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**ASH Scotland Tobacco and Inequalities Initiative:
Coal Industry Social Welfare Organisation Case Study
Report**

Janet Ferguson and Linda Bauld

September 2006

Address for correspondence:

Dr. Mark Livingston
Department of Urban Studies
University of Glasgow
25 Bute Gardens
Glasgow G12 8RS
M.Livingston@socsci.gla.ac.uk

Acknowledgements

This research was funded by ASH Scotland. The views expressed are those of the authors and not necessarily those of ASH Scotland.

The researchers would like to express their thanks to all the interviewees who took part in the case study, in particular Ian McAlpine who provided access to CISWO resources and networks and gave generously of his own time to facilitate the research.

ASH Scotland wishes to thank NHS Health Scotland and the Scottish Government, who provided the funding for the projects and the evaluation; and the Tobacco & Inequalities Steering Group, who provided feedback and guidance during the lifetime of the initiative.

The full version of the Tobacco & Inequalities final report, and case study reports, are available on the ASH Scotland website <http://www.ashscotland.org.uk>

A list of projects and individual final reports produced by the projects are also available on the ASH Scotland website.

ASH Scotland
8 Frederick Street
Edinburgh
EH2 2HB

T: 0131 225 4725

E: enquiries@ashscotland.org.uk

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March 2008

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1. INTRODUCTION

1.1 The Tobacco and Inequalities Initiative

The ASH Scotland Tobacco and Inequalities (T&I) initiative (ASH Scotland, 2005) is a nationwide community development initiative which focuses on capacity building and sustainability, raising awareness of inequalities with regards to smoking and health and identifying and disseminating good practice. The projects funded by the T&I small grants scheme are categorised into three priority groups: black and minority ethnic groups (BME), older adults and mental health.

This short case study report begins with a description of CISWO and the miners' welfare communities, the data collection methods used by CISWO and the research team, the main outcomes and a discussion of the implications of the project.

The report describes the Coal Industry Social Welfare Organisation (CISWO) funded project, which received funding from Wave One of the T&I small grants fund targeting tobacco and older adults in former and existing coalfield mining communities.

The tobacco and inequalities initiative is being evaluated by a team of researchers from the University of Glasgow. The research uses an approach known as theory-based evaluation, which involves developing a 'Theory of Change' (ToC) for individual projects, tracking their progress and the outcomes achieved (Judge and Bauld 2001). In addition, a small number of case study projects are being selected as part of the research. The work undertaken by CISWO was chosen as one of these case studies for a variety of reasons, including the fact that it involves a non NHS organisation leading on a health initiative and the potential of the project to reach some of the most disadvantaged communities in Scotland.

This report combines a review of the ToC for the project and findings from the case study research. The report sets out to describe the work that CISWO has undertaken and assess the progress made.

1.2 Deprivation and Smoking In Coalfield Communities

Nearly two thirds of the coalfield areas have levels of deprivation above the Scottish average (Coalfields Communities Campaign, 2005). In addition, the 2004 Scottish Index of Multiple Deprivation shows that:

- 61% of coalfield communities have income deprivation above the Scottish average
- 66% have employment deprivation above the Scottish average
- only 10% of coalfield communities fall into the 20% healthiest of Scottish communities
- 66% of all coalfield communities have levels of educational disadvantage above the Scottish average
- 51% of coalfield communities have accessibility (geographic access & telecommunications deprivation) below the Scottish average
- coalfield communities are heavily clustered in the mid range in terms of housing deprivation.

Smoking prevalence is higher in disadvantaged areas and therefore smoking rates in coalfield communities are significantly higher than the Scottish average. In CISWO communities the average prevalence is 37%, rising to more than 45% in some areas (compared to a national adult prevalence rate of 26% (ISD Scotland (2006)). More detailed figures are included in Appendix 1.

Adults living in coalfield communities are at risk of a range of health problems linked to high rates of smoking and a number of environmental, social and individual factors. Rates of cancer, heart disease and stroke are higher in these areas as is the incidence of mental health problems. CISWO's work, through its core activities and through partnerships with other organisations, aims to help to address some of these issues.

