



Smoke Free Care Placements for Looked After and Accommodated Children and Young People

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Foreword

Smoking is the single greatest cause of preventable ill health and death in the UK. 30% of Glaswegians die from smoking related diseases, therefore efforts must be made to: encourage young people not to start smoking; support smokers who want to stop; and to protect young people from the damaging effects of passive smoking.

It is known that looked after and accommodated children and young people have a higher incidence of smoking compared to that of the general population. Therefore, in order to gain a greater insight, NHS Greater Glasgow and Clyde, in partnership with Glasgow City Council, funded a two year pilot project to develop a smoking cessation service for looked after and accommodated children (LAAC). The LAAC smoking cessation advisor conducted an audit of the current smoking trends and attitudes of staff and carers in residential and foster care placements in Glasgow. Some of the findings of this audit are surprising, and we would like to thank the residential staff and foster carers for their co-operation and honesty in completing the Smoking Awareness questionnaires.

This report identifies how care placements in Glasgow can and must do better in protecting children and young people from the adverse effects of passive smoking. Glasgow City Council endorse a 'Smoke Free Workplace' policy in all Council premises, including children's residential units. Glasgow City Council do not condone smoking under any circumstances in these premises, and as a result of this report are actively working towards ensuring a positive, smoke free environment is provided for all looked after and accommodated children and young people in Glasgow.

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1. Background

1.1 Passive Smoking and Children

Tobacco smoke in the home is an important source of exposure to a large number of dangerous chemicals (BAAF, 2007). As young people, particularly children, spend a large proportion of their time inside their home with parents/carers, they are particularly at risk from passive smoking.

With the introduction of the legislation restricting smoking in public places in Scotland in March 2006, steps are being taken to protect adults from tobacco smoke exposure. Since the introduction of the legislation, the exposure to second hand smoke (SHS) in the general population has reduced by 40%, and a recent study looking at nine Scottish hospitals has shown that heart attack patient admissions have reduced by 17% in one year since the introduction of the legislation. This reduction clearly emphasises the health implications associated with passive smoking, and that there is a need for protection.

Levels of SHS can become very high in confined areas such as in the home, as illustrated in a study where three cigarettes were lit and left to smoulder in a small garage. The levels of particulate matter accumulated were up to 10 times higher than that of a diesel car left to run for half an hour (Invernizzi et al, 2004).

Children can inhale around 150 cigarettes per year when adults smoke around them, and 50 children are admitted to hospital every day in the UK because of tobacco smoke exposure in the home (Breathe Easy, 2007). With their immature lungs, airways and immune system, children and young people are more likely to suffer from lower respiratory tract infections, asthma, and middle ear disease when exposed to SHS than adults (BAAF, 2007). Table one highlights the range of effects caused by SHS:

Table from: BMA (2007) *Breaking the cycle of children's exposure to tobacco smoke*

Major health effects of SHS on child health

There is conclusive evidence that exposure to SHS causes:	There is substantial evidence that exposure to SHS causes:	There is suggestive evidence that exposure to SHS causes:
<ul style="list-style-type: none"> • Cot death* • Asthma attacks in those already affected • Respiratory illnesses • Respiratory symptoms • Impaired lung function* in childhood and adulthood • Middle-ear disease (glue ear) 	<ul style="list-style-type: none"> • Development of asthma* in those previously unaffected • Worse symptoms in cystic fibrosis 	<ul style="list-style-type: none"> • Overall childhood cancers (maternal smoking) • Brain cancer and lymphoma (paternal smoking) • Meningitis • Cancer in adulthood • Initiation and progression of cardiovascular disease

* These conditions are also associated with maternal smoking in pregnancy.

Source: BMA (2004) *Smoking and reproductive life*.

Four out of ten children in Scotland live in a home where at least one adult smokes regularly (Scottish Health Survey, 2003). Living in a smoke free home reduces the likelihood of children smoking by up to 74% (Wakefield et al, 2000) and almost doubles the chances that children who begin to smoke will quit (Farkas et al, 2000). According to the Department of Health, someone who starts smoking at 15 years is three times more likely to die from cancer due to smoking than someone who starts smoking in their mid twenties (Department of Health, 1998).

In addition to the various health implications associated with smoking and second hand smoke, there are also additional hazards to consider around tobacco. It has been shown that pupils with asthma that are exposed to SHS are between 44% and 77% more likely to be absent from school because of asthmatic symptoms than those who are not exposed (Austin et al, 2005). This will have an effect of the educational attainment of the young people. Also, cigarettes and smoking related materials such as lighters are a leading cause of house fires, resulting in one in every ten deaths from house fires globally, and tobacco products are among the top causes of poisoning in children each year in the UK.

This information indicates that action must be taken to protect children and young people from the adverse effects of adult smoking, and children should be provided with a smoke free environment at all times (U.S Department of Health and Human Services, 2006).

1.2 Health Needs of Looked After and Accommodated Children (LAAC)

Research has found that levels of health amongst looked after and accommodated children and young people are worse than in the general population, and they are also less likely to access the services they need or have their health monitored (Glasgow Alliance Social Inclusion Partnership for Young People in Care & Leaving Care, 2001). For example, a recent dental audit carried out by the NHS Greater Glasgow and Clyde LAAC Health Team found that, on average, every looked after and accommodated child in residential care in Glasgow needed a tooth to be extracted and five fillings. This indicates the level of neglect young people in care have experienced and the level of attention they require from staff, carers and health professionals (LAAC Dental Health Audit, 2007., Williams et al, 2001).

