

Smoking, substance and alcohol consumption in care settings



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1. Introduction

This policy has been developed to support the work of social workers within Moray Children' and Families and Justice Social Work Services. It outlines tasks and expectations for staff, carers and adopters in relation to smoking, alcohol and substance consumption in care settings. It aims to facilitate consistent experience for children, young people and their carers as well as to work towards positive outcomes for children and young people in care settings.

2. Scope

This policy applies to all staff involved in the assessment and support of carer and adopters and is expected to be employed from 1 November 2025. Any additions or potential exemptions will be considered on an exceptional basis by the approving committee/board.

All staff with responsibilities around the assessment and support carers should be aware of and ensure that they comply with the policy. The Children and Families and Justice Social Work Policy Team will communicate information on the policy to all necessary staff/groups and ensure that it is accessible on appropriate websites.

3. Substance misuse in care settings

All young people can be tempted to experiment with drugs or substances, no matter their background. Looked after and care experienced young people may be particularly vulnerable to problematic substance consumption. Likewise, some children and young people will be in foster care because of substance misuse in their family and this may inform their knowledge and feelings.

Substances are any restricted or prohibited substances that may have a harmful effect on a person, such as ketamine, gas, glue, magic mushrooms, amphetamines, barbiturates, LSD, Valium, cannabis, cocaine, hallucinogens, nitrous oxide (nos), hashish and heroin. There are a range of domestic products (e.g., aerosols, petrol, etc.) that are harmful and potentially fatal.

As a responsible corporate parent, Moray Children and Families and Justice Social Work is committed to making efforts to:

- encourage children and young people to avoid using illegal substances
- protect children and young people from the damaging effects of witnessing or engaging in substance consumption
- support the cessation of substance consumption.

The practical implications of these commitments relate to:

- the recruitment and assessment of all potential foster carers, continuing care and supported lodgings carers as well as adopters
- the conduct of the carer
- young people who consume substances whilst in the care of the local authority.

These are discussed in detail below.

1. Recruitment and assessment

- Carers/adopters who consume any illegal substances will not be recruited.
- Carers/adopters who have given up substance consumption can apply to be considered to adopt or care for children and young adults. The assessment of such applicants will cover, amongst others:
 - o evidence that they have given up taking substances
 - o impact of the past substance consumption and recovery on their wellbeing,
 - o risk of relapse and other possible issues or concerns,
 - o routines, and general health,
 - o the duration of their recovery,
 - o their support system,
 - o any vulnerabilities that may need further assessment or extra support.

2. Substance consumption by carers when a child or young person is in their care

- Carers must not take any substances when a child or young person is in their care. Carers found to be under the influence may face termination of registration and any child protection issues will be considered under the Support and Protection of Children and Young People procedure. These will form part of the ongoing review of their suitability.

3. Young people consuming substances

- Carers should be alert to the possible signs of substance consumption, including:
 - o Sudden changes of mood, irritability, aggressive behaviour which seems out of character
 - o Poor sleep patterns and reduction or change in appetite
 - o Loss of interest in school and friends and changes in the type of friends and associates
 - o Evidence of telling lies, secretive behaviour, involvement in theft
 - o Unexplained loss of money or belongings
 - o Unusual smells, stains or marks on the body, clothes or around the house
 - o Evidence of signs of exploitation.
- Carers must speak to the child's social worker and their own supervising social worker if they are concerned, in order to decide the best course of action.
- Carers may attend specialist training on drug and alcohol misuse.
- Work with the people who specialise in working with young people on these issues as part of the young person's plan.
- Carers should have open and honest discussions with the young person in their care about substances and the consequences of taking or being in possession of them. They must be clear about the limits of confidentiality.
- Carers have responsibility to advocate to children and young people away from taking substances, with the support of the team around the young person.
- Carers need to be careful about storage of harmful domestic products and ensure that this is stored safely.

4. Alcohol consumption in care settings

Witnessing or engaging in alcohol consumption can have a negative impact on children and young people, particularly those who have had a negative experience prior to becoming Looked After by the Local Authority.

With regards to witnessing alcohol consumption, [research](#) indicates that any level of carer intoxication (including low-level, but long-term drinking) can:

- impair the carer's ability to be both physically and emotionally available to the child; for some children, carers who drink alcohol (even within the limits imposed by national guidelines) can become emotionally and/or physically neglectful, resulting in poorer levels of care which could have a significant impact on children and young people over time
- cause emotional distress to children and young people seeing the carers drinking (children reported feeling embarrassed, confused, angry, worried, scared or ignored)
- increase the likelihood of physical harm to children and young people due to decreased awareness to possible hazards within the environment as well as alcohol's unique effects on physical and cognitive function which can result in a propensity towards violence or aggression
- contribute to the development of problematic attitudes towards alcohol consumption in children as well as future drinking habits; the modelling of drinking behaviour by carers is problematic particularly when alcohol is taken to ease anxiety or cope with stress, including stress arising from caregiving. The latter may cause children and young people to feel that they are hard to care for.

