
To: Education and Children Policy Board

On: 10 March 2016

Report by: Director of Children's Services

Heading: Smoke Free Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children and Young People

1. Summary

- 1.1. The purpose of this report is to seek approval from the Board to implement the Smoke Free Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children and Young People.
- 1.2. Smoking and exposure to second hand smoke is a major issue affecting many young people within Looked After and Accommodated Children (LAAC) settings across Scotland. Research within Scotland reveals a 16-29% smoking prevalence amongst children in foster care and 67-75% smoking prevalence amongst children in residential and leaving care services (Ridley 2001 Ridley 2003, Scottish Executive 2004, NHSGGC & GGC 2009).
- 1.3. NHS Greater Glasgow and Clyde, in partnership with other local authorities, have identified a policy gap in relation to Looked After and Accommodated Children, and subsequently drafted proposals to provide children and young people with positive role models and smoke free environments in order to promote healthy lifestyles.
- 1.4. In response to this a short life working group developed the Smokefree Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children and Young People. Once drafted, this policy was sent for consultation in Autumn of 2014 and following this a final version of the Policy was produced by the working group detailed in Appendix 1.
- 1.5. An Equality and Human Rights Impact Assessment (EQHRIA) has been undertaken on the implementation of the Smoke Free Care Placements Policy for Looked After and Accommodated Children and Young People in Renfrewshire attached in Appendix 2.

2. Recommendations

2.1. The Education and Children Policy Board is asked to:

- a) Approve the Policy for implementation.
 - b) Note the content of this report.
-

3. Background

3.1. Over the last 50 years, smoking has come to be recognised as uniquely dangerous, highly addictive and remains one of the principal preventable causes of illness and premature death in Scotland. Significant progress has been made in recent years to shift cultural attitudes to smoking including:

- Legislation to ban tobacco advertising in 2002
- Implementation of smokefree legislation in 2006
- Increase in the age of sale for tobacco from 16 to 18 in 2007
- Overhaul of tobacco sale and display law, including legislation to ban automatic tobacco vending machines and a ban on the display of smoking related products in shops
- Establishment of the First Tobacco Retail Register in the UK 2011
- Comprehensive awareness raising campaigns
- Record investment in NHS smoking cessation services helping people to attempt to quit smoking

Smoking is associated with a range of illnesses and a leading cause of health inequalities. Each year, tobacco use is associated with over 13,000 deaths (around a quarter of all deaths in Scotland every year) and 56,000 hospital admissions in Scotland. Annual costs to Scotland's health service associated with tobacco-related illnesses are estimated to exceed £300m and may be higher than £500m each year. 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.

- 3.2. Carers and staff have an important role in protecting children from second hand smoke and encouraging smoking cessation. A survey undertaken amongst looked after and accommodated children 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 (Ridley, 2001, 2003). 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 (Ridley 2001).
- 3.3. Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood and the more likely they are to fall ill and die early as a result of smoking.

- 3.4. In 2007 a Looked After and Accommodated Children 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 Looked After and Accommodated Children 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.
- 3.5. Within Renfrewshire a working group was established to develop a policy on smoke free care placements in partnership with Renfrewshire Council Social Work and Renfrewshire Community Health Partnership.
- 3.6. 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.
- 3.7. The Scottish Directors of Public Health group has identified the health needs of Looked After and Accommodated Young People (LACY) as a national priority. This is reflected in the 2013 Scottish Government tobacco control strategy: Creating a Tobacco-free Generation, which has specific prevention actions geared towards protecting vulnerable young people, in particular Looked After and Accommodated Young people and young offenders. Two recent ScotPHN needs assessments carried out in response to this underlined how little we actually know of the health needs of this group and the challenges facing them (Lachlan et al 2011; Scott et al 2013). A literature review conducted for the Glasgow Centre for Population Health (GCPH) has also shown that very few studies have explored the physical or mental health of LACY. The prevalence of specific conditions varies considerably between the studies; they also lack comparisons with children and young people who are not looked after and the measures used lack consistency (Scott et al 2012). The review also found that studies examining health behaviours had similar limitations and also highlighted several important unanswered questions e.g. after controlling for deprivation, what health needs are associated with being looked after and do health problems differ by reason for care or care setting.
- 3.8. Over the last five years, a range of national documents have highlighted the poorer health, education and life chances associated with being looked after or accommodated. Most recently, our Chief Medical Officer noted the importance of positive experience in the early years being associated with positive health outcomes in later life (Scottish Government 2012a).

4. Proposal

- 4.1. In 2010 the proportion of 13 year olds in Renfrewshire who smoked regularly was higher than the national average - 6% in Renfrewshire compared with 3% nationally. Compared with 2006 there has been an increase in the proportion of 13 year olds who are regular smokers from 3% in 2006. 16% of 15 year olds were regular smokers which is not statistically different to the national average.

In order to support young people to make decisions about tobacco use and other health behaviours, we also need to support those around them. It is important that parents, carers and key professionals, such as those working with looked after children, have the right information about smoking harms. A key part of this is the consistent enforcement of local smoking policies to create smoke-free environments in which young people can live.