There is also a higher rate of risk taking behaviours such as smoking, alcohol use, and drug taking amongst this group. A study commissioned by 'the big step' to examine the health needs of a sample of young people who were 'looked after' by the local authority in residential units Glasgow found that 75% of the young people were smokers, with 27% starting to smoke whilst in care (Glasgow Alliance Social Inclusion Partnership for Young People in Care & Leaving Care, 2001). This is much higher than that of the general teenage population, and can be due to various factors, including: smoking being seen as a way to engage with peers and build relationships; peer pressure; lack of awareness around the damaging effects of smoking; stress; weight management; perceived attractiveness of smoking; and smoking being considered normal and acceptable due to parents and carers smoking. These issues are relevant to all young people; however they are more significant in Care placements due to the vulnerability of the young people.

1.3 LAAC Smoking Cessation Advisor Pilot Project

In partnership with Glasgow City Council (Social Work Services), NHS Greater Glasgow & Clyde are in the process of establishing a specialist smoking cessation service for looked after and accommodated children and young people. Working as part of the existing LAAC Health Team, a smoking cessation advisor has been appointed to develop the service over two years.

The smoking cessation advisor has conducted a baseline audit to assess the knowledge, skills and attitudes of staff, respite, foster and supported carers regarding the harmful effects of tobacco and second hand smoke. The results of this audit are detailed in this report, and will enable a training programme to be developed for staff and carers to raise awareness around the effects of smoking and passive smoking, and increase brief intervention skills. In addition, the advisor will develop a service protocol that provides smoking cessation support to young people with access to nicotine replacement therapy when required, and manages nicotine withdrawal for young people where access to smoking is denied.

2. Current Practice in Care Placements

2.1 Foster Care

At present, there are no policies in place for foster care placements in Glasgow regarding smoking, however, children under one year old are no longer placed with foster carers who smoke. A recent smoking audit carried out by the Standards Team at Families for Children (Glasgow City Council, 2007), concluded that nearly 30% of the households approved to take children aged 0 - 5 years have at least one carer that smokes.

2.2 Residential Units

Residential units in Glasgow are currently using the Glasgow City Council 'Smoke Free Workplace' March 2007 policy; there is no separate policy for residential units. This states that smoking within children's residential care homes is prohibited; staff and young people must smoke outside the building. Where there is evidence of young people smoking within a residential unit, staff are required to report the incident to the unit manager and take appropriate action such as reducing or supervising pocket money. Staff that smoke must ensure that no young person observes them smoking at any time, and they should be seen as positive role models. Difficulty in accessing this policy prior to re-launch however suggests that adherence may be questionable.

The residential units use a risk assessment questionnaire on individual children/young people when they are admitted to the placement. This determines if they are a smoker or are likely to become a smoker, and those who smoke or are considered at risk will be told of the dangers this causes themselves and others, and the unit's regulations regarding smoking. Those under the age of 16 years who are thought to be misusing their money will have their pocket money supervised by unit staff, making it more difficult to buy cigarettes.

3. Current Smoking Cessation Activity in Glasgow

3.1 Smoke Free Homes

A Smoke Free Homes and Zones project, jointly funded by NHS Greater Glasgow and Clyde and Glasgow City Council, is currently being piloted in the East End of Glasgow. The project uses a Pledge system where households with children are asked to make one of two Pledges: the Gold Pledge requires the home to remain completely smoke free at all times; and the Silver Pledge allows smoking only in one well ventilated room, and not in front of children. All those who make a Pledge are sent an information pack, a 'goody' bag containing various promotion items for their home, and a baseline questionnaire to assess their knowledge and attitudes towards smoking. As an incentive, all those making a Gold Pledge are entered into a free prize draw for £100 DIY vouchers.

Three months after making the Pledge the households are sent a follow up questionnaire to assess any changes in attitude and knowledge towards smoking and passive smoking. Persuading parents to commit to a Pledge has been difficult, and in May 2007, 209 households in the East End had signed either a Silver or Gold Pledge after 18 months of the project starting. Also, the returning of completed questionnaires by households making a Pledge has been poor, with only 17% completing the baseline questionnaire and a mere 5% completing the follow up questionnaire. A possible solution to this would be to make the exchange of information between the household and 'smoke free homes co-ordinator' easier by using email, telephone, or the 'Smoking Concerns' website. The project has still to be evaluated and thus its effectiveness is still unknown.

Adults in Glasgow can access smoking cessation services through group cessation services, the 'Starting Fresh' pharmacy programme, and their GP.

3.2 Stop Smoking Groups

Stop Smoking Groups are based within primary care and run throughout Glasgow, following the Maudsley model for smoking cessation. All those over 12 years can

attend the groups, however they are most appropriate for adults. The groups run for seven weeks with smokers quitting together on week three. The smokers use Nicotine Replacement Therapy (NRT), Champix® or Zyban® to help them stop smoking, but must be over 18 years old and consult their GP if using either of the latter two. The groups are free, and smokers attend the sessions weekly where they are provided with support and advice from other smokers and trained smoking cessation staff. Those who use this method of smoking cessation are four times more likely to stop smoking than those using willpower alone.

3.3 'Starting Fresh'

The 'Starting Fresh' pharmacy programme operates in 92% of pharmacies in Glasgow and is the largest pharmacy smoking cessation service in the UK (NPA, 2007). The service provides patients that are over 18 years old and would like to stop smoking with NRT and support at a discounted rate, or for free if they are entitled to free prescriptions. The programme runs over a twelve week period with the patient setting a quit date in week two. The patient must visit the pharmacy weekly for the duration of the programme, and is provided with one to one support and advice from a trained member of pharmacy staff, along with their method of NRT, e.g. patches.

3.4 GP Prescription

Adults who visit their GP to stop smoking can obtain NRT on prescription. This enables the doctor to recommend the appropriate method and dose of NRT for the individual patient. Using this method however generally means that the patient will receive less support than is offered with the other services as the patient does not visit the GP weekly.