As part of this work CISWO became involved in efforts to inform miners' welfare communities about the legislation to ban smoking in all enclosed public places in Scotland, which came into effect from March 26th 2006. Because many miners' welfare schemes also include licensed premises, there was considerable concern amongst management committee members regarding any potential loss in revenue that might arise because of the ban. Coalfield community residents were also worried about restrictions on their freedom to smoke in miners' welfare venues. These concerns were exacerbated by local lobbying from some groups and individuals who were opposed to the ban. CISWO decided to apply to ASH Scotland for a small grant to support work to inform their members about the ban and the risks of smoking. They also intended to explore how local access to support to stop smoking could be facilitated for those wishing to quit, and how the work could be further developed and sustained in the future.

1.3 Coal Industry Social Welfare Organisation

The Coal Industry Social Welfare Organisation (CISWO) is a charitable organisation for mining beneficiaries and former and existing coalfield communities. It serves a large number of people across the central belt of Scotland.

CISWO's aim is to improve the quality of life of its members through increasing social inclusion, promoting health, relieving poverty and improving education. CISWO is an umbrella organisation overseeing 53 individual charity units each with their own premises scattered across the central belt of Scotland. Each charity has its own management committee and generates its own income wherever possible. CISWO endeavours to access grants from various organisations and agencies to improve buildings and the facilities and programmes available. Each miners' welfare scheme has a membership which can vary from 200 to 3000 and membership is open to the whole community. Facilities and activities are also open to non members, thus providing an important resource for the area.

In May 2005 the organisation received a small grant award (£3,000) for one year as part of the third phase of the ASH Scotland Tobacco & Inequalities initiative¹.

The main aim of the project was to conduct a small feasibility study of the potential use of Miners' Welfare Community Facilities to support smoking cessation, particularly targeting the older members who smoke.

The work undertaken by CISWO was chosen as one of these case studies for a variety of reasons, including the fact that it involves a non NHS organisation leading on a health initiative and the potential of the project to reach some of the most disadvantaged communities in Scotland.

This report combines a review of the ToC for the project and findings from the case study research. The report sets out to describe the work that CISWO has undertaken and assess the progress made.

2. METHODS

The initial part of the research involved the development of a ToC for the CISWO small grant project. A researcher met with CISWO's regional manager for Scotland to develop the ToC. It outlines the resources available to the project, the activities planned and the expected short, intermediate and longer term outcomes anticipated. A copy of the full ToC can be found in Appendix 2.

The ToC was produced in November 2005 and reviewed in June 2006 in order to assess progress in terms of objectives met, methods and resources used, barriers and challenges faced and key outcomes.

In conducting its feasibility study examining the views of miners' welfare committees regarding the smoking ban and facilitating local access to stop smoking support, CISWO used the following methods:

- two surveys of miners' welfare committee members (conducted in Sept 2005 and June 2006)
- personal meetings with miners' welfare committee members
- networking with relevant agencies and healthcare organisations

Following the initial ToC and completion of CISWO's feasibility work, a member of the research team gathered additional information for the case study component. This began with a review of relevant routinely available statistics including Scottish smoking prevalence data and community surveys from coalmining areas.

Telephone interviews were then conducted with a number of miners' welfare community centre committee members, managers, bar stewards and one stop shop development officers. The interviews were semi-structured and the topic guide used can be found in Appendix 3. A suggested list of interviewees was provided by the CISWO manager. He attempted to select a mixture of people who he was aware were either in support of the project or were against it. The sample selection therefore has some potential bias and represents only a very small cross section of the total miners' welfare community and partners in Scotland.

Telephone interviews were also conducted with a Tobacco Control Development Manager from the Scottish Executive, a Programme Design Delivery Manager leading on health improvement from NHS Scotland and a manager from the West Lothian Drug & Alcohol Service (WDLAS). The aim of the interviews was to explore their views regarding CISWO's work and any potential role in supporting CISWO to achieve their aims and objectives.

3. RESULTS

Results are available from the feasibility work conducted by CISWO as well as the ToC development process and the case study component conducted by researchers from the University of Glasgow. Each of these is described in turn.

3.1 CISWO Initial Survey Results

CISWO's initial survey involved sending brief questionnaires to all 53 Scottish miners' welfare committees in September 2005. Only 12 were initially returned. Another 28 were successfully completed by telephone or personal visit, resulting in a 76% response rate. The detailed questionnaire results can be found in Appendix 4. The questionnaire aimed to establish what committees were doing or planning to do with regard to the introduction of legislation for a 'smoke-free' Scotland (SFS) and what their views were regarding facilitating access to stop smoking services. The questions covered issues such as smoking policies, awareness of support for smokers wishing to quit, the use of miners' welfare premises for smoking cessation groups and a request for members to join a steering group. Key results include:

- only 40% of Management Committees had discussed the forthcoming SFS legislation. Of the committees that responded to this question:
- 8% were providing leaflets about the effects of smoking and passive smoking
- 15% had made provision for smoking cessation services in their clubs
- 20% had made contact with local smoking cessation advisors
- only 25% were aware that local Health Boards can provide local support for people who are trying to quit smoking
- 35% confirmed that they had already or intended to contact them to provide smoking cessation support to members
- 90% were willing to allow their premises to be used for smoking cessation groups
- only 35% thought there would be a demand for this service
- only 5% were willing to undertake some activity related to smoking on the national No Smoking Day

3.2 CISWO Second Questionnaire Survey Results

A second questionnaire was developed following the introduction of smoke-free legislation in Scotland. It aimed to assess the impact of SFS, compliance with the law and the level of support for smoking cessation services and other lifestyle-related activities amongst miners' welfare committees. The questionnaire can be found in Appendix 5. Initially 21 out of 53 questionnaires were returned. Another 11 were successfully completed by telephone or personal visit, resulting in a 60% response rate.

Key results from those who responded included:

- 100% of respondents said that there had been no difficulty in implementing smoke free premises.

- 85% felt that staff appreciated a safer/cleaner smoke-free environment at work. Comments included:
 - Staff delighted
 - Body odours are now more noticeable
- 80% felt that club members/users appreciated a smoke free environment. Comments included:
 - Much cleaner environment
 - Happy customers
 - No smell of stale tobacco
 - Smokers complained about having to smoke outside
- 40% felt that attendance had remained the same, 55% decreased and 5% increased
- 40% thought that turnover had not been affected significantly and 45% thought that it had. Comments included:
 - Annual takings were down by £13,500
 - Weekly bar takings down by £2000
- 45% had created a covered outdoor smoking area and an additional 25% intended to provide one
- 45% of clubs had made contact with their local smoking cessation advisor
- 30% had helped to organise smoking cessation groups
- 50% had distributed leaflets about smoking cessation
- since March 2006 there had been over 50 smoking cessation sessions held in the 20 clubs that responded. (N.B. One of these clubs has held 15 of these 50)
- it was estimated that about 4 to 5 people attended each smoking cessation session
- one club held a health fair with smoking cessation as its focus attended by over 100 members
- only 15% requested help from CISWO with providing support for smokers
- only 5% did not agree that miners' welfare should be involved in promoting a healthier community as part of their charitable objectives
- responses to the question, 'should miners' welfare provide practical support to help people with?':
 - Smoking (85% agreed)
 - Alcohol (90% agreed)
 - Healthy eating (90% agreed)
 - Exercise (100% agreed)
- 25% were interested in joining a CISWO steering group to assist in future work

3.3 Networking Results

In addition to distributing and analysing two questionnaires, the CISWO manager held meetings with a range of professionals involved in smoking-related activities. Key results from this work include:

- liaison with NHS smoking cessation staff resulted in a closer working relationship and the establishment of either groups or a referral system in about 12 to 15 facilities
- meetings with health leads at the Scottish Executive are paving the way to taking a combined approach to health and lifestyle issues that affect miners'

welfare communities - this should help to attract funding of a community development worker

