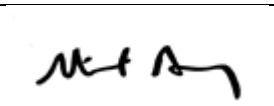
CHILDREN'S SERVICES DEPARTMENTAL PROCEDURE NO: 20/18

TITLE: Smoking policy and procedure - fostering services

DATE:	19th March 2019
EFFECTIVE DATE:	19th March 2019
KEYWORDS:	Fostering - Smoking Policy
ISSUED BY:	Stuart Ashley, Assistant Director, Children's Services
CONTACT:	Amber James - Head of Resource & Partnerships
PROCEDURES CANCELLED OR AMENDED:	45/09 Smoking Policy and Procedure - Fostering Services
SIGNED:	
DESIGNATION:	Assistant Director, Children's Services

Version Control.

Amendment:	Date:

YOU SHOULD ENSURE THAT:-

- You read, understand and, where appropriate, act on this information
- All people in your workplace who need to know see this procedure
- This document is properly filed in a place to which all staff members in your workplace have access

PURPOSE

To ensure that the health care needs of children and young people looked after by Hampshire and Isle of Wight Children's Services Department are properly met and their health promoted. To set out the smoking policy and procedure of Hampshire and Isle of Wight Children's Services Department's Fostering Service, including the rationale behind that policy, in order to reduce children's exposure to passive smoking including exposure to electronic cigarettes within our foster homes and to discourage children and young people from taking up smoking.

This Policy sets out guidelines for staff when recruiting and managing foster carers, and when placing children in fostering households.

To ensure that staff and foster carers are aware of the medical evidence to support the view that smoking and passive smoking have a detrimental effect upon the health of children.

To outline what action must be taken by staff, and foster carers, to enable them to ensure that children placed in foster care are not exposed to a smoking environment.

SCOPE

This policy applies to all prospective and approved foster care households and foster care placements, including Specialist Respite Carers households and Regulation 24 placements.

This policy applies to all children and young people looked after by Hampshire and Isle of Wight Children's Services Department under Section 31 of the (Children Act 1989), i.e. a child for whom the Local Authority has a Care Order) or accommodated under Section 20 of the (Children Act 1989), i.e. a child for whom the Local Authority is providing accommodation.

POLICY

Hampshire and Isle of Wight Children's Services Department have a duty to promote the health and welfare of all children and young people in their care. The health of children in care is as much about their emotional ability to make attachments and grow up in a family, as it is about their physical health. Whilst the risks of smoking are known and local authorities have a duty to take every possible step to protect children from those risks, they also have a duty to make the best possible match for a child, taking many factors into consideration. The overriding factor is that for the vast majority of children family care is preferable to residential care, and wherever possible children should be placed with carers known to them. The outcome of recent research on the effects of smoking on the health of children clearly demonstrates that passive smoking can be harmful in terms of children's health, particularly the risks of developing respiratory problems. In addition, there is some evidence to suggest children living in smoking households are more likely to become smokers and electronic cigarette users themselves.

Hampshire and Isle of Wight Children's Services Department believe that wherever possible a smoking environment should be avoided in the best interests of children who are to be placed away from home.

Hampshire and Isle of Wight Children's Services Department will not approve applicants who smoke (including foster carers who use electronic cigarettes) as foster carers for children under the age of 5 years (i.e. children aged 0-4 years), or place children under the age of 5 (i.e. children aged 0-4 years) with foster carers who smoke, unless those children are known to them for example; children who are placed (Regulation 24 or 25) with relatives, friends or connected persons, and the benefit of placing the child with known carers can be evidenced. This procedure does not apply to children placed at home with their parents.

In addition, no child of any age regarded as high risk in respect of the effects of exposure to second-hand smoke will be placed in a smoking household, unless those children are known to the carers. Children regarded as high risk are those with:

- Chronic respiratory problems
- Heart disease
- Glue ear
- A physical or learning disability which limits the young person's mobility, or requires a high level of supervision as would be required of a younger child, and therefore places the young person at additional risk as they cannot avoid smoke where they live and play. This will mean that in most cases it will be inappropriate to place a disabled child in a smoking household.