3.5 Specialist Services

There are also a range of specialist smoking cessation services available in Glasgow through the NHS. These include cessation support in secondary care, maternity services, mental health settings, and work place stop smoking groups.

4. Current Recommendations for Care Placements

4.1 ASH Scotland

ASH Scotland released a policy paper in November 2004 on adoption and tobacco use. They recommend that all agencies:

- Develop written tobacco policies for fostering, adoption, and all care placements.
- Carry out risk assessments on non smoking staff/foster carers to assess the possibility of visitors to the house/placement smoking in the company of looked after and accommodated children.
- Offer foster/adoptive carers cessation support as a priority, the same as pregnant women.
- Provide tobacco awareness education, training and support to carers.

4.2 British Association for Adoption and Fostering (BAAF)

The British Association for Adoption and Fostering (BAAF) released guidelines for fostering and adoption services in 2007, recommending the following:

- Foster carers who smoke should not be eligible to foster/adopt any of the following vulnerable groups: babies and young people under five years old; children of any age with a disability which means they are often physically unable to play outside; children with respiratory problems; and young people with heart disease or glue ear.
- All agencies should encourage all their foster carers to stop smoking.
- Local authorities and other fostering service providers should move progressively towards a situation where no foster carers who smoke are recruited.
- Children from non-smoking birth families should not be placed with foster carers who smoke.
- Older children, who are able to express a view, must be given a choice to be placed with a non-smoking family.

- Foster carers who have successfully given up smoking should not be allowed to adopt or foster high risk groups until they have given up smoking successfully for a minimum period of 12 months.
- Foster carers should follow the guidance from the National Safety Council (NSC, 2004) (appendix 1) on what practical steps they can take to minimise children's exposure to tobacco smoke if they are unable or unwilling to stop smoking.
- Foster carers who smoke should receive extra information about the risks of burns and fires from smoking.
- All foster carers should be advised about the health risks of buying cigarettes for adolescents.
- Social workers should carefully consider the importance of promoting non-smoking and the positive messages they convey to young people. They should actively help all looked after and accommodated children to stop smoking.

4.3 The Fostering Network

The Fostering Network released guidelines in May 2007 recommending that children should never be placed with a foster carer who smokes when they are under the age of five, disabled or suffering from heart disease, glue ear or respiratory problems. Evidence shows it is not practical or safe for foster carers to create a smoke free environment for very young children by smoking outside (Phillips, 2004), and 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 (Blackburn et al, 2003), thus only non-smokers should be considered for fostering this group of children.

Environmental tobacco smoke is officially classified as a known 'human carcinogen', and its release into the air around a child is totally unnecessary and completely avoidable. As the health and wellbeing of the child is the main priority; foster carers, residential workers, social workers, health staff and parents should be expected to protect children and young people from the adverse effects of passive smoking. Therefore, it would seem logical to extend the smoking restrictions, as recommended and mentioned previously, in to care placements offered by Glasgow City Council.

4.4 Dundee Model

Dundee City Council Social Work department implemented a Family Placement Smoking Policy to all foster homes on 1st January 2006. This new policy's aim was to reduce children's exposure to passive smoking within their foster/adoptive home, and to discourage young people from taking up smoking. It stipulates that:

- Carers should not smoke in front of foster children.
- All children under 5 years, or a child of any age with a known respiratory condition, should have a smoke-free environment.
- Children and young people should not be allowed to smoke within the foster home.
- Children and young people should be actively discouraged from smoking by their carer(s).
- Carers have a responsibility to encourage young people to seek help in stopping smoking.

As the policy requires those under five years of age to have a smoke free environment at all times, this would generally mean placing those under five years with non-smokers, unless the carer guaranteed only to smoke out with the home.

The policy was implemented in two stages:

Stage 1

- A letter was sent to all foster carers informing them of the new policy and inviting them to a consultation.
- Two consultation sessions were held addressing issues with the policy and answering questions from carers.
- Information was added to the foster carer's news letter, including information on the effects of passive smoking and local services available to help them stop smoking.
- Carers were offered a one to one discussion with a smoking cessation advisor, and support if required.

Stage 2

- 'Smoke Free Homes' policy finalised and distributed to carers.
- All new and existing foster carers required to sign the new policy.
- Those who refused to sign were advised that future placements would be affected, but young people currently in their care would not be removed.

Stage 1 was an important stage of the implementation process as it allowed discussion around the policy to take place between council staff and foster carers, questions to be answered, and the reasoning behind it to be explained. Carers were given time to adapt to the policy as implementation took between 6 – 9 months, and were assisted as much as possible by being provided with support to stop smoking and NRT if required.

Out of the 27 previously smoking households in Dundee, 25 are now smoke free since the new policy was launched and two carers have stopped smoking as a result. The two households that refused to adhere to the policy are now not approved for children under 5 years of age, but are still caring for older children. No foster carers have resigned due to the new smoking policy. New carers cannot foster children under five years, or young people with a respiratory condition unless they sign the policy.

5. Questionnaire Findings

Staff and carers were invited to complete a questionnaire in relation to their smoking status and to what the smoking cessation service for looked after and accommodated children should look like (Appendix 2). Questionnaires were distributed to Glasgow City Council residential units and collected by the LAAC smoking cessation advisor, and delivered to foster carers by their link social worker.

990 questionnaires were distributed to staff and carers working with looked after and accommodated children and young people. 346 completed questionnaires were gathered over two calendar months (June – July 2007), indicating a 35% response rate.

5.1 Professional Role of Respondants

	N = 346	Percentage
Residential Staff	157	45.4%
Foster Carer	110	31.8%
Social Worker	26	7.5%
Education Staff	2	0.6%
Health Staff	13	3.8%
Other	33	9.5%
Unreported	5	1.4%
TOTAL	346	100%

5.2 Smoking Status of All Respondants

	N = 346	Percentage
Current Smoker	79	22.8%
Previous Smoker	105	30.3%
Never Smoked	153	44.2%
Unreported	9	2.6%
TOTAL	346	100%

CONCLUSION:

- 1 in 4 staff and foster carer respondents reported they are current smokers and 3 in 10 are previous smokers. This is equal to the national average (1 in 4) of smokers in the UK.

5.2.1 Respondents Smoking by Professional Group

- **Residential Staff**

	N = 157	Percentage
Current Smoker	56	35.7%
Previous Smoker	44	28%
Never Smoker	54	34.4%
Unreported	3	1.9%
TOTAL	157	100%

- **Foster Carers**

	N = 110	Percentage
Current Smoker	14	12.7%
Previous Smoker	38	34.5%
Never Smoker	57	51.8%
Unreported	1	0.9%
TOTAL	110	100%

- **Social Workers**

	N = 26	Percentage
Current Smoker	4	15.4%
Previous Smoker	11	42.3%
Never Smoker	11	42.3%
Unreported	0	0%
TOTAL	26	100%

CONCLUSION:

- Nearly 2 out of 5 residential unit staff reported to be current smokers, this is higher than the national average of 1 in 4.
- 1 in 10 foster carers and 2 in 15 social workers reported to be current smokers.

5.3 Respondents who smoke response to the question “What do you smoke?”

	N = 79	Percentage
Cigarettes	73	92.4%
Cigars	1	1.3%
Roll ups	5	6.3%
TOTAL	79	100%

CONCLUSION:

- 9 out of 10 smokers reported to smoke cigarettes.

5.4 Respondents reported frequency of smoking

No. Smoked per day	N = 79	Percentage
1 -10	21	26.6%
11-20	33	41.7%
21-30	19	24.1%
31+	5	6.3%
Unreported	1	1.3%
TOTAL	79	100%

CONCLUSION:

- 7 in 10 respondents reported to smoke more than 10 cigarettes per day, and would therefore be considered to be moderate to heavy smokers.

5.4.1 Frequency of smoking by professional group

▪ **Residential Staff**

No. Smoked per day	N = 55	Percentage
1 -10	13	23.6%
11-20	22	40%
21-30	16	29.1%
31+	4	7.3%
TOTAL	55	100%

▪ **Foster Carers**

No. Smoked per day	N = 14	Percentage
1 -10	6	42.9%
11-20	6	42.9%
21-30	1	7.1%
31+	1	7.1%
TOTAL	14	100%

▪ **Social Workers**

No. Smoked per day	N = 4	Percentage
1 -10	1	25%
11-20	2	50%
21-30	1	25%
31+	0	0%
TOTAL	4	100%

CONCLUSIONS:

- **3 out of 4 residential workers who smoke reported to be moderate / heavy smokers.**
- **Over half of foster carers who smoke reported to be moderate / heavy smokers.**

- Due to the small sample size from social workers, conclusions cannot be made.

5.5 Respondents reported smoking in front of children / young people

Frequency	N = 79	Percentage
Never	52	65.8%
Occasionally	23	29.1%
Quite often	2	2.5%
Often	1	1.3%
Unreported	1	1.3%
TOTAL	79	100%

CONCLUSION:

- 1 in 3 current smokers in their professional role, reported to be smoking in front of children / young people

5.5.1 Respondents reported smoking in front of children / young people by professional groups

▪ Residential Workers

Frequency	N = 55	Percentage
Never	39	70.9%
Occasionally	14	25.5%
Quite often	2	3.6%
Often	0	0%
TOTAL	55	100%

▪ **Foster Carers**

	N = 14	Percentage
Never	5	35.7%
Occasionally	8	57.1%
Quite often	0	0%
Often	1	7.1%
TOTAL	14	100%

▪ **Social Workers**

	N = 4	Percentage
Never	3	75%
Occasionally	1	25%
Quite often	0	0%
Often	0	0%
TOTAL	4	100%

CONCLUSIONS:

- **Almost 3 in 10 residential workers who smoke in their role are smoking in front of children/young people. This is against the Glasgow City Council 'Smoke Free Workplace' March 2007 policy.**
- **Nearly 2 out of 3 foster carers who smoke are smoking in front of children/young people.**
- **1 in 4 social workers who smoke are smoking in front of children/young people, however due to the small sample size this cannot be confirmed.**

5.6 Response to the question, “In your role, where do you smoke?”

(Answers may equate to more than 100% due to smoking taking place in more than one area.)

- **Residential Workers**

	Number	Percentage
Any part of unit	0	0%
Designated room	1	1.8%
In the car	1	1.8%
At the back door	3	5.5%
Outside the building	42	76.4%
Out a window	0	0%
Other	6	11.1%

- **Foster Carers**

	Number	Percentage
Any part of house	1	7.1%
Designated room	3	21.4%
In the car	0	0%
At the back door	7	50%
Outside the building	5	35.7%
Out a window	0	0%
Other	1	7.1%

- **Social Workers**

	Number	Percentage
Any part of house/unit	1	33.3%
Designated room	1	33.3%
In the car	2	66.7%
At the back door	1	33.3%
Outside the building	2	66.7%
Out a window	1	33.3%
Other	0	0%

CONCLUSIONS:

- 3 out of 4 residential workers who smoke in their role, reported to smoke outside the building. A small number however are smoking either inside the building or at the back door, which is against the Glasgow City Council 'Smoke Free Workplace' March 2007 policy .
- Half of the foster carers who smoke, smoke at the back door and nearly 3 out of 10 are smoking inside the home.
- Social workers who smoke mainly smoke in the car or outside the building. Some report smoking inside foster homes/residential units which is against the Glasgow City Council smoking policy, however due to the small sample size the true extent of this cannot be confirmed.

5.7 Respondents that smoked were asked if they were considering stopping, would they know how to access smoking cessation services

	N = 79	Percentage
Yes	60	75.9%
No	13	16.5%
Unreported	6	7.6
TOTAL	79	100%

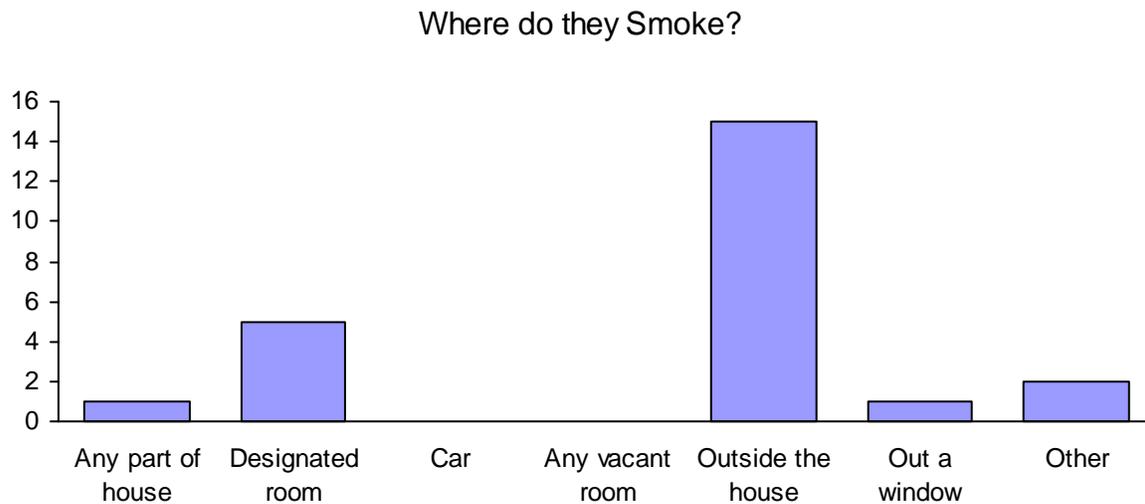
CONCLUSION:

- The majority of smokers report they know how to access smoking cessation services. This resembles the national average figure for accessing smoking cessation services.

5.8 Foster Carer's response to 'Does anyone else living in the household smoke?'

- 1 out of 5 foster carers report that someone else in the household smokes.

5.8.1 Foster Carer's response to 'Where do they smoke?'



CONCLUSION:

- 1 out of 5 foster carers reported to live with a smoker. These smokers mainly smoke outside the house or in a designated room.

5.9 Foster Carer and Residential staff response to the question "Does anyone visiting the placement smoke?"

	N = 267	Percentage
Yes	156	58.4%
No	83	31.1%
Unreported	28	10.5%
TOTAL	267	100%

CONCLUSION:

- Over half of foster carers and residential workers report visitors smoking in care placements.

5.9.1 Where visitors smoke by care placements

(Answers may equate to more than 100% due to smoking taking place in more than one area.)

- **Residential Units:**

	Number	Percentage
Any part of unit	2	1.9%
Designated room	0	0%
Out a window	1	1%
Any vacant room	0	0%
Outside the unit	95	91.3%
Other	14	13.5%

- **Foster Care:**

	Number	Percentage
Any part of house	1	1.9%
Designated room	5	9.6%
Out a window	4	7.7%
Any vacant room	1	1.9%
Outside the house	44	84.6%
Other	4	7.7%

CONCLUSION:

- **Visitors who smoke in residential units are reported to mainly smoke outside the unit. A small number were reported to smoke within the unit.**
- **1 out of 5 visitors to foster care placements are reported to smoke in the house.**

5.10 Respondents were asked if they were aware of any smoking policies that apply to care placements

▪ **Residential Staff**

	N = 157	Percentage
Yes	150	95.5%
No	3	2%
Unreported	4	2.5%
TOTAL	157	100%

▪ **Foster Carers**

	N = 110	Percentage
Yes	39	35.4%
No	64	58.2%
Unreported	7	6.4%
TOTAL	110	100%

▪ **Social Workers**

	N = 26	Percentage
Yes	18	69.2%
No	5	19.2%
Unreported	3	11.6%
TOTAL	26	100%

CONCLUSIONS:

- 7 out of 10 respondents reported they were aware of smoking policies that apply to care placements.
- A small proportion of social workers and the majority of foster carers reported not to be aware of smoking policies related to care placements.
- 4 out of 10 foster carers reported they were aware of smoking policies, despite there being none in place for foster care placements.

5.11 Respondents response in their role to the question “Do you come in to contact with children/young people who smoke?”

- 226 respondents out of 346 (nearly 2 out of 3), reported to come into contact with children / young people who smoke.
- Nearly all the residential workers (99.4%) reported to come into contact with young people who smoke.
- 2 out of 3 of foster carers and half of social workers reported coming into contact with young people who smoke.

CONCLUSION:

- **More than half of staff and carers working with looked after and accommodated children reported to come in to contact with young people who smoke, with the majority being residential workers.**

5.12 Respondent’s response to the question “Do you feel comfortable talking to children/young people about the harmful effects of smoking?”

- Nearly all the respondents (97.9%) reported feeling comfortable talking to young people who smoke

5.13 Respondent’s response to the question “Who is responsible for protecting children/young people from the effects of smoking and passive smoking?”