- a meeting with the Big Lottery Fund was helpful and it may be possible to approach them for partial funding of future work in due course
- meetings with other charity directors helped the CISWO manager with his own strategy development and supplied him with links to other relevant organisations
- at the time of writing this report the manager at CISWO did not have sufficient time to liaise in detail with managers at Health Board level

3.4 Theories of Change Review

The initial ToC was developed for the CISWO project in November 2005. A review of progress in achieving the project's goals was conducted in June 2006. The ToC included two long-term outcomes that the project wished to achieve:

1. Winning over hearts and minds of Miners' Welfare Societies to recognise the benefits of tobacco control policies and smoking cessation services.
2. Reduction in smoking rates amongst Miners' Welfare Societies (particularly older people) leading to a decrease in smoking-related disease.

During the follow-up meeting, results of short-term, intermediate and penultimate outcomes related to each the long-term outcomes (winning over hearts and minds) were reviewed. Appendix 2 contains the original ToC and outlines the original intended outcomes. Findings from the follow-up review of these outcomes included:

- smoking policies and the use of the Scottish Executive (SE) documentation in support of businesses and clubs was in use in every miners' welfare facility.
- a number of partnerships had been forged with other charities and agencies that had associated links e.g. Scottish Executive (drug & alcohol team & tobacco leads) and Alcohol Focus Scotland.
- the recruitment of a community development worker (part of the original ToC) had not occurred as originally intended due to lack of time to write and submit funding applications to ASH Scotland, the Big Lottery Fund and the SE.
- although there were some volunteers to form a steering group this had not yet happened due to the project director having significant work pressures, nor had there been a review of miners' welfare committee minutes of meetings to establish the level of commitment and involvement by committees.
- meetings with individual miners' welfare communities had been an original intention; however, it became clear those bitterly opposed to SFS were going to use them as a platform for dissent about SFS. They were therefore abandoned in favour of personal telephone calls to committee members and face to face meetings with management committees.

Results of short-term, intermediate and penultimate outcomes related to the second long-term outcome (reduction in smoking rates amongst Miners' Welfare Societies) were:

- it was not possible to assess how many miners' welfare members had been referred to NHS smoking cessation groups held in other local venues.

- the numbers of attendances at smoking cessation groups held in miners' welfare facilities and the resulting numbers were estimated to be:
 - 250 smokers attending smoking cessation groups between March 06 and June 06
 - quit rate not known
- Smoking Cessation Advisors had yet to be approached to seek the views and feedback of smokers attending the quit smoking groups.
- by the end of June 2006 there were believed to be at least twelve miners' welfare facilities enabling smoking cessation groups to take place and several others referring members to local NHS venues. This was not as many as originally hoped for by this stage but work is still ongoing.
- the feasibility study looking at the potential benefits and barriers of a smoking cessation service involved the distribution of the two questionnaires and the networking outlined above, and has been incorporated in this case study report.
- a needs assessment is unlikely to occur until either additional resource is made available for a short-term study, or if a funding is made available to recruit a community development worker. The Scottish Executive, Big Lottery Fund and ASH Scotland have all been approached and preliminary discussions with the Scottish Executive in particular have been promising, but at the time of writing no decision had been made.
- CISWO is continuing to build partnerships with a range of organisations (for example, Alcohol Focus Scotland) to further develop its role in health improvement.

3.5 Case Study Interview Results

In order to gain a more detailed understanding of the impact of this small grants project, a member of the research team conducted telephone interviews with miners' welfare committee members and key professionals involved in tobacco control at the national level.

3.5.1 Miners' Welfare Committee Members

Nine interviews were conducted with members of miners' welfare committees from across Scotland. Table 1 lists the communities that these interviewees represented, their role and their time in their current post.