The rights of substitute carers to smoke or use electronic cigarettes or to do as they wish in their own homes, must always be balanced against the rights of children who are placed with these carers to remain healthy. All foster carers are required to give details of members of their household who smoke or use electronic cigarettes and to enter into an agreement with Hampshire and Isle of Wight Children's Services Department not to expose the children in their care to smoke, including visitors to their household who smoke or use electronic cigarettes. This policy applies regardless of whether it is the foster carer or any other member of their household who smoke or use electronic cigarettes.

Placing social workers will include in each child's care plan, a statement of the reasons for considering that the placement will meet the needs of the child to be placed, and where that family is a smoking household, what action will be taken to reduce the health risk to the child.

Children from non-smoking households should not, wherever possible, be placed with substitute carers who smoke or use electronic cigarettes.

The views of birth parents and children/young people should be taken into

consideration when placing a child in a smoking household.

A Smoking risk assessment must be made before any child is placed in a smoking household. The assessment will take account of all the circumstances of the family and the child, including the full range of the child's needs and any attachments the child might have to the family under consideration. In some circumstances, the assessment might be that the emotional care and stability offered to the child by particular carers outweighs the risks of being placed in a smoking household. If this applies, the recording of this decision must be explicit and include assessment and analysis.

No child will be removed from a placement where a carer or member of their household smokes or uses electronic cigarettes before a full assessment of risk has been carried out and it is evidenced that this action is in the child's best interests.

Formal supervision sessions between carers and their Supervising Social Worker will cover the issue of smoking or the use of electronic cigarettes, as will Household Reviews of foster carers.

Hampshire and Isle of Wight Children's Services Department will actively promote smoking cessation with all of its foster carers and connected carers through information giving in partnership with the Clinical Commissioning Group (CCG) and Public Health, about the dangers of smoking and by promoting access to smoking cessation programmes.

REFERENCES TO LEGAL, CENTRAL GOVERNMENT AND OTHER EXTERNAL DOCUMENTS, INCLUDING RESEARCH

Children Act 1989

Care Standards Act 2000

The Care Planning, Placement and Case Review (England) Regulations 2010

The Fostering Services (England) Regulations 2011

Children and Social Work Act 2017

HAMPSHIRE COUNTY COUNCIL AND CHILDREN'S SERVICES DEPARTMENT REFERENCES

Smoking questionnaire

Smoking risk assessment

DEFINITIONS

A smoking household is one where any member of that household is a smoker or

uses electronic cigarettes or has been a smoker or used electronic cigarettes in the last 12 months. This does not include visitors to the household.

A smoker is anyone who smokes or uses electronic cigarettes regardless of how many, or how often, either within or outside the home.

A non- smoker is a person who has not smoked for a continuous period of 12 months.

LOOKED AFTER CHILDREN: Any child who is in the care of the local authority under Section 31 of the (Children Act 1989) i.e. a child for whom the local authority has a Care Order) or accommodated under Section 20 of the (Children Act 1989) i.e. a child for whom the Local Authority is providing accommodation. This applies to children in the care of Hampshire and the Isle of Wight Children's Services Department regardless of the placement type they are living in and therefore includes children in placements outside the Hampshire and Isle of Wight respective boundaries.

ROLES

It is the responsibility of the County Fostering Recruitment Team to ensure that members of the public considering fostering are aware of Hampshire's smoking policy in relation to foster carers.

It is the responsibility of the supervising social worker to address the issue of smoking, and actively promote smoking cessation, with all prospective foster carers in the recruitment and assessment process, and through the supervision and reviewing process with all approved foster carers.

It is the responsibility of the fostering service to ensure that children are placed within fostering placements in accordance with this policy.

It is the responsibility of the Fostering Panel and Fostering Agency Decision Maker to ensure all fostering approvals comply with this smoking policy.

It is the responsibility of the supervising social worker to complete the Smoking risk assessment, and Action Plan with foster carers/prospective carers.

