



Smoking and E-cigarettes

Introduction

The Government smoking ban came into effect in England in July 2007, making it illegal to smoke in a public place. However, Foster Carers provide care in their own home, which is not regarded as a workplace, and therefore they can continue to smoke in the home environment (though no longer in a car carrying anyone under the age of 18 years.) This ruling must be considered alongside every child's right to live in a smoke free environment, protected from the well-known risks of smoking. (For more information see Coram/BAAF Practice Sheet 68, which is available in the AFA library.)

There has been a significant reduction in the number of children and young people who have started smoking or, if smokers, continue to smoke. However, there continues to be a lack of awareness regarding the longer-term impact smoking can have on infants and children. Extensive research has shown that the younger a child is when they start to smoke, or enter an environment where they are exposed to 'passive smoking', the higher the risk:

'The effects of passive smoking are cumulative over time and low levels of exposure are still harmful...More than 80% of second -hand smoke is invisible and odourless.'

By the age of 16 many children and young people will have experimented with smoking, but this can be avoided if they:

- Have information on the dangers of smoking
- View 'not smoking' as the cultural norm
- Have positive role models who don't smoke
- Can access emotional and practical support when they want to stop smoking

Children exposed to care givers who smoke are more likely to take up smoking, and it is important that Foster Carers have access to information on the dangers of smoking, particularly passive smoking. This year's ASH (Action on Smoking and Health) report states that;

'... at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home. Among regular smokers, 98% have friends who smoke, compared to 42% of non-smokers ...'.

AFA's policy is that no child under the age of 5 years will be placed in a foster home where a member of the household smokes. Neither will a child of any age, who has a history or identified risk of middle ear or respiratory infections, asthma or bronchitis be placed with carers who smoke.

Smoking in Fostering Households

If a placement in a smoking household is seen as being in the child's interests, for example, if a child is returning to a known Foster Carer or being placed with a relative, the following process will be followed:

- There should be a written agreement signed by all those involved in the decision and this should be recorded on the carer and child's electronic file. Those present who disagree with the decision should ensure their views are recorded.
- The agreement must include the arrangements about where smoking can take place, for example, outside and away from the home.
- Members of the household who smoke will be required to give an undertaking not to smoke in any room the child uses.
- Members of the household, visitors or support carers who smoke, must comply with the above and any other relevant legislation (e.g. ban on smoking in cars if accompanied by 'anyone under the age of 18').
- No child under the age of 5 will be placed with carers who are ex-smokers unless they have stopped smoking for at least 12 months.

Applicants and approved carers who smoke will be regularly reminded of AFA's no smoking policy, and this will be discussed during the assessment process, as well as in supervision. If a carer wants to stop smoking, they will be offered practical and emotional support, which will include information on the resources available from statutory agencies.

Children who Smoke

It is illegal for retailers to sell tobacco to anyone under the age of 18, and no adult should buy or give children cigarettes. However, some children may start smoking or be smokers at the point of becoming Looked After. Young people should be actively discouraged from smoking and given information on the impact on their health in the short and longer term. Advice on giving up smoking is available from a range of sources, including the Local Authorities Designated Nurse for Looked after Children.

If a child already smokes, carers should identify a secure place to store tobacco, e-cigarettes, matches or lighters. Children and young people should be encouraged to reach an arrangement about where they smoke and how often, particularly if there are other young people placed. The agreement should be recorded in the Placement Plan and regularly reviewed.

E-cigarettes

ASH have been carrying out an annual survey since 2013. This includes an online survey of 11-18 years, which explores the use of both tobacco and electronic cigarettes. The findings relating to E-cigarettes initially presented a positive picture, but there are now some doubts as to the immediate and long-term effect of 'smoking' E-cigarettes, particularly those using flavoured E-liquids. There have been significant changes since the first ASH survey was undertaken, and further research is considered necessary before a definitive statement can be made as to the safety or otherwise of E-devices. The E-cigarette most frequently used is a rechargeable device with a tank that can be filled with E-liquid. Feedback from the survey shows that:

- Over three quarters of 11-18 years olds have never tried E-cigarettes (76.9%)
- Young people vape mainly to 'give it a go' (52.4%) and only 1.0% think it looks 'cool'

- In 2019 15.4% of 11-18-year olds had tried vaping, compared to 16.0% in 2018.
- There is an increase in the overall current use since the 2015 survey, from 2.4% to 4.9%.
- Children under the age of 16 are less likely to try E-cigarettes than 16-18 years olds
- Due to a recent number of deaths, and a rise in serious health issues associated with vaping, there is considerable research currently being undertaken.
- There are concerns regarding the 'flavours' that can be added to E-liquid as the chemicals used are certified as safe for ingesting but may not be safe for use in E-cigarettes.
- The most popular flavouring is 'fruity', chosen by 74% in 2017 and 42% in 2015 (these statistics also demonstrate the overall drop in use of e-cigarettes). Other favourites are tobacco, menthol and mint. Chocolate and branded sweets flavours are of particular concern as they may attract younger children to try, or continue to use, E-cigarettes.

Relevant legislation:

- Standard 6 - Promoting Good Health and Wellbeing
National Minimum Standards for Foster Care 2011
- Reg. 15 – Health of children placed with foster parents
Fostering Services (England) Regulations 2011

For further information see:

www.ash.org.uk

www.nhs.uk

www.gov.uk

www.cancerresearch.uk.org

CoramBAAF Practice Note 68 - 'Reducing the risks of environmental tobacco smoke for looked after children and their carers' (Copies of this practice note are kept in the Norfolk office). Ask your Placement Manager for a copy if you would like further information.

Given the current uncertainty about the safety of E-cigarettes and liquids, this policy will be regularly updated to share research findings and any subsequent recommendations.

Connected Policies or Guidance:

Name of Policy / Guidance	Relevant for
Expectations of Foster Carers'	Foster Carers and Staff
Foster Carer's Handbook	Foster Carers and Placement Managers
Staff Handbook	All Staff

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