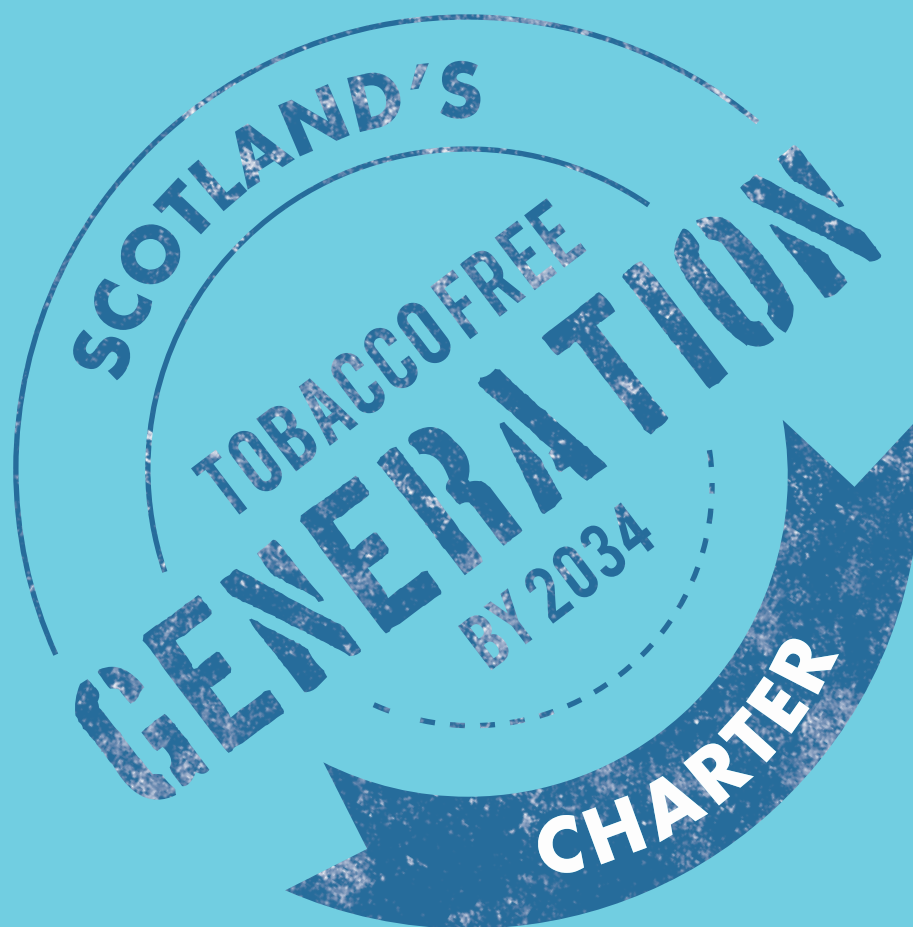


# Creating a tobacco-free culture:

guidance for providers of residential care  
for children and young people



# 1. Introduction

The Care Inspectorate has developed this guidance in response to both evidence and concerns that children and young people who are 'looked after' are much more likely to smoke and often start smoking much younger than their peers. The health risks of smoking and second-hand smoke exposure are well known. Smoking has a negative impact on health and life outcomes, and unfortunately, there are persistent health inequalities between children and young people who are looked after and other children and young people.

Smoking can be childhood addiction, with very young ages of initiation particularly among vulnerable groups of children. Role-modelling also contributes to the likelihood of smoking, with children who live with parents or siblings who smoke, being up to three times more likely to become smokers themselves.<sup>i</sup> Tobacco use is also linked to adverse childhood experiences, mental health issues, poverty, addiction as well as the misuse of other substances, with young people who smoke being more likely to experiment with, or use alcohol or illegal drugs.

Given the strong links between smoking and these other issues of concern, this new guidance is particularly relevant in meeting corporate parenting responsibilities to protect and promote the health and wellbeing of children and young people. We welcome national commitments to addressing the health inequality arising from tobacco use and have seen positive action taken recently in both smoke-free local authority and NHS environments.

Smoking by young people living within residential care settings should not be seen as either the norm or inevitable. Rather it should be discouraged, discussed and addressed. Care services should put support in place to both prevent the uptake of tobacco use and to support and encourage existing young smokers to quit.

The Care Inspectorate has worked with Action on Smoking and Health Scotland (ASH), the national charity working to reduce the harm caused by tobacco and others to develop this policy guidance. It has been informed by the current tobacco control evidence base and the views of residential providers/care staff and young people themselves.

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<sup>i</sup> Leonardi-Bee et al. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax* [online] 66(10): pp847-855, 2011. Available from: <http://thorax.bmj.com/content/66/10/847.long> [accessed 20.01.17]

## 2. Background

The data on tobacco use within this sector is limited; however we know from research in 2004<sup>ii</sup> that children and young people who are 'looked after' are more likely to smoke and to be affected by other people's smoking. Research from this time also identified that:

- 44% of looked after children in Scotland were regular smokers;
- a quarter of these young people started smoking age 10 or under (a much younger age of initiation compared to children who are 'non-looked after');
- two-thirds (67%) of care leavers in Scotland smoked.

Research within residential units found smoking prevalence reaching up to 69% of all accommodated young people, in comparison to just 3% of young people within the general population.<sup>iii</sup> Recent data suggests that we are not seeing the same decline in smoking prevalence in the last ten years that has been seen amongst other population groups of young people. There is very limited data on second-hand smoke exposure; however we know that a socio-economic inequality exists, with higher exposure rates and fewer smoking restrictions in the home, reported amongst lower socio-economic groups. The development of this guidance is based on the expectation that both smoking prevalence and second-hand smoke exposure continues to remain higher among young people who are looked after.

To reduce smoking and second-hand smoke exposure in Scotland we must address the uncharacteristically high rates of tobacco use in vulnerable groups of children and young people<sup>iv</sup>. Research suggests that the impact of smoking may be particularly significant due to the biopsychosocial vulnerability of young people who are looked after<sup>v</sup>. Addressing these higher rates should therefore be a priority for all corporate parents and ASH Scotland has recently established a short-life advisory group to develop activity across Scotland. The development of this guidance comes as a result of the discussions of this advisory group.

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<sup>ii</sup> Metzger, H. et al. The mental health of young people who are looked after by local authorities in Scotland. Office of National Statistics [online], 2004. Available from: [www.ons.gov.uk/ons/rel/psychiatric-morbidity/mental-health-of-young-people-looked-after-by-local-authorities/2002-survey/mental-health-of-young-people-looked-after-by-local-authorities-in-scotland.pdf](http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/mental-health-of-young-people-looked-after-by-local-authorities/2002-survey/mental-health-of-young-people-looked-after-by-local-authorities-in-scotland.pdf) [accessed 20.01.17]

<sup>iii</sup> Huddleston, L. et al. Smoking and looked-after children: a mixed-methods study of policy, practice and perceptions relating to tobacco use in residential units. *International Journal of Environmental Research and Public Health* [online] 13, 593. 2016. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924050/> [accessed 20.01.17]

<sup>iv</sup> Scott, S. The Health Needs of Looked After Children and Young People: A Review of the Literature. GCPH, Glasgow, 2012. Available from: [https://pure.strath.ac.uk/portal/files/44184036/Kennedy\\_Priestley\\_IPPI2015\\_health\\_of\\_looked\\_after\\_children\\_and\\_young\\_people.pdf](https://pure.strath.ac.uk/portal/files/44184036/Kennedy_Priestley_IPPI2015_health_of_looked_after_children_and_young_people.pdf)

<sup>v</sup> Huddleston, L. et al. Smoking and looked-after children: a mixed-methods study of policy, practice and perceptions relating to tobacco use in residential units. *International Journal of Environmental Research and Public Health* [online] 13, 593. 2016. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924050/> [accessed 20.01.17]

### 3. ASH Scotland

Action on Smoking and Health (ASH) Scotland is an independent Scottish charity taking action to reduce the harm caused by tobacco. It supports the delivery of the Scottish Government's current tobacco strategy which identifies health inequality, smoking prevention, protection and cessation as key elements. ASH Scotland has developed a charter initiative to help deliver the government's ambition for a tobacco-free generation by 2034. Scotland's Charter for a Tobacco-free Generation is aimed at organisations whose work directly or indirectly impacts on children, young people and families. The Care Inspectorate has pledged support to this charter.

ASH Scotland can provide information and support to residential providers in the following ways:

- an expert information service, including advice and up to date research evidence;
- resources and fact sheets on a wide range of tobacco related topics;
- support and guidance on developing tobacco policies;
- support and guidance on tobacco resources for working with children and young people;
- links to local stop-smoking services.

Further information can be found at: [www.ashscotland.org.uk](http://www.ashscotland.org.uk)

### 4. Care Inspectorate

The Care Inspectorate expects that:

- children and young people living in residential care should be actively discouraged from smoking or starting to smoke through prevention, education and living in a tobacco-free culture;
- tobacco use by children and young people should never be accepted as inevitable, or be treated as an unimportant health harming behaviour;
- children and young people who do smoke should have support to stop-smoking evidenced within their care plan, as well as being part of their health assessment;
- staff should not smoke at work and, if they do smoke at home, be supported to be temporarily abstinent and must adhere to the organisation's policy on a tobacco-free culture;
- residential providers should support staff to explore and understand the complexities of tobacco issues, through training, supervision and links with local stop-smoking services and national organisations such as ASH Scotland.

