

REVIEW OF SMOKING POLICY

The issue of smoking and foster carers requires that the rights of foster carers to smoke be balanced against the rights of looked after children. There is now a great deal of medical evidence detailing the potential harmful effects of passive smoking on childrens' current and future health. In 2007 the British Association of Adoption and Fostering recommended that no children less than five years old are placed with carers who smoke. This is because of the particularly high health risks for very young children and toddlers who spend most of their day physically close to their carers. The also recommended that children with a disability which prevents them from playing outside, respiratory problems, heart disease or glue ear should not be placed with smoking families. It is also a recommendation that children from non-smoking households are not placed in smoking households. More recently, the Fostering Network have issued a statement suggesting that no child under five be placed with non-related carers who smoke. Likewise they suggest that disabled children of any age who are unable to play outside and those with breathing problems are not placed in smoking households. They also suggest that carers should not smoke in front of children in placement. The current policy of West Lothian Council is that children under two are not placed in smoking households, unless this is to facilitate a sibling placement. There are no specific provisions for disabled children, children with breathing difficulties or children from non-smoking households. Clearly there is a need for West Lothian Council to consider its policy in line with current medical research and good practice guidelines. We would appreciate your views. Please complete and return the attached slip to the Resource Team in the envelope provided.

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Should children under five be placed in a smoking household?

Should this age limit be any higher?

Should a child of any age with a disability which prevents them from playing outside be placed in a smoking household?

Should children how have respiratory problems, heart disease or glue ear be placed in a smoking household?

Should a child from a non-smoking household be placed in a smoking household?

Should we, in the future, consider only recruiting non-smoking carers?

Any other views: