

Smoking and fostering

Simon Clark, director, Forest

The anti-smoking lobby is putting the fostering authorities under increasing pressure to bar people who smoke from fostering babies and young children. In October 2006 The Fostering Network in the UK invited Forest director Simon Clark to address their annual conference ...

Introduction

Forest neither promotes smoking nor do we deny the very serious health risks associated with smoking. Instead we defend the interests of adults who choose to smoke. We promote freedom of choice, within accepted social boundaries, and we speak out against those who want to discriminate against people who smoke. Last but not least, we encourage smokers to be considerate towards non-smokers, especially children.

The title of this debate, 'Whose right to choose?' suggests that someone has the right to make choices about the care of vulnerable children. In the case of fostering, many of you, as professionals in your field, have the right or authority to make choices on behalf of children and young people.

But, increasingly, special interest groups with the ear of government want to limit your choices. In this case, they want to limit the pool of foster carers to non-smokers, or people who don't smoke in their own homes.

Smoking - a form of child abuse?

For example, in the USA, Action on Smoking and Health boast that they have been responsible for four states enacting laws that prohibit smokers from fostering children, calling the habit a form of child abuse.

And how do they suggest that the authorities make sure that a foster parent isn't smoking? I quote: "Take a urine, saliva or blood test, if a child is unable, or unwilling, to provide the information." Now that's what I call child abuse.

The point about anti-smoking organisations like ASH is that they are using children to further their own aims. This isn't about what is "good for the children". It's just another logical step, as they see it, in their long-term goal to rid the world of tobacco.

In this scenario, children are merely pawns in the anti-smokers' war on tobacco. The anti-smoking lobby has succeeded in banning smoking in public places. Now they're targeting the home. And vulnerable children are getting caught in the crossfire.

Here in the UK, the issue made the news earlier this year when two foster carer couples in Dundee became the first to be banned from looking after children because they smoked.

The background to this story is that Dundee Family Placement Service revised their policy to exclude carers who smoke from fostering. In a report by Alan Baird, the Director of Social Work, Baird wrote: "Passive smoking has been accepted by scientific bodies worldwide as a cause of lung cancer in non-smokers."

Passive smoking

The suggestion that environmental tobacco smoke is a significant factor in causing ill health among non-smokers is of course pivotal to the argument that smoking should be banned in public places, and people who smoke at home should be rejected as foster carers.

Now, if everything we have heard about passive smoking is true then I too might be in favour of a ban on smoking in all public places - and even in the home. After all, if it is true that passive smoking kills 11,000 non-smokers a year in Britain, or that passive smoking is directly responsible for thousands of cases of cot death, glue ear, asthma and a host of other ailments, we clearly need to do something about it. The truth is, we simply don't know, and you cannot base draconian public policies on flimsy research and weak supposition.

The arguments about passive smoking have been around since 1975 and hundreds of studies have been published in an effort to quantify the effects. The vast majority, including many childhood studies, have proved statistically insignificant. Some examples:

In 1992 the American Environmental Protection Agency published a report that was said to prove the link between passive smoking and ill health in non-smokers. This report was quickly discredited and in 1996 a federal court ruled that the EPA had completely failed to prove its case.

In March 1998 the World Health Organisation announced, in a press release, that the results of a seven-year study into the link between passive smoking and lung cancer were not 'statistically significant'.

In 2003 the British Medical Journal published the results of a peer reviewed study - one of the largest of its kind - which concluded that the health risks of passive smoking have been greatly exaggerated.

In June 2006, the Economic Affairs Committee of the House of Lords issued an important report on the management of risk. This report contains the statement: "The case of passive smoking is an example in which [public] policy demonstrates a disproportionate response to a relatively minor health problem, with insufficient regard to statistical evidence."

Risk in relation to public policy

Among witnesses who gave evidence to the report was Professor Sir Richard Peto of Oxford University. Responding to questions about the health risks of passive smoking, Sir Richard replied: "These risks are small and difficult to measure directly."

Sir Richard's testimony clearly reflects the substantial doubt that surrounds the health risks of passive smoking. No-one should be surprised because, in February 2001, Prof Peto's colleague, Professor Sir Richard Doll, the first scientist to establish a statistical link between lung cancer and primary smoking, told presenter Sue Lawley on BBC Radio 4's Desert Island Discs, "The effects of other people smoking in my presence is so small it doesn't worry me."

Listen, too, to Michael Siegal, a physician who specialised in preventive medicine and public health and is now a professor in the Social and Behavioral Sciences Department, Boston University School of Public Health. On 7 August 2006 Siegal quoted Pat Lindsey, director of the St Louis University Tobacco Prevention Center. According to Lindsey, "All we can do right now is tell parents what they're exposing their kids to and hope they do the right thing. I think the day will come when this will become child abuse."

According to Siegal, and I agree with him, "It doesn't become child abuse. It either is or it isn't. And if it isn't, then we in tobacco control should stop trying to turn smokers into child abusers. Child abuse entails harm and smoking around a child entails risk. And we've got to learn to stop equating one with the other.

You can't even make a case for probable harm. In most cases, children exposed to secondhand smoke from a parent smoking around them will not be harmed. Their risk of ear infections and respiratory problems will certainly increase, but there is no harm in most situations."