Where the child is aged 0-4 years, or is in one of the high risk groups, it is the **joint responsibility** of the Supervising Social Worker and the child's social worker to complete a Smoking risk assessment when considering placing the child in a smoking household.

It is the child's social worker's responsibility to ensure the risk assessment and actions agreed to protect the child from the effects of passive smoking are recorded in the child's Care Plan.

Foster carers are responsible for ensuring they take action to protect children in their

care from the effects of passive smoking in accordance with the Foster carer's Agreement.

AUTHORITY TO VARY THE PROCEDURE

Deputy Director, Children and Families

PROCEDURE

This procedure is arranged in the following sections:

1. **INTRODUCTION**
2. **FOSTER CARERS**
3. **RECRUITMENT AND ASSESSMENT OF NEW CARERS**
4. **ASSESSMENT OF FAMILY AND FRIENDS CARERS (including unregulated placements)**
5. **ELECTRONIC CIGARETTES**
6. **SUPPORTING CARERS**
7. **TRAINING FOR CARERS**
8. **ACTION IF SOMEONE IN FOSTERING HOUSEHOLD STARTS TO SMOKE/CEASES TO SMOKE**
9. **PLACEMENT OF CHILDREN**
10. **PLACEMENT OF YOUNG PEOPLE WHO SMOKE**
11. **PERFORMANCE STANDARDS**

1. INTRODUCTION

1.1 The rate of smoking amongst children in care has been found to be almost four times the rate found amongst their non- looked after peers of the same age in the Great Britain. As 'corporate parents', Hampshire and the Isle of Wight Children's Services' want the best possible outcomes for all of our looked after children and young people. Promoting the health, safety and wellbeing of children and young people is at the heart of our policies and practice. We want the best possible outcomes for all of our looked after children and young people and this includes taking into consideration the effects of smoking and the use of electronic cigarettes on children who are in foster care. We recognise the important role that carers and social workers have in protecting all aspects of the child's present and future health while they are in our care. Therefore, children should be placed in households where they will not be exposed to passive smoking.

1.2 The Children Act 1989 and Regulations and Standards issued under the Care Standards Act 2000 impose clear duties on foster carers in improving the health of children in their care. Responsibilities of foster carers include encouraging and supporting each child in achieving optimum health and in particular exercising the corporate parent's responsibility as health educator and providing a home environment which actively encourages and supports a healthy lifestyle. The Fostering Services (England) Regulations 2011 also emphasise the importance of health promotion awareness for foster carers in relation to their own health.

1.3 Young children are particularly susceptible to the effects of passive smoking because their lungs and airways are small, and their immune systems are immature. Children also have higher respiratory rates than adults and consequently breathe in more harmful chemicals, per pound of body weight, than an adult would in the same period. There is an increased risk for children brought up in smoking households of sudden unexpected death in infancy, pneumonia and bronchitis in pre-school children, asthma and respiratory infections in school age children and middle ear disease associated with hearing loss. Exposure to passive smoking can cause both lung cancer and heart disease in adult non-smokers.

1.4 Children living with parents or carers who smoke are nearly three times more likely to be smokers than those whose parents or carers who do not smoke. The present and future health implications for young smokers and electronic cigarette users are serious. The earlier in life that children start smoking, the greater the risk of developing heart disease and lung cancer in later life.

1.5 Banning smoking completely within the home if the carer continues to smoke is unlikely to fully protect children from the adverse effects of tobacco smoking. The effects of passive smoking are cumulative over time and low levels of exposure might still be harmful. Leaving a child unsupervised while a carer smokes outside is not a safe solution for carers of young children, or children with a disability or children with behaviour problems who require a high level of supervision. Harm reduction measures, such as smoking only in one room or with the windows open, have little or no effect in protecting children from passive smoking. The only safe solution is the cessation of smoking altogether.

2. FOSTER CARERS

2.1 It is important that foster carers understand and are made aware of the detrimental effect of smoking and passive smoking on their health and that of other people in their household, including children and young people they care for.

