



COUNCIL EXECUTIVE

FOSTER CARER SMOKING POLICY

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To provide the Council Executive with additional information on the consultation with carers as requested and to seek Executive approval for the adoption of the policy.

B. RECOMMENDATION

That the Council Executive agrees that the current Smoking Policy adopted in West Lothian be changed to be compliant with the guidelines adopted by BAAF and Fostering Network.

C. SUMMARY OF IMPLICATIONS

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| I Council Values | Being open, honest and accountable,

Focusing on the needs of customers.

Working in partnership.

Making best use of resources. |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | The Children (Scotland) Act, 1995.

"Scotland's Looked After Children and Young People; We Can and Must Do Better", January 2007.

LAC Regulations.

BAAF/ The Fostering Network Smoking Policy. |
| III Resources - (Financial, Staffing and Property) | There are no implications for existing staff and financial resources.
Consultation with individual carers, stakeholders and with the Carers Consultative Group. |
| IV Consultations | Social Policy Policy Development and Scrutiny Panel held on 25 th February.

Council Executive 22 nd December 2009

Social Policy Policy Development and Scrutiny Panel held on 26 November 2009 |

D. TERMS OF REPORT

As a result of changing circumstances, there is a critical need to review the current policy in relation to foster carers who smoke. It is becoming increasingly important that authorities who recruit foster carers need to give the protection of the health of children in their care a higher priority. In essence this means that wherever possible, authorities who place children with carers must attempt to protect children from exposure to passive smoking in placement. In the report to the Executive 4th December 2009 the issues were highlighted of balancing to rights of children to live in a healthy environment against the rights of council carers to smoke in their own homes.

The implementation of this change to policy is a complex process in that we need to recognise promoting and improving the health of our looked after children while at the same time being realistic about the difficulties faced if we were to allow only non smoking carers to be registered.

At the Executive there was a request for more detailed information on the consultation that took place with our carers and how resources would be affected if the policy were to be implemented. Attached to this report is the questionnaire that was sent out to every carer household, 89 in total. Of the responses received there was a unanimous agreement that children under five should not be placed in smoking households. 5 carers felt that this age should be higher, or that no child should be placed in a smoking household, 13 agreed that children of any age with a disability which prevents them from playing outside, children with respiratory problems, heart disease or glue ear and children from non-smoking households should not be placed in a smoking household. Several comments were made about some arrangements being okay provided the carers smoke outside the house (an issue which will be addressed in individual caring household safe caring policies). 4 felt that we should consider only recruiting non-smoking carers.

The Children and Families Resource Team and members of the fostering and adoption panels were consulted There was no objection to the kind of policy we are currently progressing and some views were that we weren't going far enough.

At the recent carer consultative forum the members expressed disappointment that the Executive had not approved the policy since they themselves were in support of implementing it.

Figures from January 2010

There are 89 caring households (some providing only respite or outreach) in West Lothian.

22 of these 89 households are comprised of at least one carer who smokes.

Of the 22 only there are only 12 where there would need to be a change of approval (i.e. they are currently approved to take children from aged 2 and this would need to change to 5).

Of those 12 there are only 2 where the proposed change in policy will affect a child currently in placement (only one of those children is in a full-time placement, the other receives respite.

For the respite arrangement it's not the child's age which is the issue, but the fact that she had a disability and requires manual handling/personal care).

