS has stop-smoking services staffed by trained stop smoking advisers all over the country in a range of venues at times to suit you. You can join a group where local smokers meet once a week or have one-to-one support if you prefer. You usually go for a few weeks and work towards a quit date. Find your nearest NHS Stop Smoking Service from the NHS Smoke free website or call 0800 022 4332.

8. References

Mather, M. Lehner, k. & Johnson, E. (2018) PRACTICE NOTE 68, Reducing the risks of environmental tobacco smoke for looked after children and their carers. CoramBAAF, available at: <https://corambaaf.org.uk/books/pn-68-reducing-risks-environmental-tobacco-smoke-looked-after-children-and-their-carers>

McNeill A, Brose L, Calder R, Bauld L and Robson D (2018) Evidence Review of E-Cigarettes and Heated Tobacco Products: A report commissioned by Public Health England, available at: www.gov.uk/government/publications/e-cigarettes-andheated-tobacco-products-evidence-review/evidence-reviewof-e-cigarettes-and-heated-tobacco-products-2018-executivesummary