2.2 During the recruitment, assessment and preparation process discussions will take place with applicants regarding Hampshire and Isle of Wight Children's Services Department's expectations and requirements in regard to appropriate adult role modelling and non- smoking placements.

2.3 Whilst it is acknowledged that some carers smoke, it is Hampshire and Isle of Wight Children's Services Department's policy that carers must not smoke in front of children in their care and that efforts must be made to discourage children and young people from smoking or using electronic cigarettes.

2.4 Matching considerations for carers who smoke will be considered carefully during the assessment process, and no children under the age of 0-4 years of age will be placed with foster carers who smoke or use electronic cigarettes. In regard to children over the age of 4 years matching considerations will consider any significant health needs of an individual child and if the placement can meet the child's health needs.

2.5 The issue of smoking will be raised regularly with all approved foster carers who smoke and reinforced through supervision and reviews. Support is crucial, particularly as smoking can be a response to stress, and consideration needs to be given to ways of minimising the level of stress experienced by foster carers.

2.6 A smoking questionnaire will be completed for all foster carers whether they smoke or not by their supervising social worker, this will cover household members and visitors to the home who may be smokers or use electronic cigarettes. If the foster carers smoke or use electronic cigarettes a Smoking risk assessment will also be required.

Note: legislation has been in force since 01 October 2015 to ban smoking in cars when children and young people are present.

3. RECRUITMENT AND ASSESSMENT OF NEW CARERS

3.1 The Fostering Service will robustly and openly address all issues about smoking in the recruitment and assessment process for prospective foster carers and Specialist Respite Carers.

3.2 Information provided to prospective county foster carers, Connected Carers and Specialist Respite Carers must reflect, and clearly state, Hampshire and Isle of Wight Children's Services Department's smoking policy on the assessment and approval of carers, and the placement and linking of children in smoking households. All prospective carers must be given this information by the Recruitment and Assessment Team or the Connected Carers Assessment Social Worker. When making an initial enquiry, details of any members of the household who smoke should be gathered at this initial stage. Prospective carers should understand that Hampshire and Isle of Wight Children's Services Department is working towards a position where no child in foster care will be exposed to living in a smoking household.

3.3 Prospective applicants who do smoke, or have members of their household who smoke, must be given advice and information at the initial home visit regarding the impact on health of smoking for themselves and those in their

care. Applicants should be informed of the expectation that carers will support and promote the child's health and provide a home environment which actively encourages and supports a healthy lifestyle. The initial home visit should cover the requirement that carers enter into an agreement with Hampshire and Isle of Wight Children's Services Department not to expose children in their care to smoke, including the smoke of visitors to their household. Applicants should be advised that smoking, or having a smoking household, may impact on their approval as a foster carer.

3.4 Smokers and electronic cigarette users must be given advice and support in giving up smoking during preparation training and during the assessment process. The foster carers will receive information and advice as part of the foster carer medical. The Health Service representative at the Fostering Panel will also encourage any foster carers who smoke or use electronic cigarettes to speak to their GP about smoking cessation programmes.

3.5 In cases where prospective county foster carers and Specialist Respite Carers wish to be approved to care for a child aged 0-4 years, or a child in any of the high risk groups, and have given up smoking during the preparation/assessment process, it will be necessary to delay taking them to panel until they can demonstrate that they have not smoked or used electronic cigarettes for 12 months. Their health assessment, carried out by their GP, should be updated to comment on this before they are taken to panel. The assessment of the prospective carer may be started during this 12-month period; however, they must continue to abstain from smoking or using electronic cigarettes.

3.6 As part of the assessment process for all foster carers, including the Specialist Respite Scheme and family and friends carers, a Smoking questionnaire and, if they smoke or use electronic cigarettes, a Smoking risk assessment, must be completed by the assessing worker with the prospective carers and submitted to panel as part of the fostering application. The questionnaire and smoking risk assessment identifies who in the household smokes, where they smoke and how regularly they smoke and actions taken by the prospective carers to protect children from passive smoking, either from members of the household, or visitors to the household. The prospective foster carer must also advise of any members of the household who would be interested in receiving assistance to stop smoking.