- 4.2. Currently, there is no formal written policy recommending smokefree environments within Renfrewshire 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.
- 4.3. 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 Renfrewshire 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.
- 4.4. Renfrewshire Council's *Corporate Policy on Tobacco Control of Smoking at Work* (2004) currently applies to all Local Authority residential care placements in Renfrewshire. 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.
- 4.5. The 2004 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 Looked After and Accommodated Children. Children accommodated within Local Authority residential care placements in Renfrewshire 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*'.

- 4.6. The above together with a substantial evidence base allowed a working group to be established with the principal objective of developing a smokefree policy for looked after and accommodated children within Renfrewshire. Membership of this group included staff from Renfrewshire Community Health Partnership, together with staff from Renfrewshire Council Social Work Services.
- 4.7. 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.
- 4.8. This draft was finalised 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.
- 4.9. 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 ensuring that the Smoke Free workplace procedure is in place
 - Regular inspection should be carried out by each house
 - Smoking is permitted during working time
 - Staff should not be seen smoking by young people
 - Staff should be seen as positive role models for young people
- 4.10. 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 recommendations 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.
- 4.11. 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:

Renfrewshire Council, 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
- 4.12. 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.
- 4.13. In respect of the adoption of individuals included within the groups noted below, smoking while not a complete exclusion and 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

Implications of this report

1. Financial Implications

None.

2. HR and Organisational Development Implications

None.

3. Community Plan/Council Plan Implications

Children and Young People

- Children and young people in Renfrewshire will have the best start in life being ready to learn, having a safe, secure, stable and nurturing environment within a family based setting and have good physical, emotional and mental wellbeing.

Community Care, Health and Well-being

- Providing support and services which contribute towards improving the health and wellbeing of Renfrewshire Looked after and Accommodated Children and Young People.

4. Legal Implications

None.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

None.

11. Privacy Impact

None.

List of Background Papers

Renfrewshire Council's Smokefree Care Placements Policy for Looked After and Accommodated Children and Young People

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.

Ridley, S., (2001), *The health of young people in and leaving care in Glasgow, the Big step: Glasgow.*

Ridley, S., (2003), *The health needs and issues of young people from Glasgow living in foster care settings.*

The foregoing background papers will be retained within Social Work for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer within the service is Dorothy Hawthorn, Head of Childcare and Criminal Justice, 0141 618 6827.

DH/McC/LG
24 February 2016

Author: Dorothy Hawthorn, Head of Childcare and Criminal Justice, 0141 618 6827,
Dorothy.Hawthorn@renfrewshire.gcsx.gov.uk

Renfrewshire

Health & Social Care Partnership



SMOKE FREE CARE PLACEMENTS POLICY FOR RENFREWSHIRE COUNCIL'S LOOKED AFTER AND ACCOMMODATED CHILDREN AND YOUNG PEOPLE

Devised date:

Review date:

Contents

Introduction	2 - 3
1. Staff and Carers as Role Models	4 – 5
1.1 Responsibilities of Staff and Carers	4
1.2 Responsibilities of the Child/Young Person's Named Social Worker	4 – 5
2. Children and Young People	6
2.1 Listening to Children and Young People	6
2.2 Preventing Children and Young People from Starting to Smoke	6
2.3 Children and Young People who Smoke	6
3. Residential Services	7 – 8
3.1 Responsibilities of Residential House Staff	7 - 8
4. Fostering and Adoption Services	9 – 11
4.1 Recruitment of Foster Carers	9
4.2 Approval of Foster Carers	10
4.3 Placing Children and Young People in Foster Placements	10
4.4 Role of the Supervising Worker	10 -11
4.5 Foster Carer Reviews	11
5. Adoption	12
Appendix 1	13
References	14

Introduction

Well established evidence shows that smoking is the leading cause of preventable illness and premature death. It is more prevalent in our most disadvantaged communities and it is argued that maintaining a smoking habit will also exacerbate poverty. The Scottish Government Tobacco Strategy 'Creating a Tobacco Free Generation (2013)' states that:

"To create an environment that supports young people to choose not to smoke we build on our 2008 action plan by continuing to ensure that young people are aware of the health harms of tobacco use and continuing efforts to reduce the availability, attractiveness and affordability of tobacco to young people".¹

This Strategy calls for Local Authorities to ensure all Council premises and grounds are smokefree by 2015.

Current Position

It is estimated that around 15,000 young people between the ages of 13 to 24 in Scotland start to smoke each year. If we are to achieve our vision of a tobacco-free Scotland, we must create an environment where future generations of young people choose not to smoke.

Smoking rates for 13 and 15 year olds in Scotland are at the lowest since reporting began however in Renfrewshire we continue to have a considerable problem with young people smoking. In 2010 the proportion of 13 year olds in Renfrewshire who smoked regularly was higher than the national average - 6% in Renfrewshire compared with 3% nationally. Compared with 2006 there has been an increase in the proportion of 13 year olds who are regular smokers from 3% in 2006. 16% of 15 year olds were regular smokers which is not statistically different to the national average.