	Number	Percentage
Parents/ family	327	94.5%
Carers/ residential workers	299	86.4%
School	260	75.1%
LAAC Health Team	248	71.6%
Social Workers	231	66.7%
Children/ young people	206	59.5%

CONCLUSIONS:

- **Parents/family and carers/residential workers are considered most responsible for protecting children/young people from the effects of smoking and passive smoking.**
- **Children/young people are considered least responsible.**

5.14 Respondents were asked what they thought would discourage children/young people from smoking

- **68.0%** of respondents reported as very important to provide children/young people with information on the dangers of smoking on admission to care.
- **61.8%** of respondents reported as very important to provide tobacco awareness sessions for children/young people.
- **60.4%** of respondents reported as very important to assess attitudes & values of staff/carers regarding acceptance of smoking in young people.
- **77.4%** of respondents reported as more than important for information on key tobacco awareness messages to be made widely available.

- **73.7%** of respondents reported as very important for staff/carers to advise and support children/young people to cut down/stop smoking.
- **59.5%** of respondents reported as very important for a resource directory of smoking cessation services made available for staff/carers.
- **71.1%** of respondents reported as very important for health education to be provided in school.
- **81.5%** of respondents reported as more than important to limit access to cigarettes by young people.
- **69.9%** of respondents reported as very important for access to culture and leisure activities.
- **86.7%** of respondents reported as more than important that a smoking cessation service for children and young people should be available.
- **78.7%** of respondents reported as more than important that tobacco awareness sessions should be made available for staff/carers.
- **68.5%** of respondents reported as very important to increase the legal age for purchasing cigarettes.
- **83.8%** of respondents reported as more than important to challenge the attitudes and values of young people around smoking.
- **44.5%** of respondents reported as very important to develop Smoke Free guidelines for young people.

Other suggestions included:

- Highlight the benefits of being a non-smoker, make it 'cool'.
- Education on the long term effects of smoking on the young persons health.

- Young people should speak to someone suffering from a smoking related illness.
- Access to sports facilities.
- Graphic details on the health implications of smoking.
- Emphasise the importance of staff/carers and significant adults acting as positive role models.
- Highlight the cost of smoking and the alternative spending possibilities.
- Focus on smoking prevention rather than cessation.
- Provide incentives for young people who don't smoke.

5.15 Summary of Key Points

- 2 in 5 residential workers and 1 in 10 foster carers are reported current smokers.
- Not all residential workers and social workers are aware of the Glasgow City Council 'Smoke Free Workplace' March 2007 policy, and 7 out of 10 foster carers reported being aware of smoking policies despite there being none in place for foster care settings.
- Over 1 in 2 foster carers and 3 in 4 residential workers who smoke report to be moderate / heavy smokers. This is higher than the national average of 1 in 4 adults.
- 3 in 10 residential workers who smoke are smoking in front of young people, despite this being against the Glasgow City Council 'Smoke Free Workplace' March 2007 policy, and 2 out of 3 foster carers who smoke, smoke in front of young people. Evidence shows that young people brought up in smoking households are two to three more likely to become smokers themselves (Farkas et al, 2000).
- 1 in 2 foster careers who smoke and a small number of residential workers who smoke report smoking 'at the back door'. Evidence shows that this is ineffective in providing protection against the dangerous effects of passive smoke.
- 3 in 10 foster carers who smoke are smoking in the home.
- Over 1 in 2 residential workers and foster carers report visitors smoking in care placements, with 1 in 5 visitors to foster care smoking in the house.

6. Proposed Future Plans on Developing Smoke Free Care Placements

6.1 Foster Care

In order to reduce exposure to second hand smoke in foster care settings, it is proposed that Glasgow City Council and NHS Greater Glasgow and Clyde consider implementing a Smoke Free Policy for care placements for looked after and accommodated children. As there is currently no policy in place concerning smoking for foster care, it may be challenging to implement a completely smoke free policy immediately. Therefore, a staged approach is recommended so as to allow time for awareness raising around the effects of passive smoking amongst foster carers, and consultation to take place.

6.1.1 Stage 1: Smoke Free Pledge

Foster carers should initially be encouraged to sign a Smoke Free Pledge for their home, depending on their level of commitment. Before committing to a Pledge, foster carers should be provided with an information pack on the effects of smoking, passive smoking and the services available to help them stop smoking, as well as tobacco awareness sessions delivered by the LAAC smoking cessation advisor. This should assist the foster carer(s) in making an informed decision on the Pledge that is most suitable for them. Foster carers should then sign one of the following Pledges which will increase protection from passive smoke in the home:

Gold Pledge:

- Foster carer(s) are non smokers.
- The home and car are completely smoke free at all times.
- Foster carer(s) should actively discourage children and young people from smoking.
- All those visiting the home that smoke must smoke outside and not in front of children/young people.
- Young people who smoke must smoke outside.

Silver Pledge:

- The home is completely smoke free at all times.
- Foster carer(s) and all those visiting the home must smoke outside.
- The child/young person must never witness the carer smoking.
- The car will remain smoke free when children or young people are present.
- Foster carer(s) should actively discourage young people from smoking.
- Young people who smoke must smoke outside.

Once a Pledge has been signed, the carer(s) should receive a certificate to show their commitment, and ongoing monitoring would be undertaken by the link social worker. Adherence to the Pledge would be considered at all foster carer reviews.

6.1.2 Stage 2: Smoke Free Care Placement Policy

The ultimate goal for foster care placements in Glasgow is to acknowledge the guidance of 'The Fostering Network', BAAF, and ASH Scotland and produce a Smoke Free Policy to include foster care placements, similar to that previously implemented in Dundee. The new policy should require foster carers to sign an agreement to maintain a completely smoke free home if caring for: children under five years; a child of any age with a known respiratory condition; a child that is physical disabled and unable to play outside; or a child with heart disease or glue ear. Implementation should be gradual and should closely follow the process detailed previously that took place in Dundee. It must be noted that smokers can still successfully care for children and young people, but the health of the child is foremost and consequently children should be provided with a smoke free home at all times.