Based on scientific and medical evidence, [government guidance](#) makes it clear that the consumption of alcohol by children and young people is detrimental to their health and development, both in the short and long term, and that an alcohol-free childhood is the healthiest and best option.

Children who are looked after are particularly vulnerable to the health risks associated with alcohol consumption because:

- their physical and mental health are often poor in comparison to that of their peers
- according to [research](#), they are four times more likely than their peers to smoke, consume alcohol and misuse drugs
- may have experienced strict discipline, family conflict and a family history of alcoholism which have been associated with an increased risk of higher levels of alcohol consumption by children and young people.
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Moray Children and Families and Justice Social Work is committed to making efforts to:

- protect children and young people from the damaging effects of witnessing excessive alcohol consumption
- encourage children and young people to develop a healthy relationship with alcohol consumption
- support the cessation of drinking alcohol.
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The practical implications of these commitments relate to:

- the recruitment and assessment of all potential foster, continuing care and supported lodgings carers as well as adopters
- placement and matching processes which recognise the impact of alcohol consumption
- setting clear expectations regarding the consumption of alcohol whilst a child or young person is in placement
- engaging with young people in relation to alcohol consumption.

These are discussed in detail below.

1. Recruitment and assessment

- All carers should adhere to [national guidelines](#) around alcohol consumption (i.e., no more than 14 units¹ a week on a regular basis, spread evenly over 3 or more days with at least 2 non-drinking days). Non-adherence to this may feature in the medical assessment and supports will be explored within supervision and reviews. Whilst not adhering to the national guidelines is not a reason for rejecting an application or seeking de-registration, any potential negative impact on the child or young person in the home would raise questions about the carer's suitability.
- Carers' ability to provide a consistently positive role model in terms of alcohol consumption is explored in assessments (prepared as part of applications) and, where the consumption of alcohol to wind down or relieve stress/anxiety features, alternative strategies and supports need to be considered, put in place, and reviewed. Carers are encouraged to recognise their drinking patterns and to seek appropriate help and support for themselves.

2. Care setting and matching

- Some children and young people may have negative experiences with alcohol consumption and would require to be cared for by a person who does not consume alcohol. This would form part of the matching process and the safer caring plan.
- In some religions, it is prohibited to be in the company of someone who consumes alcohol; in such cases, this would feature as a matching consideration and the young person would be supported appropriately

3. Alcohol consumption by carers when a child or young person is in their care

- Where it is assessed to be appropriate, carers must actively promote, encourage, and emphasise the advantages of the safe consumption of alcohol as well as alcohol-free childhood and adulthood.
- When carers choose to consume alcohol, they must ensure that alternative arrangements are in place to have the child taken to meet any emergency need.
- Carers must ensure that children and young people in their care do not witness intoxication or binge drinking² within their home by any adults.

¹ 14 units is the equivalent of six pints of beer (4% ABV), six 185ml size glasses of wine (13.4% ABV) or seven 50ml measures of spirits (40% ABV).

² NHS considers consuming more than 6 units of alcohol in a single session to be excessive.

- Carers are responsible for ensuring that children and young people are not at risk from any alcohol kept in their home. Alcohol in the home must be stored safely. Carers are responsible for monitoring the alcohol in their home to ensure that they are aware if any has been consumed by a young person in their care without their permission.
- Carers should set boundaries for drinking alcohol by discussing responsible drinking, including the types and strengths of different alcohol, the recommended adult alcohol limits and the dangers associated with drinking and alcohol misuse (including drink driving).
- Carers should be aware that many children and young people, sometimes without the knowledge of Social Work Services, have had negative experiences of alcohol, including trauma, violence and abuse associated with alcohol consumption. Carers, therefore, need to be sensitive to the child or young person's perceptions of adult alcohol intake patterns and behaviour and share these with their social worker.
- Carers should talk to other adults or parents when children and young people are visiting or staying with friends to ensure the rules are in place regarding alcohol and are monitored as far as possible.
- Carers can access national and local alcohol awareness services as well as specific training for information and guidance in order to increase their knowledge and understanding of alcohol issues. Specialist local drug and alcohol services provide support to parents and carers of young people with alcohol problems.
- It is recognised that different cultures and religions have different approaches to alcohol and that some religious rites involve alcohol (e.g. Christian mass or communion), which is illegal for a child under the age of five. For fostered older children and young people, the nature of how to take part in such rites is clarified with the head of the religious body conducting the service, agreed with line manager and recorded in the care and support plan.

4. Young people who consume alcohol

- Carers must not purchase alcohol for children under the age of 16 in their care. A young person aged 16-18 may consume one unit of beer, cider or wine with their meal, under the supervision of the carer on special occasions and with the permission of the parent, and this should be outlined in their safer caring plan.
- Supported lodgings carers should support young adults in their care to consume alcohol responsibly.
- Carers should seek advice from the child's social worker if they are aware of or concerned that a young person in their care is drinking alcohol. Clear strategies for managing the young person's alcohol consumption must be agreed and recorded in the young person's plan.
- Supported lodgings carers should alert the young adults' social worker if they are aware of or concerned that the young adult in their care consumes more than 14 units of alcohol a week or more than 6 units in a single session.