3.7 The recommendation for approval by the assessing worker and the Fostering Panel must reflect Hampshire's smoking policy.

3.8 Carers' profiles which are designed to give children in care teams and birth parents information about carers prior to placement must indicate if it is a smoking household. This is to ensure that the child's parent has the opportunity to express a view on their child being placed in a smoking household.

4. ASSESSMENT OF FAMILY AND FRIENDS FOSTER CARERS (including unregulated placements)

4.1 There may be circumstances where the emotional and psychological benefits to a child of being placed with relatives, or friends, with whom the child has pre-existing bonds or attachments, will out-weigh the risks to the child from passive smoking. This may include Regulation 24 placements. This might be due to an immediate placement with a Connected Person i.e. where the carers are not already approved as foster carers. Placements made under this procedure should only be made in exceptional or unforeseen circumstances The Care Planning, Placement and Case Review (England) Regulations 2010 .

4.2 A potential Connected Person (family or friend) carer who smokes, or is part of a smoking household, may therefore be assessed to care for a specific child or children of any age, or within one of the high-risk groups. An assessment will need to be made in each case as to whether the best interests of an individual child would be served by living with family and friends' carers, even where that is in a smoking household.

4.3 The assessing supervising social worker and the child's social worker must analyse the risks and benefits to the child of being placed with the carers and must clearly discuss and record in the fostering/risk assessment the reasons for considering that the placement will meet the needs of the child. The risk assessment must also state what action will be taken to reduce the risk from passive smoking to the child. This risk assessment must be undertaken for both planned placements and immediate placements made under The Care Planning, Placement and Case Review (England) Regulations 2010 . As with any potential foster carers who smokes or uses electronic cigarettes, every effort should be made during the assessment period to encourage the prospective carer to give up smoking. The prospective carer can seek advice and support from their GP to encourage them to give up smoking.

5. SUPPORTING CARERS

5.1 All foster carers, including Connected Persons and Specialist Respite Carers, must have information on their files regarding their household's smoking/non-smoking status. Smoking households will have a Smoking risk assessment and have details recorded of the action they are taking to protect children placed with them from the effects of passive smoking. All households, smoking or non-smoking, must have details recorded of the action they are taking to protect children from any visitors to the home who smoke Smoking questionnaire.

5.2 The information recorded on the Smoking questionnaire must be reviewed, and updated if necessary, by the carers and their supervising social worker during supervision. A record must be made by the supervising social worker if a carer, or member of their household, starts or ceases to smoke. The record must include the date of the change in the smoking status of the household. Supervising Social Workers need to ensure that all members of the carer's household are aware of the smoking policy.

5.3 Information given by carers on the smoking status of their household,

including when they became a non-smoking household, will be based on trust. However, supervising social workers are required to monitor evidence of unreported smoking at unannounced supervision visits and from feedback from other professionals.

5.4 It is recognised that carers may not always be aware that other members of their household are smoking, e.g. their own teenage children. As soon as carers become aware, they must inform their supervising social worker who will arrange to meet with them to discuss the implications for their registration and current and future placements.

5.5 Carers must not use day carers or babysitters who smoke for children aged 0-4 years, or within the high-risk groups identified within this policy. For children outside these high-risk groups, carers must ensure that babysitters or day carers who do smoke take appropriate action to protect children from the effects of passive smoking.

5.6 Carers must be made aware that they should not advocate or model smoking and must ensure that any lighters or cigarettes in the home are kept secure. It should be made explicit that carers should never buy or give cigarettes to children and young people in their care or use them as a reward for good behaviour.

5.7 Carers should receive support from their supervising social worker in formulating household rules that include expectations about smoking which are made clear at the outset of a placement. This should include the expectation that smoking is not allowed in in the house; this includes smoking in the bedroom due to the high fire risk.