6.1.3 Implementation of Smoke Free

It is suggested that in order to reduce the impact of second hand smoke in foster care placements, a Smoke Free Pledge scheme should be introduced initially, followed by a Smoke Free Care Placement Policy. Foster carers should be given an agreed time to adjust to the idea of the care placement becoming smoke free.

For the Smoke Free Pledge scheme, foster carers should be encouraged to sign the Gold Pledge as this provides children and young people with a completely smoke free environment and should discourage them from starting smoking.

Stage 1 of implementation

- Set up a working group to develop the Smoke Free Care Placement Policy, including consultation with foster carers.
- Inform link social workers of the model for developing Smoke Free Care Placements for looked after and accommodated children and young people.
- Information should be added to the foster carer's news letter including information on the effects of passive smoking, and moving towards Smoke Free Care Placements.
- LAAC smoking cessation advisor to deliver tobacco awareness sessions to foster carers and link social workers and answer questions regarding the Smoke Free Care Placement model.
- Send a letter to all foster carers informing them of the proposed model for Smoke Free Care Placements.
- Foster carer support groups should be utilised to consult with foster carers on the Smoke Free Care Placement model.
- Foster carers who smoke and would like to stop would be signposted to their local smoking cessation services and encouraged to attend for a one to one discussion
- All new foster carers will be aware of the Smoke Free Care Placement model and will sign the Pledge before approval to foster is granted.

Stage 2 of implementation

- All existing foster carers should decide upon a Pledge and sign it.
- The link social worker with the responsibility for monitoring the care placement will ensure the Pledge is adhered to.
- Those who decline to sign a Pledge should be advised that future placements could be affected, but young people currently in their care will not be removed.

- Once the Pledge is in place for an agreed time, the focus will shift towards implementing the Smoke Free Care Placement Policy.

Stage 3 of implementation

- A Smoke Free Care Placement Policy will be introduced and foster carers will be informed of the new policy.
- Policy awareness sessions should be delivered to key staff and carers by link social workers and the LAAC smoking cessation advisor, where issues with the policy can be addressed and questions answered.
- Foster carers should be aware of the dangers of passive smoking on children and young people, but this can be reinforced by again offering tobacco awareness sessions and signposting smoking cessation services to those interested.
- Those who refuse to adhere to the policy will be advised that future placements will be affected, but young people currently in their care will not be removed.
- The Smoke Free Homes Policy should be monitored by link social workers visiting the placement and included in foster carer reviews.

6.2 Residential Units

A Smoke Free Policy is in place for staff in residential units in Glasgow, however, as highlighted by the results of the smoking awareness questionnaire, it is difficult to ensure the policy is being implemented and enforced. Due to the high levels of smoking amongst young people in residential units, steps need to be taken to ensure staff adhere to the current Glasgow City Council 'Smoke Free Workplace' March 2007 policy and are considered positive role models.

Taking in to account the results from the recent Smoking Awareness Questionnaire, the current Glasgow City Council 'Smoke Free Workplace' March 2007 policy for residential units should be reviewed in order to establish any gaps. Possible additions to the policy include:

- Roles and responsibilities of staff and managers regarding adhering to the policy.
- The unit and grounds surrounding the unit should be completely smoke free at all times.
- Visitors should not be permitted to smoke.
- Staff should actively discourage young people from smoking.
- Young people must never witness staff smoking.
- All smoking accessories eg. Lighters, cigarette packets etc, possessed by staff should be kept in the office and not carried on their person.
- Staff should not purchase cigarettes for young people.
- Young people should not smoke in their bedroom.
- Staff should spot check young people's bedrooms for evidence of smoking indoors.
- Residential workers should ensure all young people have had a recent health assessment by the LAAC nurse, including carbon monoxide screening if appropriate.
- Staff should actively promote healthy living, including exercise.

It should be the responsibility of the unit manager and external managers to ensure that the policy is adhered to by all staff. If the unit is completely smoke free, and staff act as positive role models by not smoking in front of young people, then this should create a positive non smoking environment for young people.

6.2.1 Implementation

As a smoke free policy already exists for staff in residential units in Glasgow, the first step would be to ensure it is being enforced effectively.

Stage 1 of implementation

- External and unit managers are informed of the smoking awareness questionnaire results during their meetings.
- Unit managers are informed of the questionnaire findings, and reminded of the importance of the smoke free policy and that all staff in every unit must comply.

- Tobacco awareness sessions offered to all residential workers in each unit by LAAC smoking cessation advisor.
- Residential workers provided with leaflets on the effects of smoking and passive smoking and information on local smoking cessation services.
- Units should be regularly inspected by external managers for signs of smoking.
- Engage with young people through tobacco awareness sessions and consultation on Smoke Free Care Placements.

Stage 2 of implementation

- Glasgow City Council Smoke Free Policy for residential units reviewed by residential services and LAAC Health Team.
- Amendments to policy agreed and new policy drafted.
- Unit managers and all residential workers informed of new policy and made aware that they must comply.
- Tobacco awareness sessions arranged for young people in the unit.
- Young people offered advice and support from the LAAC smoking cessation advisor/LAAC nurse to stop smoking if required.

7. Recommendations

- Approval from senior managers from NHS Greater Glasgow and Clyde and Glasgow City Council that implementing Smoke Free Care Placements for looked after and accommodated children, including policy development, is essential.
- Adopt the recommendations of ASH, BAAF and the Fostering Network regarding smoking in care placements for looked after and accommodated children.
- All external and internal residential unit managers will ensure that the current Glasgow City Council 'Smoke Free Workplace' March 2007 policy is adhered to by staff, with support from the LAAC smoking cessation advisor.
- Introduction of a Smoke Free Pledge, with the ultimate goal of a Smoke Free Policy, in foster care placements.
- Provision of tobacco awareness sessions and signposting to smoking cessation services for staff and carers by LAAC smoking cessation advisor.
- Develop guideline for LAAC nurses for carbon monoxide screening during health assessments, reviews and health promotion.
- Collate and review data on levels of young people smoking via LAAC nurse over 6 month period.
- All foster carers and residential unit staff should be advised on local stop smoking services available to them.