Care services are required to make proper provision for the health and wellbeing of people experiencing care and are expected to support outcomes for people in the National Care Standards. In order to support providers to do this, the Care Inspectorate has:

- devised this guidance in collaboration with ASH Scotland, a residential provider and young inspection volunteers, on creating a tobacco-free culture for all providers of residential care for children and young people
- collaborated with a residential care service to develop a model tobacco policy (appendix 1).

### **Scrutiny and improvement**

The Care Inspectorate expects to see a positive, tobacco-free culture in all residential care for children and young people. Where there are poor outcomes, or potentially poor outcomes, for young people, we will reflect these findings in our scrutiny activities and consider the best way of supporting change. We expect providers of residential services for children and young people to have in place the following:

- a tobacco-free policy which sets out clearly the care service's position on tobacco and covers the key points at sections 7 below, and which is well understood by people across the service;
- tobacco prevention initiatives and a tobacco-free culture and ethos that actively discourages children and young people, staff and visitors, from starting smoking/vaping;
- information and access to support for both staff and young people on both temporary abstinence and stopping smoking;
- a clear approach to prevent the supply of tobacco products, or nicotine vaporising products (NVPs) including e-cigarettes to children and young people by staff or other adults (including family members).

### **Complaints**

It is also the case that the Care Inspectorate may receive and investigate complaints about smoking or vaping by young people, staff or visitors. Through our scrutiny work, we will make any requirements or recommendations as appropriate in order to support improved practice.

Information on how the Care Inspectorate uses requirements and recommendations to help services improve can be found at:

[www.careinspectorate.com/images/documents/2594/Requirements\\_policy\\_2016.pdf](http://www.careinspectorate.com/images/documents/2594/Requirements_policy_2016.pdf)

## 5. Role modelling

It is important that all adults who are involved in our children's lives are supported to understand their role in their child's future. All staff in residential settings whether kitchen staff, residential workers or senior managers, play a role in setting the foundation for a child's life moving into adulthood. A role model is "a person who someone admires and whose behaviour they try to copy." This is both a conscious and unconscious process and children often display key behaviours of the adult/s who have looked after them. Staff in residential services should place the health and wellbeing needs of the child as central to their day to day care. Many children and young people who are looked after, have had several role models in their lives, and like all children, some of these may have often demonstrated behaviours that were not considerate of their health and wellbeing. It is therefore important for residential providers to support their staff to understand the importance of role modelling a tobacco-free culture and approach and to support staff with the implementation of this guidance. Further reading on role modelling can be found at:

[www.rootsofaction.com/what-is-a-role-model-five-qualities-that-matter-for-role-models](http://www.rootsofaction.com/what-is-a-role-model-five-qualities-that-matter-for-role-models)

## 6. Tobacco legislation

It is important to note the following tobacco laws which are of particular relevant to this guidance and the development of any tobacco policy.

It is an offence for:

- any shop to sell tobacco products to under 18s
- anyone under 18 to buy or attempt to buy tobacco products
- any adult to buy tobacco for under 18s (this is known as a proxy purchase)
- any adult to smoke in a private motor vehicle in the presence of a child or young person under 18.

A complete and updated list of all relevant tobacco legislation can be found at:

[www.ashscotland.org.uk/ash/4263](http://www.ashscotland.org.uk/ash/4263)

## 7. Scope of a tobacco-free policy

This section outlines the areas that should be considered when developing a tobacco-free policy for residential services caring for children and young people. A model policy (appendix 1) provides an example of how one residential provider is promoting a tobacco-free culture within their organisation. A tobacco-free policy should cover consistent guidance for all:

- staff/employees;
- volunteers;
- students/trainees;
- children and young people themselves;
- visitors including family members social work staff, and other professionals;
- contractors or any person whose work, study or personal circumstances brings them to the premises.

A tobacco-free policy should also be clear and cover the following settings:

- all residential indoor and outdoor areas and grounds;
- all vehicles used to transport children or young people;
- all areas outside meetings, case conferences, reviews;
- all areas outside events, conferences or excursions where the children or young people cared for will be present.