What is encouraging is that the proportion of young people who think it is 'ok' to try smoking has decreased markedly since 2006 (from 44% of 13 year olds in 2006 to 27% in 2010, and from 71% of 15 year olds in 2006 to 56% in 2010.) Also 74% of 13 year olds and 52% of 15 year olds reported that they had never smoked. (*Salsus 2010*)²

We know that smoking rates amongst looked after and accommodated children are disproportionately high and evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker. Around two-thirds of smokers in the UK started smoking under the age of 18 and over a third (39%) started under the age of 16³. We need to do more to support young people not to take up smoking.

In order to support young people to make decisions about tobacco use and other health behaviours, we also need to support those around them. It is important that parents, carers and key professionals, such as those working with looked after children, have the right information about smoking harms. A key part of this is the consistent enforcement of local smoking policies to create smoke-free environments in which young people can live.

Smoking and the Law

The Smoking, Health & Social Care (Scotland) Act 2005 aims to protect workers and the general public from the harmful effects of passive smoking, that is breathing in other

people's tobacco smoke. The law prohibits smoking in 'no-smoking premises' by creating an offence of:

- smoking in no-smoking premises;
- permitting others to smoke in no-smoking premises;
- failing to display warning notices in no-smoking premises.

Renfrewshire Council Corporate Policy on Tobacco Control of Smoking at Work (2004) was introduced to control smoking at work in all Council premises and vehicles and, create a smoke free environment for everyone who works, visits or lives within council premises.

In January 2010 the Tobacco and Primary Medical Services (Scotland) Act was passed by the Scottish Parliament. The Act introduced measures to prevent young people from starting to smoke. A young person needs to be 18 to buy tobacco. It is illegal for shops and supermarkets to sell any tobacco products in Scotland to anyone under the age of 18. It is illegal for anyone under 18 to buy or attempt to buy any tobacco products. This is to try and reduce the number of people exposed to smoking related diseases and to bring the law in line with alcohol. If a police officer suspects that you are under 18 and in possession of cigarettes, tobacco or cigarette papers in a public place then they can confiscate them.

Smoke Free Care Placements

In an ideal world, children and young people in care would only be placed in smoke-free homes. At present current guidance and expectations are that at no time will foster carers smoke in front of the children they are caring for. Carers are also expected to refrain from smoking within their own homes and their cars at all times. If a parent raises the issue of the child being placed in a smoking environment, then the fostering and adoption team would respect their wishes and place a child in a non smoking environment. Where necessary the fostering and adoption team can arrange the appropriate support for carers who want to stop smoking and sign post them to agencies who can support this. We acknowledge that expecting all foster carers who currently smoke to instantaneously give up is not realistic, and we also acknowledge that some foster carers who smoke have recognised sufficiently the needs of the children and young people for whom they care and are already minimising the impact of their smoking on the children that they foster (Adapted from Foster Carers and Smoking Policy Paper, The Fostering Network, 2007)⁴. It must be acknowledged that there is significant pressures on agencies seeking to recruit foster carers. Renfrewshire Council has to balance the needs of children against the profile of foster carers available. Many excellent foster carers smoke. While the long term welfare of the child is paramount and the risks of passive smoking to children are well established, smoking status is not necessarily an indicator of parenting skills.

Children and young people should be provided with a positive, smoke free environment to promote a healthy lifestyle and we are working towards a position where no looked after and accommodated child will be exposed to living in a smoking household. Foster carers, Residential staff, Social Workers and primary health care services including the Looked After and Accommodated Children's (LAAC) nurse can play an important role in preventing young people from taking up smoking and encouraging them to stop, by providing clear rules and guidance around smoking and setting a positive example by not smoking in front of them.

Equality and Diversity

This policy is underpinned by and is fully compliant with the Equality Act 2010.

1. STAFF AND CARERS AS ROLE MODELS

1.1 RESPONSIBILITIES OF STAFF AND CARERS

- 1.1.1 All staff (including residential workers, LAAC nurses and social work staff) and foster carers should be aware that they act as influential role models and are important sources of information and advice for children and young people.
- 1.1.2 Staff and carers will not smoke in front of children and young people.
- 1.1.3 All staff employed by Renfrewshire Council should adhere to the Renfrewshire Council Corporate Policy on Tobacco Control of Smoking at Work (2004).
- 1.1.4 When transporting children and young people, staff and carers will ensure all vehicles are smoke free at all times.
- 1.1.5 It is important that staff and foster carers openly discuss and promote the benefits of not smoking and give positive messages to children and young people about not smoking.
- 1.1.6 Staff and foster carers will never use cigarettes as a reward or incentive for children and young people who they care for.
- 1.1.7 Young people aged under 18 years should not have access to cigarettes. If any young person of this age is provided with cigarettes by the birth family, the social worker should be informed and this will then be discussed with the family.