6. ELECTRONIC CIGARETTES

6.1 Hampshire Children's Services views nicotine and tobacco-based e-smoking / vaping the same as conventional smoking. Foster Carers who use cigarettes or e-cigarettes / vapes containing nicotine or tobacco will not have children under the age of 0-4 years of age placed with them. The same issues of modelling are relevant for e-cigarettes / vapes that contain no tobacco or nicotine based products and therefore carers and other members of the household, including visitors, will not use e-cigarettes / vapes – whether or not containing nicotine or tobacco - in the company of children of any age, in the home or in the car and will promote non-smoking as the norm.

7. TRAINING FOR CARERS

7.1 The preparation and training programme for all prospective foster carers must include advice and information about the health risks of smoking and of passive smoking, especially to children, and provide advice about stopping smoking.

7.2 Foster carer training on health of children in care must ensure that carers know about the health risks of smoking, how best to advise young people

about the these health risks, what action to take if they become aware that a young person in their care is smoking, and how best to support them to access cessation programmes.

7.3 Training must also provide carers with knowledge of the laws relating to young people and the purchase of tobacco products and where smoking is permitted so that they can ensure that young people they care for observe those laws.

8. ACTION IF SOMEONE STARTS TO SMOKE/CEASES TO SMOKE

8.1 Where a non-smoking household becomes a smoking household, the supervising social worker must consider if the carer's approval needs to be varied. For carers approved for children aged 0-4 years of age it will be necessary to update their Form F assessment and take them back to panel for their approval age to be changed if the foster carers, or member of their household, are unable to give up smoking. No children aged 0-4 years of age, or from any of the high-risk groups, should be placed with the carers once it is identified that this is a smoking household.

8.2 Where carers who become a smoking household do not want to foster older children, or children outside the high-risk groups, de-registration will need to be considered. Prior to this all attempts should be made to engage and support the carer, or member of their household, in smoking cessation programmes. De-registration should only be considered as a last resort.

8.3 Where carers who become a smoking household currently have children in placement the Fostering Service must immediately liaise with the child's social worker and a Smoking questionnaire and Smoking risk assessment must be completed/updated. Where the child is aged 0-4 years, or in one of the high risk groups, the risk assessment must be completed by the Supervising Social Worker and child's social worker and must balance of risks between moving the child as weighed against the child's attachments to the carer. The child's Care Plan must record the risk assessment and clearly record the reasons for the child or children remaining with carers plus actions agreed to protect the child from the effects of passive smoking, including the foster carer's commitment not to expose the child to smoke.

8.4 Where a child aged 0-4 years of age remains in placement this will need to be reflected in any approval variation which will need to include approval for this specific child or children, in addition to any general approval for older children. Where a smoking household becomes a non-smoking household, carers can be taken to panel to have their approval varied to include children aged 0-4 years. A carer can be presented to panel to have their approval varied once the household has been non-smoking for 12 months, or immediately if the smoker has left the household.

8.5 All Household Reviews should monitor the arrangements in place to ensure children are cared for in a smoke free environment including reviewing risk assessments, action plans and foster carer's agreements, assessing if they are robust and if they require updating.

9. PLACEMENT OF CHILDREN AND YOUNG PEOPLE

9.1 All requests for family placement must indicate on the Placement Commissioning Team (PCT) Referral Form if the child/young person requiring placement comes from a smoking or non-smoking household. Where the child/young person, or their birth family, has views on the child/young person being placed in a smoking household this must also be recorded. This information must be taken into consideration by the Fostering Service and PCT in matching all children referred for placement. Wherever possible children from non-smoking households should not be placed in smoking households and parents' and young people's wishes should be respected.

9.2 In all planned long-term placements, and in those placements, which are not planned as long term but become long term, the additional health risks to the child of being placed in a smoking household needs to be carefully considered. This is because long term exposure to passive smoke presents a significant risk of ill health that increases with time. When considering long term placements, the risk assessment should be completed jointly by the supervising social worker and the child's social worker.

9.3 The actions identified in the risk assessment must be recorded in the child's Care Plan and the Foster Carer's Agreement re: Protecting the child from effects of passive smoking.