5. Smoking in care settings

The Care Inspectorate [reported](#) that children and young people who are looked after and accommodated by a local authority are more likely to smoke and be affected by other people's

smoking. According to Ash Scotland, there were 8260 smoking-related deaths in 2021 in Scotland (ages 35+), accounting for 20% of all annual deaths.

As such, in line with guidance from the [Scottish Government](#), the [Care Inspectorate's Tobacco Free Generation by 2034 Charter](#), and the [Fostering Network Scotland](#), Moray Council aims to provide vape and smoke-free environments and role models for all children and young people in care. It is acknowledged that people who smoke or vape can and do care successfully for children and young people, but children's health and right to live in smoke-free home are foremost considerations. For the purposes of this document, the term 'smoking' includes cigarettes, cigars, vapes and e-cigarettes, regardless of the amount of nicotine they contain.

As a responsible corporate parent, Moray Children and Families and Justice Social Work is committed to making efforts to:

- encourage children and young people not to start smoking
- support smokers who want to stop
- protect children and young people from the damaging effects of passive smoking.

These commitments have implications for:

- the recruitment of foster and supported lodging carers (including short break, supported lodgings and emergency care) and adopters
- carers when they have a child or young person in their care
- young people in homes arranged by the local authority
- the conduct of Social Work staff.

These are discussed in depth below.

1. Recruitment and assessment of foster, continuing care and supported lodgings carers and adopters

- We only recruit foster, continuing care and supported lodgings carers and adopters who agree that they will not smoke or vape within the house, vehicles or in the presence of children and young people.
- Carers/adopters who smoke or vape cannot adopt or foster children:
 - o under the age of 5,
 - o living with a disability or other medical condition(s) deemed relevant by a medical adviser.
- This is unless a brother and sister already lives there, and the needs assessment reflects that the children and young people should live together.
- Vulnerable children's carers who relapse are expected to seek support for and work towards cessation; otherwise, the matter would be considered within approval reviews and decisions made on a case-by-case basis.
- The assessment and review of all carers and adopters who smoke or relapse will need to:
 - o ensure that there will be no smoking indoors, in vehicles or in front of children

- consider the mitigation of any risks associated with second and third hand smoking, including seeking support for cessation which will be discussed in the monthly supervision.

2. Children moving into foster homes

- Vulnerable children (e.g., living with a disability or illness deemed relevant by Health colleagues, or aged 5 and under) may not be moved to or matched with non-smoking households, unless an older brother and sister already lives there, and the needs assessment reflects that the children and young people should live together.
- The views of medical advisers about the vulnerability of children and young people to the effects of second or third hand smoking will be considered as part of the matching process.
- The views of the child or young person and their parents in respect of moving to a home where there is smoking outdoors will be considered.

3. Smoking or vaping in care settings

All carers (including kinship carers) and adopters:

- must not smoke or vape in the house, motor vehicles or in the presence of children and young people in their care
- must ensure that children and young people in their care are not exposed to passive smoking on visits to friends and relatives
- must ensure that products containing nicotine, such as cigarettes, cigars, vapes ashtrays, gum, patches, sprays, batteries, liquids, lozenges and vapes, are kept away from children and young people
- will be proactively encouraged to stop smoking. This will be a standing agenda item at carer reviews and supervision.
- will smoke outdoors must ensure that the child inside the home is adequately supervised at all times. Carers may need to re-think when they choose to smoke (i.e. when another person is present to supervise the child or when the child is at school or family time).

4. Young people who smoke or vape whilst in care

All carers (including kinship carers) and adopters:

- must not purchase cigarettes, vapes or any smoking paraphernalia for young people
- must not allow young people to smoke in the home, motor vehicles or in the presence of children and young people
- must have a responsibility to actively encourage the cessation of smoking/vaping and ensure that children/young persons in their care have access to guidance and support to stop smoking or vaping as part of the young person's plan
- must not provide cigarettes or vapes as a reward for good behaviour
- will be supported by the team around the child to address the smoking behaviour of children in their care, including enabling them to access specialist support to quit from healthcare professionals.

5. All personnel

Staff employed by the local authority:

- must not smoke around children, young people, families and carers
- should be aware that the smell of smoke lingers on the person and in the car and should attempt to minimise this
- must promote the benefits of not smoking
- will support carers and young people in the cessation of smoking or vaping (some useful information and tools, such as kits and applications, are available free on the Smokefree website; NHS Grampian also offers support for children aged 12 and over)
- must never buy cigarettes, vapes or any smoking paraphernalia for children, young people in care
- recognise that vaping is not a recommended substitute to smoking for children under age 18 and children who are vaping will be supported as part of the planning process, with healthcare professionals taking responsibility, to take licensed nicotine replacement therapies instead.