Table 1: Interviews with miners' welfare committee members

Area	Responsibility	Time in Post
Coalburn	Administrator	2 years
Dalkeith	Bar Steward	25 years
Easterhouse	Club Secretary	14 years
Loanhead	Club Manager	34 years
“ “	Management Committee Member	8 years
Addiewell	One Stop Shop Manager	18 months
Croy	Club Secretary	32 years
Glenrothes	Club Secretary	24 years
Lochore	Club Manager	30 years

The interviews covered two broad themes – attitudes towards and experience of the implications of the smoking ban, and views regarding the role of miners' welfare schemes in facilitating health promoting activities such as smoking cessation. In particular, the subject of SFS was discussed at length by all interviewees and each individual voiced strong opinions either for or against the ban.

Five interviewees in particular expressed negative attitudes towards ban. One in particular was opposed in principle and four did not think the public had been sufficiently consulted and did not approve of the method of implementation.

One interviewee remarked:

“Why should prisoners have more rights to smoke than club members?”

Another commented that;

“[he] did not support how SFS came through and the license trade were ignored.”

And another stated:

“Why can't we use a room in the club to smoke? People are not going to stand outside and smoke.”

In some communities negative outcomes were reported following the ban. Two of the interviewees reported that there had been significant reductions in alcohol sales and attendance in their club since the introduction of SFS. Takings were reported as being down by £1,000 and £2,000 per week respectively and one club reported that bingo events had been particularly badly hit, with 50 fewer people attending in one instance. Another interviewee thought the downturn in takings might be due to the fact that members could not now take their drinks outside with them when they went out to smoke and this resulted in the consumption of fewer drinks.

Positive outcomes of the ban were also discussed. The bar steward and club managers had noted a distinct improvement in the club atmosphere and felt that it had improved their working environments. They had policies in place within each club and the policies were generally being adhered to with only a few minor infringements such as smoking in the toilets. Generally members had accepted the new legislation even if they did not necessarily approve of it. Some concern was expressed about how members would feel about going outside to smoke in the winter. However, several interviewees observed that there now seemed to be fewer visible smokers in their local communities with several individuals commenting that they were aware of members who had quit since the introduction of the ban without any professional support.

All interviewees were aware of CISWO's attempts to get local support for stop smoking groups or at least to refer members to a local service. Two of the interviewees reported that they now regular cessation groups were run in their club by the local NHS stop smoking service, another was trying to get a group established, another provided information about a local service and four had tried to generate interest amongst members in attending a group but due to lack of interest were only signposting the service via posters on club notice boards. Several interviewees commented that there was a potential stigma attached to attending groups and at the time of the study there was still strong 'anti smoking ban' feelings making it difficult to recruit members to quit smoking. It is of note that the marketing

for groups was done by the clubs themselves and did not appear to be done by the NHS, although materials were supplied by them. Where groups were successfully recruiting clients, those interviewed felt that it was largely due to the introduction of SFS, however the numbers interested in attending future groups was described as beginning to wane.

Of the communities represented there were differences between how many other activities and sub letting of space went on in association with other agencies/groups/activities. For example, two of the communities represented had 'One Stop Shops'¹ where they sub-let space for activities that are related to the social benefit and welfare of the whole community. This can range from gym equipment through to job advisors, children activities, youth clubs, credit unions, bingo, bowling and line dancing. The One Stop Shops have their own development managers and two of these were interviewed. They saw the miners' welfare committees as having a key role in the welfare of the communities they serve. Comments made in relation to this were:

"...for the good of the people."

"A basic part of what [we] should be doing to enhance health."

"Miners' welfares should be involved in lifestyle issues."

"It is part of the constitution....welfare of the community and for the good of people."

Only one interviewee thought that the role of miners' welfare schemes was about social activities and fund raising rather than delivering activities from within their own premises. This particular community was suffering more than the others in terms of attendance and downturn in alcohol sales since the ban and the interviewee voiced strong concerns about the future of the club and potential job losses.

3.5.2 Agency/Partner Interviews

In addition to interviewing miners' welfare committee members, a small number of professionals active in tobacco control at the national level were also interviewed. These individuals had all had some contact with the smoking work that CISWO was conducting. The main aim of these interviews was to explore the individual's role in working with CISWO and examine some of the key outcomes of the small grants work from a more strategic perspective.