.

9.4 Health issues related to passive smoking should be referred to in every Looked After Child's Review where that child is placed in a smoking household. The Risk Assessment and Care Plan should be reviewed to ensure that the child's health needs are being met.

10. PLACEMENT OF YOUNG PEOPLE WHO SMOKE

10.1 The risk assessment completed by the child's social worker on all children referred for family placement must indicate under the section - Misuse of drugs/alcohol - if the child/young person smokes. This will have implications for any other children, young people in placement including the carer's own children and must be considered in the matching process.

10.2 Young people who smoke should not be placed in fostering households where there are children aged 0-4 years or age, or children within the high-risk groups, in the household.

10.3 There may however be circumstances where the emotional and psychological benefits to the child being placed, and to other children in the carer's household, will out-weigh the risks from passive smoking, e.g. sibling placements, mother and baby placements and connected persons (family and friend placements). In such cases the social worker for the child concerned must analyse the risks/benefits to each child of being placed/remaining in placement and must clearly record in the risk assessment the reasons for considering that the placement will meet/continue to meet the needs of the child. The risk assessment must also state what action will be taken to reduce

the risk from passive smoking to each child.

10.4 Where it is the carer's own children who are aged 0-4 years, or within one of the high risks groups, and it is proposed to place a young person who smokes in the household, then the supervising social worker should ensure the carers are aware of the risks of passive smoking. The prospective foster carers will take this into consideration in their decision to care for a child who smokes and will take action to reduce the risks to their own children from passive smoking.

10.5 Where a child in a non- smoking foster placement starts to smoke the needs of any other children in placement need to be considered. The carer's supervising social worker must immediately liaise with the social worker for any other child, or children in placement, and the social worker for the child who has started to smoke.

10.6 A risk assessment must be completed on each child. Where other children in placement are aged 0-4 years, or in one of the high risk groups, the risk assessment must be completed by the child's social worker and Supervising Social Worker jointly and must balance the risks between moving the child as weighed against the child's attachments to the carer. The child's care plan must record the risk assessment and clearly record the reasons for the child or children remaining within a smoking household, plus actions agreed to protect the child from the effects of passive smoking. No child should be removed from the placement, including the child who has started to smoke, before a full assessment of risk has been carried out and it is evidenced that this action is in the child's best interests.

10.7 No new placements of children aged 0-4 years of age, or within any of the high-risk groups, must be made with foster carers while there is a foster child in placement who smokes (unless there are exceptional circumstances).

10.8 It will not be required to take carers approved for children aged 0-4 years to panel to vary their approval if they are caring on a short-term basis for a child who smokes as this is a temporary situation. This arrangement should be managed by the Fostering Team responsible for the carers by restricting placements in line with this policy during the period of the placement. Where there is clear evidence that the young person in placement has stopped smoking, carers can resume fostering as per their approval.

10.9 In the case of long-term placements, the fostered young person is considered a member of the carer's household and the procedure as outlined in this policy must be followed.

10.10 Once a young person who smokes has left the placement carers can immediately resume fostering as per their approval or can be taken to panel to vary their approval where this is required.

10.11 All children in care should receive information about the health risks associated with smoking and advice and support to stop smoking. All risk

assessments, the plan for managing a young person's smoking and the support provided to help them give up must be recorded in the young person's care plan including the foster carer's role. This should be monitored through the young person's Health Plan and the Child Looked After Child Reviewing process.

10.12 Carers should be proactive in ensuring young people in their care who smoke have all the health information about the effects of smoking and passive smoking and that they link young people with health workers and support them to access programmes for stopping smoking. Carers must be made aware that they should not condone, advocate, or model smoking. It should be made explicit that carers should never buy or give cigarettes to children and young people in their care or engage in smoking with young people.

11. PERFORMANCE STANDARDS

This procedure will be reviewed and updated annually, or as and when required, whether this is due to new legislative requirements or internal policy developments.

SMOKING POLICY AND PROCEDURE PROCESS