1.2 RESPONSIBILITIES OF THE CHILD/YOUNG PERSON'S NAMED SOCIAL WORKER

- 1.2.1 The named social worker will not advocate any child/young person smoking and will discuss smoking issues with them. Throughout the care period, the named social worker will encourage and support children/young people who smoke to stop smoking and or access stop smoking services.
- 1.2.2 Children/young people whose birth parents wish them to be placed in a non-smoking household should not be placed with carers who smoke, where reasonably practicable. The named social worker will link with the fostering and adoption team to discuss the family wishes in relation to smoking.
- 1.2.3 On admission to the care placement and subsequent placement changes, the young person's smoking status will be established by the named social worker and shared appropriately.
- 1.2.4 With consent of the young person, the birth family will be informed of the young person's smoking status by the named social worker.

- 1.2.5 The named social worker will ask the birth parents (with parental rights) to sign a 'Smoke Free Agreement' when the young person is admitted to the placement. This will state that the placement is smoke free, and will ask the birth family not to advocate the young person smoking, not to supply the young person with cigarettes or money for cigarettes, and to try and encourage the young person to stop smoking.
- 1.2.6 During contact between the birth parents and children/young people, the named social worker should advise parents not to smoke in the presence of the child/young person. For contact taking place in social work premises, smoking by birth parents is not acceptable.
- 1.2.7 The named social worker will refer children/ young people who are involved in risk taking behaviour due to nicotine addiction but do not want to stop smoking to the Renfrewshire Smoking Cessation Service.
- 1.2.8 The named social worker will support and action the comprehensive health assessment (CHA) recommendations provided by the LAAC Health Team.
- 1.2.9 The named social worker will ensure the health action plan from the LAAC Health Nurse is incorporated into the child/young person's Integrated Assessment Framework (IAF) action plan.
- 1.2.10 For children/young people who smoke, this will be discussed at all Looked After Reviews.

2. CHILDREN AND YOUNG PEOPLE

2.1 LISTENING TO CHILDREN AND YOUNG PEOPLE

- 2.1.1 Children/young people should be protected from the adverse effects of smoking and passive smoke, and should be provided with a smoke free environment at all times.
- 2.1.2 Communication between staff, carers and children/young people about attitudes to smoking is essential. Asking children/young people their views on smoking issues will be an integral part of everyday care.
- 2.1.3 Care placements in partnership with children/young people in their care will have a 'smoke free agreement' or 'house routine'. This can be an effective way of avoiding conflicts over smoking.
- 2.1.4 Information on the negative effects of smoking should be available in all care placements for children/ young people, staff and carers.

2.2 PREVENTING CHILDREN AND YOUNG PEOPLE FROM STARTING TO SMOKE

- 2.2.1 Children/young people should have access to health information sessions within educational establishments.
- 2.2.2 Staff and carers will openly discuss the benefits of being a non smoker with children/ young people in order to decrease the likelihood of children/ young people taking up smoking and thus becoming habitual, lifelong smokers.
- 2.2.3 Staff and carers will not allow children and young people to smoke and will highlight the dangers of being exposed to second hand smoke.
- 2.2.4 Children/young people will be encouraged by staff and carers to participate in extracurricular activities, e.g. exercise, youth clubs, after school clubs etc.
- 2.2.5 Children/young people are offered Comprehensive Health Assessments by the LAAC Health Team and discussion on the effects of smoking is a component of this. Children/ young people will be offered health promotion literature on the negative and harmful effects of smoking by the LAAC Health Team.

2.3 CHILDREN AND YOUNG PEOPLE WHO SMOKE

- 2.3.1 The legal age for purchasing cigarettes is now 18, therefore staff and carers will never purchase or supply cigarettes for children or young people.
- 2.3.2 Children/ young people who smoke will be advised of the placement being Smokefree.
- 2.3.3 Children/young people who smoke will be advised that this information will be shared with relevant parties.
- 2.3.4 It is not acceptable for children/young people who smoke to encourage any other child or young person to try or commence smoking.

3. RESIDENTIAL SERVICES

3.1 RESPONSIBILITIES OF RESIDENTIAL HOUSE STAFF

- 3.1.1 All applicants for residential house posts will be informed of the Renfrewshire Council Corporate Policy on Tobacco Control of Smoking at Work (2004) and the Smoke Free Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children & Young People (2015).
- 3.1.2 Successful applicants will be given an opportunity to discuss smoking habits as part of their induction. If appropriate, they will also be offered information on local smoking cessation services and informed about this policy and the possible implications.
- 3.1.3 All residential house staff will adhere to Renfrewshire Council's Smoke Free Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children & Young People (2015). The policy states:
- Managers and supervisors are responsible for enforcing the Smoke Free Workplace procedure
 - Regular inspection should be carried out by each house
 - Smoking is not permitted during working time
 - Staff will not be seen smoking by young people
 - Staff should be seen as positive role models for young people
- 3.1.4 Residential house staff will not smoke in front of children/ young people at any time, or carry smoking accessories e.g. lighters, cigarette packets etc on their person whilst on duty; these must be stored securely at all times.
- 3.1.5 The house manager and senior residential workers will be responsible for monitoring the effectiveness of this policy.
- 3.1.6 On admission to the residential house, residential staff will establish and document if a child/ young person is a current smoker or non smoker, and if the young person consents the birth parents will be made aware of the young person's smoking status.
- 3.1.7 Children/ young people will be informed by residential staff that the house is a smokefree area and staff will continue to promote smokefree grounds.
- 3.1.8 Historically in residential houses, providing young people with cigarettes was seen as a method to calm a young person down during times of crisis. However, due to updated knowledge of the effects of smoking on young people's health, residential house staff will not use cigarettes as a means of pacifying a young person. Residential House Managers will ensure all residential house staff are trained and refreshed in de-escalation of crisis.
- 3.1.9 House managers and senior residential workers will ensure the risk assessment for children/ young people who smoke is completed in conjunction with the individual crisis management plan and care plan on admission to the placement and reviewed regularly as considered appropriate.

3.1.10 Where there is evidence of children/ young people smoking, strategies should be in place to challenge and actively discourage this. Strategies will include:

- Removal of any visible smoking accessories from the young person's bedroom
- Encourage young people to reflect on smoking risks
- Risk assessment
- Health education
- Discussion with Scottish Fire and Rescue
- Development of an alternative approach to calm a young person during times of crisis
- Consider referral to smoke-free services

4. FOSTERING AND ADOPTION SERVICES

(applies to all foster carers, specific respite carers and general respite carers)

4.1 RECRUITMENT OF FOSTER CARERS

- 4.1.1 People who smoke will not be denied the opportunity to become foster carers. In processing their enquiries there will be an emphasis on education about the implications of smoking and passive smoke for children and young people, and the importance of smoking cessation.
- 4.1.2 Information about smoking habits within the household will be requested from enquirers when they make their initial enquiry.
- 4.1.3 Enquirers will be informed about the Smoke Free Care Placements Policy for Renfrewshire Council's Looked After and Accommodated Children & Young People (2015) and the possible implications for the resource they wish to offer.
- 4.1.4 Enquirers who proceed with their enquiry will be asked to provide further information about their health and lifestyle prior to being invited to make a formal application. This includes information about smoking habits. Smokers will be advised about smoking cessation services and encouraged to make use of them.
- 4.1.5 When a formal application has been accepted and allocated to a social worker for assessment, the applicants will be required to undergo a health assessment which includes information about smoking habits. This will be forwarded to the agency medical adviser who will comment on the suitability of the applicant and give advice about relevant health and lifestyle issues.
- 4.1.6 The social worker will carry out an assessment of smoking habits and attitudes to smoking within the household. This will be required for all households, including non-smoking households who may have visitors who smoke.
- 4.1.7 All applicants will be expected to have a 'house routine' (a smoking policy) in place for their household which includes their expectations of visitors and is consistent with Section 1 of this document. Applicants will need to evidence how they manage smoking within the home, in vehicles and elsewhere when accompanied by children.
- 4.1.8 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

- Their commitment to observe the standards set out in Section 1.1 of this document.

4.2 APPROVAL OF FOSTER CARERS

- 4.2.1 Applicants who smoke will not be considered by the Fostering Panel to care for children under the age of 5.
- 4.2.2 When making their recommendation to the Agency Decision Maker, the Fostering Panel will give due consideration to the factors listed under 4.1.8.
- 4.2.3 In making their decision, the Agency Decision Maker will give due consideration to the factors listed under 4.1.8.

4.3 PLACING CHILDREN AND YOUNG PEOPLE IN FOSTER PLACEMENTS

- 4.3.1 When placing children/ young people in foster care, consideration will be given to the rights of children to be protected from the harmful effects of smoke, and the need to discourage them from either developing or persisting with a smoking habit.
- 4.3.2 If a child's health condition is known at time of placement then 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 adviser
- 4.3.3 Children/ young people who are old enough to express a preference and who wish to be placed in a non-smoking household should not be placed with carers who smoke.
- 4.3.4 Where carers who are smokers apply to change their status in order to adopt or permanently foster a child in their care, consideration will be given to whether it is in the best interests of the child or young person to remain long-term in a smoking household.
- 4.3.5 If a birth parent expresses a preference for their child to be placed in a non smoking household this request will be complied with.

4.4 ROLE OF THE SUPERVISING WORKER

- 4.4.1 Supervising workers who smoke will adhere to the Renfrewshire Council Corporate Policy on Tobacco Control of Smoking at Work (2004).
- 4.4.2 The supervising worker for carers who smoke will continue to monitor the factors under 4.1.8.

4.5 FOSTER CARER REVIEWS

- 4.5.1 The National Care standards require that all foster carers are reviewed annually.

- 4.5.2 A full health assessment will be required every second year, and update assessments in the intervening year. Comment and advice from the Agency Medical Adviser about health and lifestyle issues such as smoking will be considered at the foster carer review.
- 4.5.3 The foster carer review will consider the factors under 4.1.8, and will take them into consideration in making recommendations about continuation or changes of approval.