8. The Way Forward

- Develop a Smoke Free Policy for all care placements that is actively enforced.
- Children under 5 years, and of any age with a known respiratory condition should not be placed with foster carers who smoke.
- Review current Glasgow City Council 'Smoke Free Workplace' March 2007 policy in relation to residential units.
- Raise awareness of issues of smoking within residential units.
- LAAC nurse will offer carbon monoxide screening to all Looked After and Accommodated young people over 12 years who smoke.
- Develop a smoking cessation model for use with looked after and accommodated children and young people, including access to NRT if required.
- LAAC nurses will refer looked after and accommodated young people who would like to stop smoking to the LAAC smoking cessation advisor for advice and support with stopping smoking.

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- (18) ASH Scotland Policy Paper, Adoption and Tobacco Use. (2004)
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- (20) The Fostering Network, Foster Carers and Smoking Policy Paper. (2007)

Appendix 1: National Safety Council. Secondhand Smoke Training Module (2004)

What can you do if you smoke and can't quit?

Here are some steps you can take to help protect the people close to you:

- Don't smoke around children or permit others to do so. Their lungs are particularly susceptible to smoke.
- Keep your home smoke-free. Because smoke lingers in the air, children may be exposed even if they are not around while you smoke.
- Smoke only outside the house if you can. If you must smoke inside, limit smoking to a room where you can open windows for cross-ventilation. Be sure the room in which you smoke has a working smoke detector to reduce risk of fire.
- Never smoke in the room where your child sleeps and do not allow anyone else to smoke there.
- Never smoke while you are washing, dressing, or playing with your child.
- Never smoke in the car with the windows closed, and never smoke in the car when children are present. The high concentration of smoke in a small, closed space greatly increases the exposure of other passengers.

Appendix 2: LAAC Smoking Cessation Advisor Pilot Awareness Questionnaire

We are keen to find out staff and carers' views of smoking, and would appreciate it if you would take a few minutes to complete this questionnaire. This is **not a test** and we would value your honesty if you could complete the questions with the first answer you think of. This is **confidential** (no names or workplaces are asked for). Once the questionnaires have been collated, the information will be used to inform the LAAC Smoking Cessation Advisor service and inform training design.

1. **What is your role?** Residential Worker Foster Carer Social Worker
 Education Staff Doctor Nurse
 Other (please detail).....

2. (a) **Are you a:**
 Current Smoker Ex Smoker go to question 3 Never Smoker go to question 3

- (b) **What do you smoke?** Cigarettes Cigars Roll-ups Pipe
 Other (please detail).....

- (c) **How many do you smoke per day?**
 1 – 10 11 – 20 21 – 30 31+

- (d) **In your role, do you smoke in front of children / young people?**
 Never Occasionally Quite Often Often
 If so, when?.....

- (e) **In your role, where do you smoke?** (tick all that apply)
 In any part of the house / unit In a designated room In the car
 Out at the back door Outside the building Out of a window
 Other (please detail)

- (f) **If you were considering stopping, would you know how to access smoking cessation services?** Yes No Not Applicable

3. (a) **If you are a foster carer, does anyone else *living* in the household smoke?**
 Yes No go to question 4 Not Applicable go to question 4

- (b) **Where do they smoke?** (tick all that apply)
 In any part of the house In a designated room In the car
 Any vacant room Outside the house Out of a window
 Other (please detail)

4. (a) **If you are a foster carer / residential worker, does anyone *visiting* the placement smoke?**
 Yes No go to question 5 Not Applicable go to question 5

- (b) **If so, where?** (tick all that apply)
 In any part of the house / unit In a designated room Out of a window
 Any vacant room Outside the house / unit
 Other (please detail)

5. Are you aware of any smoking policies that apply to care placements?

[] Yes [] No If yes please state.....

6. In your role, do you:

(a) come into contact with children/young people who smoke? [] Yes [] No

(b) feel comfortable talking to children/young people about the harmful effects of smoking? [] Yes [] No

7. Who do you consider to be responsible for protecting children/young people from the effects of smoking and passive smoke? (may be more than one answer)

- [] School [] LAAC Health Team [] Social Workers
[] Parents/family [] Carers/residential workers [] Children/young people

8. How do you think children/young people can be discouraged from smoking?

Please rate each answer by circling a number between 1-5, with 1 being not important & 5 being very important

Table with 5 columns: Question, 1, 2, 3, 4, 5. Rows include: (a) Provide children/young people with information on the dangers of smoking on admission to care, (b) Tobacco awareness sessions for children/young people, (c) Assess attitudes & values of staff/carers regarding acceptance of smoking in young people, (d) Information on key tobacco awareness messages made widely available, (e) Staff/Carers advising and supporting children/young people to cut down/stop, (f) Resource directory of smoking cessation services made available for staff/carers, (g) Education in school, (h) Limit access to cigarettes by young people, (i) Access to culture and leisure activities, (j) Smoking cessation service for children and young people made available, (k) Tobacco awareness sessions for staff/carers, (l) Increase legal age for purchasing cigarettes, (m) Challenge the attitudes and values of young people around smoking, (n) Develop Smoke Free guidelines for young people, if important what should be included?, (o) Other (please detail)

Thank you very much for completing this questionnaire.

Please return the completed questionnaire to the LAAC nurse or directly to: Iona MacMillan, LAAC Smoking Cessation Advisor, Block 3, 3rd Floor, Templeton Business Centre, Glasgow, G40 1DA. Telephone No: 0141 277 7400 Email Address: iona.macmillan@nhs.net