The scope of a tobacco-free policy should include all tobacco products and nicotine vapour products (NVPs) which are illegal for under 18s to purchase. This includes all:

- tobacco products (e.g. cigarettes, cigars, pipes, hand-rolling tobacco, oral tobacco);
- NVPs such as e-cigarettes and vapes (unless available on medical prescription).

### **Nicotine Replacement Therapies (NRT)**

The use of licensed medicines (such as nicotine replacement therapies, patches, sprays, gum etc.) should not be prevented; rather the use of these should be encouraged as a supportive measure where this is to facilitate temporary abstinence or stopping smoking. This applies for both adults and young people aged 12 or over who are existing smokers with evidence of nicotine dependence.

It is best to seek medical advice for individual young people when there is evidence of mental health issues, pregnancy or breastfeeding or if a child is under 12 years of age.

### **Cannabis or other smoked substances**

The Care inspectorate expects that issues about smoking substances other than tobacco such as cannabis will already be addressed in other policies on illegal substance use.

## 8. Useful online resources

- [ASH Scotland's e-cig, vaping and young people guidance](#)
- [ASH Scotland's children's charter for a tobacco-free generation](#)
- [ASH Scotland tobacco legislation](#)
- [ASH Scotland fast facts on young people, smoking and mental health](#)
- [ASH Scotland briefing on young people and tobacco](#)
- [NHS stop-smoking services in Scotland](#)
- [Scottish Government's current tobacco strategy](#)
- [Scottish Government's current physical activity strategy](#)
- [Scottish Government's current drugs and alcohol strategy](#)

### Acknowledgements

The Care Inspectorate and ASH Scotland would like to thank A Life Explored for their valuable assistance in developing this guidance. The Care Inspectorate would also like to acknowledge Gemma Watson, Dawn, Carrie-Ann, Gian and Toni for their insights from a young person's perspective which informed the development of this guidance.



## Appendix 1: Model policy

### **'Creating a tobacco-free culture: XXXX's policy statement**

XXXX remains mindful of its responsibilities to the health, safety and wellbeing of all who come into contact with the company whilst ensuring compliance with the law at all times. There is a distinct inequality in tobacco use among children who are looked after in Scotland and unfortunately it often remains culturally accepted that 'children in care' will smoke. Children have a right to be treated equally and a right to be healthy. It is imperative that adults do all that is possible to promote the health of your children and go above and beyond to support them to refrain from smoking. The commitment to protecting a child's health offers the opportunity of a therapeutic message to the child that says "you are important, you are worthy and you are special enough for me to put these boundaries in place".

ASH Scotland has been consulted in the development of this tobacco policy and our approach is expected to be in line with forthcoming Care Inspectorate tobacco guidance for residential care providers.

#### **Purpose**

1. To guide adults on how to support children and young people who use tobacco or nicotine vaporising products (NVPs) such as e-cigarettes.
2. To guide adults who may be smokers/vapers themselves on our expectations regarding tobacco and NVP use at work.

#### **Procedure**

Applies to all tobacco products, smoking paraphernalia and NVPs.

#### **Role modelling**

Children and young people should be provided with a positive, smoke-free environment in order to support a healthy lifestyle. Given the corporate parenting duty to protect children and young people who are 'looked after', no child or young person living at XXXX will live in a home environment where smoking is treated as 'the norm' or 'accepted'. Adults and visitors such as social workers and health professionals can play an important role in preventing children from taking up smoking, continuing to smoke and supporting them to quit. To do this it is important to provide clear guidance around smoking and to set positive examples by not smoking in front of young people. Adults should be aware that their own smoking may influence the behaviour of children and young people in their care and should be sure that those they care for are well informed about the risks associated with smoking and the dangers of tobacco use and nicotine addiction. Healthy role modelling is a key responsibility of adults in the helping team.

Corporate parents/residential providers have a responsibility to:

- convey positive messages around health for the children and young people they care for
- model and encourage healthy behaviour
- provide accurate information and advice on tobacco use
- always actively discourage smoking by any employee (while at work) or young person they care for
- actively encourage and find stop-smoking support for any young person they care for
- signpost employees for support to be temporarily abstinent during working hours (for example, through the use of licensed NRT products such as patches, gum etc.)
- advise all employees, visitors, and birth families that they should not smoke in the presence of children/young people
- decline all requests made by a young person or their family to smoke in their presence (regardless of setting)
- always challenge smoking behaviour.

Adults are not permitted to:

- smoke or vape in front of children and young people at any time;
- smoke or vape when at work (including outside case conferences, reviews or meetings) or during working hours;
- purchase or give cigarettes or NVPs to any young person, regardless of age;
- give a young person tobacco, tobacco products, NVP's or smoking paraphernalia;
- provide a young person with a lighter/light their cigarette;
- use tobacco or NVPs as a reward for a child's behaviour or means of engaging with a young person.