5. ADOPTION

- 5.1 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.
- 5.2 Information about smoking habits within the household will be requested from enquirers when they make their initial enquiry.
- 5.3 Enquirers will be informed about the Renfrewshire Council Corporate Policy on Tobacco Control of Smoking at Work (2004), the Smoke Free Care Placements Policy for Looked After and Accommodated Children and Young People (2015) and the possible implications for the resource they wish to offer.
- 5.4 Enquirers from smoking households will be asked to provide further information for the agency medical adviser about their health and lifestyle, including smoking habits. They will be advised to link with local stop smoking services that are available and encouraged to access these.
- 5.5 As a general rule, formal applications will not be accepted from enquirers from smoking households in respect of the adoption of children 0 – 5 years, or children/ young people with any of the following medical conditions:
- 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 adviser

However, each case will be considered on its own merit.

Stop Smoking Information

For details on the free stop smoking services in your area which can provide face to face support for stopping smoking call:

Smokeline
0800 84 84 84

Smokeline also offers access to specialist counsellors who can talk you through the process of stopping smoking and help with any problems you might have while giving up.

Renfrewshire Smokfree Services which offer services for adults and young People at:

Renfrewshire Community Health Partnership

NHS Greater Glasgow & Clyde

Smokefree Services

Old Johnstone Clinic

1 Ludovic Square

Johnstone

PA5 8EE

Tele: 01505 821316

References

¹ *The Scottish Government, (2013), Creating A Tobacco Free Generation: A Tobacco Control Strategy For Scotland.*

² Scottish Schools Adolescent Lifestyle and Substance Use Survey: *Salsus 2010.*

³ Office for National Statistics. 2012. General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey.
Newport: Office for National Statistics
(<http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/general-lifestyle-survey-overview-report-2010.pdf>)

⁴ The Fostering Network, (2007), *Foster Carers and Smoking: Policy Paper.*

Renfrewshire Council - Social Work Services

Equality and Human Rights Impact Assessment (EQHRIA) –Smoke Free Care Placements Policy For Renfrewshire Council’s Looked After and Accommodated Children and Young People.

Relating To: Smoke Free Care Placements Policy for Renfrewshire Council’s Looked After and Accommodated Children and Young People
Presented To: Social Work Health and Wellbeing Board
On: 19 January 2016
Report By: Director of Children’s Services

1. Introduction

This report details the results of the Equality and Human Rights Impact Assessment (EQHRIA) undertaken on the proposals relevant to the Smoke Free Care Placements Policy for Renfrewshire Council’s Looked After and Accommodated Children and Young People. This document should be read in conjunction with the accompanying report to the Social Work Health and Wellbeing Board presented for approval on 19 January 2016.

No negative impacts on equality groups or potential infringement of individual’s human rights have been identified as arising from the proposed implementation of the Smoke Free Care Placements policy for Renfrewshire Council’s Looked after and accommodated Children and Young People. Ongoing monitoring and evaluation will be required to be undertaken if the Policy is approved and this will include any further assessment of any impacts on equality and human rights, which will be reported as appropriate.

2. Overview

Research has revealed that Looked After and Accommodated Children not only have poorer health and social outcomes than their peers but are less likely to have their health monitored or access the service they require (Scott and Hill 2006). Smoking and exposure to second hand smoke is a major issue affecting many young people within Looked After and Accommodated Children (LAAC) settings across Scotland. Research within Scotland reveals a 16-29% smoking prevalence amongst children in foster care and 67-75% smoking prevalence amongst children in residential and leaving care services (Ridley 2001 Ridley 2003, Scottish Executive 2004, NHSGGC & GGC 2009).

The Scottish Directors of Public Health group has identified the health needs of Looked After and Accommodated Young People as a national priority. This is reflected in the 2013 Scottish Government tobacco control strategy: Creating a Tobacco-free Generation, which has specific prevention actions, geared towards protecting vulnerable young people, in particular Looked After and Accommodated Young people and young offenders. Two recent ScotPHN needs assessments carried out in response to this underlined how little we actually know of the health needs of this group and the challenges facing them (Lachlan et al 2011; Scott et al 2013). A literature review conducted for the Glasgow Centre for Population Health (GCPH) has also shown that very few studies have explored the physical or mental health of LACYP. The prevalence of specific conditions varies considerably between the studies; they also lack comparisons with children and young people who are not looked after and the measures used lack consistency (Scott et al 2012). The review also found that studies examining health behaviours had similar limitations and also highlighted several

important unanswered questions e.g. after controlling for deprivation, what health needs are associated with being looked after and do health problems differ by reason for care or care setting.

Wider context

ASH Scotland, The British Association for Adoption and Fostering (BAAF) and the Fostering Network have all published recommendations concerning smoking in care placements. They agree that formal written tobacco policies should be developed for all care placements, children and young people should be discouraged from smoking by their carers and tobacco awareness education and training should be provided. Within Scotland there is no national policy regarding smoking and care placements. Instead the issue of placing children in smoking households is left to the discretion of the Local Authority.

Local Context:

In 2010 the proportion of 13 year olds in Renfrewshire who smoked regularly was higher than the national average - 6% in Renfrewshire compared with 3% nationally. Compared with 2006 there has been an increase in the proportion of 13 year olds who are regular smokers from 3% in 2006. 16% of 15 year olds were regular smokers which is not statistically different to the national average.

In order to support young people to make decisions about tobacco use and other health behaviours, we also need to support those around them. It is important that parents, carers and key professionals, such as those working with looked after children, have the right information about smoking harms. In recognition of this a Smoke Free Care Placements policy for Looked After and Accommodated Children has been developed. The policy aims to ensure that Looked After and Accommodated Children and Young People are provided with smoke free environments and positive role models by outlining the roles and responsibilities of staff, carers and the young people.

3. Evidence of assessment

3.1 Summary of Evidence

In considering the impact of implementing the Smoke Free Care Placements Policy on Equality and Human Rights, evidence was collected by desk research into local and national policy and practice, local and national demographics and service user data, and by conducting focused group discussions and questionnaires with consultees to get views on the proposed Policy and build on learning from feedback and experiences. The programme has included:

- Meetings with staff
- Focus group held with foster carers
- Focus group session with Young Champions Board representatives
- Electronic copy of the policy distributed to Corporate Health and Safety officers and to managers at various levels within child care services, including health colleagues.
- Independent consultation undertaken by advocacy service with young people.
- Meeting and discussion with Legal Services.
- Consultation with Union

Further details of evidentiary sources and consultation groups can be found below:

3.2 Evidence Sources:

- **Internal:**
Renfrewshire Council's Corporate Policy on Tobacco Control of Smoking at Work,

Renfrewshire Council's Guide for Assessing Equality and Human Rights Impacts,

Social Work service user data,

Report: Smoke Free Care Placements for Renfrewshire Local Authority Looked After and Accommodated Children (LAAC) (2010)

- **Partnership:**

Working Group: reports, e-mails and minutes,

Operational Staff including Service Manager, staff from Renfrewshire Community Health Partnership, Principal Officers and Head of Service

- **External:**

The Fostering Network, (2007), *Foster Carers and Smoking: Policy Paper*

The Scottish Government, (2013), *Creating A Tobacco Free Generation: A Tobacco Control Strategy For Scotland*.

Building Momentum for Change: Report of the Director of Public Health on Population Health in NHS Greater Glasgow and Clyde 2013-2015,

Scottish Schools Adolescent Lifestyle and Substance Use Survey: *Salsus 2010*.

The Youth Commission on Smoking Prevention's final report to the Scottish Government (2014),

ASH Scotland. Report on the mapping of existing tobacco control policies within looked after and accommodated children and young people (LAACYP) services in Scotland.

- **Consultation Groups:**

Voluntary Organisations (Who Cares, Barnardos)

Health and Social Partnership Health Improvement Team

Service users

Staff

Carers

Families

Other agencies

Young People

Union

Summary of findings from consultation

From formal consultation and group meetings suggestions for improvements mainly focused on training, awareness of where to go for support in managing/reducing smoking (i.e. cessation services) and there was some recognition that there are limits to the influence carers can bring to bear and that too many restrictions might lead to other risks. A number of the young people felt that a significant proportion of the policy was already in practice within their placements however were concerned that if a young person smokes, this will be discussed at their Looked After and Accommodated Child review.

The staff briefings and focus groups held provided an opportunity for staff within the Houses to discuss views on the potential impacts of the Policy and how this could be implemented in all Houses. Staff spoke positively about the implementation of the policy.

All of these responses have been passed to the service manager to inform service improvement activities going forward.

3.3 Impacts relevant to human rights and the general equality duty

The sessions held with Young People were facilitated by experienced professionals using a questionnaire developed for this purpose. The questionnaire was structured to allow for the views of the young people to be reflected on and drew out the main themes from the policy taking into account the human rights aspect of any potential change and the aspects of equality the changes may impact upon.

3.3.1 General Equality Duty – Eliminating unlawful discrimination.

The evidence was considered to ensure that the decision taken would not lead to discrimination, harassment or victimisation. It was also considered whether it might result in less favourable treatment for particular equality groups or give rise to indirect discrimination. It was felt that the main issue for consideration was whether the decision taken would impact adversely on the human rights afforded to Looked After and Accommodate Children and Young People, and their family members/carer representatives, staff and where such adverse impact was noted, whether anything further could be done to minimise this impact.

Significant progress has been made in recent years to shift cultural attitudes to smoking. Renfrewshire Council's Corporate Policy on Tobacco Control of Smoking at Work (2004) currently applies to all Local Authority residential care placements in Renfrewshire and under this policy smoking is not permitted in any Council control workspace, including Council owned or operated vehicles. Some Council controlled outdoor areas must also be smoke free and the introduction of Scotland's smoke-free public places legislation in 2006 has also played an important role in reducing children's exposure to smoking behaviours and to second hand smoke and contributes to eliminating discrimination, striving for fairness and proportionality across all care groups. In addition the 2013 Scottish Government tobacco control strategy: Creating a Tobacco-free Generation has specific prevention actions geared towards protecting vulnerable young people, in particular Looked After and Accommodated children and Young People.