The reality is that none of us - adults or children - breathe clean air. We are all surrounded by pollutants. Put simply, we do not live in a risk free environment - that is impossible. We therefore need to choose public policies that are in proportion to the risk. In our view, refusing to allow people to smoke at home if they foster children - or, worse, refusing to allow smokers to foster children at all - is out of all proportion to the actual risk.

Having said all that, I do accept that - where children are concerned - we should generally err on the side of caution. It makes sense to discourage people from smoking around children in enclosed spaces. But that is very different from saying that, just because someone smokes, they should be barred from being a foster carer or banned from smoking anywhere in the house.

Health - the bigger picture

Another argument against smokers being allowed to foster young children is the suggestion that a child is conditioned to smoke by adult carers. Clearly, some young people may be influenced by the behaviour of smoking carers. But it can also work the other way. The fact that a parent smokes can actually put a child off smoking.

I do not accept that a blanket ban on carers who smoke is in the best interests of many children who desperately need a warm, loving home. The carer may have many other qualities that fit well with the particular child and the fact that they smoke should not be a major issue.

In such cases, it's up to the fostering authorities to make a judgement about whether or not the foster carer is the right match for the child, and they should look at the whole picture.

In Dundee, Alan Baird, Director of Social Work at the Dundee Family Placement Service, wrote: "While the Dundee Family Placement Service acknowledges the proven skills and abilities of many of our carers who smoke, it is our view that children's health must be our primary consideration."

Well, of course a child's health should be a primary consideration. According to the Oxford Dictionary, however, the word 'health' is defined as "the state of being free from illness or injury, and a person's mental or physical condition." It comes from the word 'whole' - 'a thing that is complete in itself'.

To provide a truly healthy environment for a child means looking at the whole picture, not just one, specific, aspect of their care. In the words of the Fostering Network's Claire Dickinson, quoted in the Sunday Times (April 2000): "Being a good foster carer is about much more than whether or not you smoke."

What makes a successful foster carer?

According to the Department of Health's National Minimum Standards Fostering Services Regulations, some of the qualities that should be considered when assessing potential foster carers are: their child rearing abilities; ability to care for children born to somebody else; awareness of own motivation for fostering; standard of living and lifestyle; their own experience of parenting and being parented and so on.

According to the Social Care Institute of Excellence, successful foster parenting includes a parenting style that combines boundaries with warmth; an emphasis on the relationship and on flexible problem solving within it; encouragement about education and school; and flexibility and not being easily upset. Neither document adds: "But if you smoke, all else becomes redundant."

Being a good foster parent - OR parent - OR human being - does not depend on whether or not you smoke. Life is far more complicated than that. Many people who

smoke make excellent foster parents. Some people who don't smoke make lousy carers.

Smokers in the family

When you were growing up, I am sure that, like me - you knew people who smoked who had a positive influence on your lives. It may have been a parent, a grandparent, an aunt or an uncle, a teacher or some other mentor.

You may not have liked the fact that they smoked. But it didn't make them any less valuable, caring, worthy, intelligent, wise, warm and loving than a non-smoking relative or carer.

We should ask ourselves: would our lives have been better if we had been deprived of someone close to us just because they smoked? Are we really saying that children who, over the years, have had positive experiences in foster homes where a carer has smoked, would have been better off in, for example, an institution?

In the 1950s 80% of men and 40% of women smoked, many of them in the home. Are we suggesting that an entire generation of people has been blighted as a result? No. The reality is that that generation of children, now in their 50s and 60s, is living longer, healthier lives than ever before. Perhaps the current generation of children, the majority living in smoke-free homes, will live longer still.

However, there is no evidence to suggest that the vast majority of children from the baby boom era of the 50s and early 60s has come to any long-term harm just because they grew up surrounded by adults smoking.

Foster carers needed

It could be argued that children are not in a position to decide whether or not they are placed with carers who smoke. That's where many of you have to make choices. What's in the best interest of the child? You have the task of matching the right foster carers with the needs of the individual child. No carer is perfect just as no parent is perfect. Many considerations have to be weighed and difficult decisions made.

The Fostering Network estimates that 10,000 extra foster carers are needed across the UK, over and above the 70,000 children and young people already looked after on any given day. A wider pool of carers would enable local authorities to find the 'right' foster family for more children.

Most of us live in the real world. And in the real world - rather than the Utopian world promoted by the evangelical anti-smoking lobby - a quarter of all adults in the UK smoke. By excluding foster carers who smoke, or those who smoke at home, we risk reducing the pool of carers by up to a quarter. Is that in the interests of the children?

What next?

What next? If you exclude smokers from the fostering system, should you exclude carers who are overweight or obese? Or carers who drink more than the recommended units of alcohol each week? Where is this going to end?

Yesterday, as I travelled up to Glasgow, I heard a news report about a new campaign being launched by PETA (People for the Ethical Treatment of Animals). The message of their campaign is that feeding meat to children is child abuse. Does that sound familiar? Today smoking, tomorrow eating.

Finally, I was struck by a comment by journalist Mary Kenny in yesterday's Daily Telegraph (13 October 2006): "Why can't arguments about smoking be settled with sensible compromise, instead of bullying extremism?"

By all means, discourage carers from smoking in enclosed spaces around children, but it must surely be possible to find a compromise that does not automatically disqualify people who smoke from fostering children.