### **Children and young people**

Any tobacco, NVPs or smoking paraphernalia found will be removed if our children are under 18 years of age. Children under the age of 18 are not permitted by law to purchase tobacco or tobacco products. Equally it is an offence to purchase tobacco or tobacco products for someone under the age of 18 and from April 2017 these legal restrictions will apply to NVPs also. Considering both these statements XXXX will treat any tobacco or cigarettes as substances that have been obtained illegally if our child is under 18 years of age.

If a child stays with us post-18, planning will need to be in place with regards to this policy however XXXX will not support or encourage anyone to use tobacco or NVPs regardless of age.

When children come to live with us we will spend time with them to help them understand our tobacco policy, how we will support them to stop if they already

smoke and what they can expect if they have tobacco, smoking paraphernalia (e.g. matches and lighters) or NVPs in their possession. If an adult becomes aware that a child possesses tobacco, smoking paraphernalia or NVPs, they will speak with the child around handing over the items to the adult. The child will be required to hand the items to the adult before the day moves forward. Once handed over, the adult will record that the items have been handed over and will contact the Duty Manager to arrange for their disposal.

Adults may wish to identify the supplier/retailer and inform local trading standards that tobacco is being sold and supplied to young people under 18. If someone over the age of 18 is supplying tobacco or tobacco products to one of our children, then support will be sought from the social worker.

If adults find tobacco it is imperative that they remain mindful that children can be exploited in relation to tobacco and often make connections in their world around tobacco. Sensitivity is to be maintained whilst following this guidance to ensure the care and support of our children at all times. Any discovery of a substance or item included in this policy will be dealt with seriously. Adults will consider three areas; first, how the child acquired it, secondly, safe and dignified disposal and lastly what needs are being met for our child and how do we support them moving forward. It is reasonable for adults to confiscate and dispose of any illegally obtained substances or materials, irrespective of ownership, in the interests of the welfare of children, even if possession of the substance itself is not an offence.

If smoking paraphernalia or tobacco is found and an adult suspects it may also contain cannabis or novel psychoactive substances (NPS – formerly 'legal highs'), then please refer to the guidance as outlined in XXXX's policy on illegal substances.

Incentives will be put in place for children immediately when they come to live with us in the form of extra pocket money if they refrain from smoking. Other long term incentives will be put in place to celebrate longer periods of refraining from smoking or vaping.

### **Adult/employees**

XXXX is proud to adopt the guiding principle that we will operate as a completely non-smoking company; to enable us to fully achieve this and set an example for the children in our care, we will lead by example.

Employees will be expected to ensure the following at all times when at work:

- they will not bring tobacco, NVPs or smoking paraphernalia products to work
- they will not come to work smelling of smoke

- they will not disclose to any of our children that they smoke, vape or have smoked in the past
- they will refrain from smoking or vaping during working hours.

### **Visitors**

This policy is applicable to all employees of the organisation, as well as sub-contractors who undertake activities on behalf of the organisation and any visitors to the premises. This policy and its mandatory application will be communicated to all employees, sub-contractors, visitors and interested parties. Employees are responsible for informing their visitors to the premises of this policy.

Visitors who are smoking in smoke-free areas should be reminded of the tobacco-free policy and asked to stop. If the visitor refuses to stop smoking, employees should ask the visitor to leave the premises and, where relevant, direct him/her to where he/she can smoke.

### **Vehicles**

The organisation does not permit smoking in company cars and any employee using their own car for work purposes must ensure that it does not smell of smoke or have been smoked in prior to coming to work.

### **Practice guidance**

XXXX is committed to the health and wellbeing of our children and of our adults. Role modelling is key to supporting children to learn and finds new ways of being supported through traumatic and chaotic starts in life. We have taken this approach to develop a culture of caring for the health and wellbeing of both ourselves and children.

Adults and children will know before moving in to live/work with us that smoking and vaping is not permitted in any area (both indoor and outdoor grounds and during working hours) and are made fully aware of the support on offer to help them to become healthier. This will include support to attend stop-smoking sessions and when appropriate direct referral to the local stop-smoking smoking services.

XXXX will purchase licensed Nicotine Replacement Therapy (NRT) for any child or adult aged 12 and over who is an existing smoker and who requires the support to quit or refrain from smoking or NVP use (e.g. temporary abstinence) during working hours or while living in our homes. Plans are in place to train dedicated XXXX staff team members with the skills to support adults and young people within the organisation with stopping smoking.



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