3.3.2 General Equality Duty - Advancing Equality of Opportunity

Group sessions and focus groups were also held as it was felt that these types of sessions supported the communication of shared views and experiences. A minute was circulated to all foster carers detailing the consultation process and responses from the focus group session and information recorded from the group sessions with Young people was also disseminated to the Children's Champions Board.

3.3.3 General Equality Duty – Fostering Good Relations

The preparation process involved engagement with Looked After and Accommodated Children and Young People, families, carers, Trade Union Unison, staff and other agencies in order to provide a clear framework for people to understand that smoking is a leading cause of health inequalities, preventable illness and premature death. The consultation programme allowed the Service to highlight the importance of ensuring that Looked After and Accommodated Children and Young People are provided with positive role models and smoke free environments to promote health and health lifestyles.

3.3.4 Human Rights

As outlined above, the programme of consultations indicates that overall people were supportive of the policy and a number of young people felt that a significant proportion of the policy was already in practice within their respective placements.

Several of the young people expressed concerns that if a young person smoked then this would become a focal point of discussion at their LAAC review, however this could be partly mitigated if young people were given a chance to look at all health issues, and then it is their right to decide if they want to stop smoking and what support they require.

Suggestions for improvements were mainly focused on the information available regarding smoking cessation, although there was some recognition that there may be opportunity to explore this. The concerns that were raised by carers, young people and other agencies were considered in light of the right to privacy and family life, including the right for an individual's personal choice.

In terms of staff, a range of meetings and briefings were organised to provide information about the proposed options. These involved discussion and consideration of the potential impact around introducing a smoke free care placement policy. However, positive benefits were identified in terms of staff being seen as positive role models and Renfrewshire's Corporate Tobacco Control Smoking at Work Policy supports this approach and dovetails with the Smoke Free Care Placement Policy.

3.4 What (if any) changes to the policy or service will be undertaken as a result of the impact assessment

The impact assessment has not resulted in any changes to the implementation of the Policy at this time. This service will continue to monitor and review local arrangements, consulting as appropriate and developing recommendations outlined in the Policy such as smoke free agreements, providing tobacco awareness education and training and encouragement to attend smoking cessation support.

Justification for chosen option

Consultation with relevant stakeholders indicates that overall there are positive outcomes in implementing a Smoke Free Care placement policy for Renfrewshire's looked after and accommodated children and young people regarding health benefits, tackling inequalities and providing children and young people with the best possible start in life.

At 31 March 2014 statistics indicate that there are 722 looked after children in Renfrewshire. Over 60% of the looked after and accommodated children are between the ages of 5-15 and 18% are 16 and over. As of April 2015, teenagers in residential, foster or kinship care who turn 16 gain new rights to remain looked-after up to the age of 21, as well as extended entitlement to aftercare up to their 26th birthday. This will increase pressure to recruit and retain foster carers and having looked after and accommodated children and young people who are old enough to smoke legally will clearly have implications for tobacco policies. Currently there is no formal written policy recommending smokefree environments within Renfrewshire Local Authority foster care placements, nor a policy for placing children in homes with individuals who smoke. Implementing a policy would support not only our corporate parenting role but also protect this group from the dangers of tobacco and second hand smoke, as well as contributing to positive health promotion/behaviour.

3.5 Actions to mitigate and maximise impacts

Given the public duty to protect looked-after children there are indications that work is still needed to raise awareness of tobacco use and the impact of second-hand smoke at any level on young people. This could be extended to educating young people themselves as to how their smoking can affect others and should be combined with other substance misuse education, learning, prevention and cessation programmes, in order to reduce prevalence amongst young people themselves.

3.6 Further update upon implementation

The actual impact of future recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

4. Conclusion

4.1 Outcome of the evidence gathered (key issues identified from analysis)

In line with feedback gained through the consultation programme, a report will be submitted to the Social Work Health & Wellbeing Policy Board Council on 19 January 2016, requesting that the Policy be implemented. Officers from the service have developed an action plan regarding possible training, substance misuse education, learning, prevention and cessation programmes.

4.2 Results of the consultation and involvement activities undertaken with customers/service users including protected characteristics

The consultation programme and the views of all stakeholders gathered throughout the process have fully informed the recommendations made to the Social Work Health and Wellbeing Board on 19 January 2016 and the proposals in relation to the action plan going forward.

The service will ensure continued consultation, communication and engagement with key stakeholders as part of this process.

4.3 Monitoring and review arrangements relevant to the implementation of policy and service delivery

As indicated above future recommendations and mitigating actions will be reviewed and monitored on a regular basis, reporting to relevant governance structures as and when appropriate.