It was evident from all those interviewed in this part of the study that the CISWO manager had been extremely active in his attempts to forge partnerships and to seek support for his work in relation to smoking cessation as well as the much broader remit of lifestyle issues such as alcohol, drug abuse, diet, mental health and well

¹ A Miners' Welfare Scheme is a community based charity providing facilities and sports, recreational and social activities. Many have developed further into MW One Stop Shops providing a wide range of services under one roof in partnership with other agencies and organisations. Some employ a development manager who ensures that agencies that can provide further help and support to deprived communities are accessible in the MW communities e.g. job placement support, benefits advice, credit union etc. They also take an active interest in supporting the welfare of the communities in its broadest sense.

being. He had presented his ideas at senior levels within the Scottish Executive and was supported by the former Deputy Health Minister who provided him with links to the Tobacco Control Development Manager at the SE. This manager commented that:

“Whilst wholeheartedly supporting CISWO, the department devolves their budget to PATH and ASH Scotland and it is then up to the Health Boards to decide how their money is spent.”

This means that the Scottish Government were unlikely to fund this type of small community initiative but could ‘*make encouraging noises*’ to the organisations who did allocate such funds. As a result the CISWO manager was initially referred to ASH Scotland and the small grant was awarded for this project.

Another interviewee discussed the challenges inherent in community-based organisations such as CISWO accessing funds for innovative pieces of work:

“It is hard to link in at a national level especially for voluntary agencies and everyone is after the same pot of money.”

The CISWO manager was also referred by NHS Health Scotland to local Community Health Partnerships (CHPs) as Health Scotland also do not normally have funding to support this sort of initiative, in spite of very strong moral support for the project. However there had in the past been some specific work between NHS Health Scotland and CISWO looking at using miners’ welfare community centres as venues for other lifestyle related activities/support including smoking cessation.

An additional challenge for CISWO identified by interviewees was balancing the need to work with licensed premises while also providing welfare support and promoting general health and well-being activities.

Despite acknowledging the problems associated with identifying funding for feasibility projects such as CISWO’s, there was agreement amongst interviewees that the communities represented by CISWO were precisely the areas that should be targeted for health improvement funding given the connected issues that they face of deprivation, unemployment and poor health. In considering how best to take forward the findings of the work conducted as part of the tobacco and inequalities initiative, interviewees agreed that the best course of future action was probably for CISWO to seek funding for an additional staff member to continue their health and well-being work. As one interviewee suggested:

“...money should not necessarily be used [by CISWO] to actually ‘do’ the services but should be used to pay for a development worker to cover all health issues.”

4. DISCUSSION

CISWO received a very limited amount of money to achieve what became an ambitious project aiming to achieve two substantial longer term outcomes. The second of these, reducing smoking rates amongst miners’ welfare communities, is one that will only be achieved in future years if the outcomes of national policy (such

as the smoking ban) continue to interact with local efforts (such as providing stop smoking support in miners' welfare venues) to achieve positive change. The second longer term objective - winning over the hearts and minds of miners' welfare communities to recognise the benefits of tobacco control and smoking cessation – has certainly begun to be achieved through the small grant project. At the conclusion of the project there was evidence that some communities were embracing change, accepting SFS and encouraging their members to attend smoking cessation groups within their premises. However, at least three key challenges emerge as a result of this small project. These were challenges throughout the project lifetime and to some extent remain challenges that should be addressed by further work. They include:

- overcoming resistant miners' welfare committee members and communities
- coping with fears and anxiety amongst miners' welfare members
- identifying resources to keep the profile of smoking raised as an issue

The CISWO manager had originally set out to speak at regional meetings about his request to support smoking cessation for members and the wider coalfield communities. The broader need to support SFS and to have policies in place after the ban was implemented became a major priority. After planning a number of these regional/district meetings he found that a highly motivated minority were planning to use the forum as a platform for dissent against the proposed ban on smoking. It was decided to abandon this for a less open and public approach in favour of face to face meetings with individual management committees which although lively in the extreme at times proved very productive in getting the health message across.

Although the hostility is less now than at the time of the presentations, there was still evidence during the interviews of a strong disapproval of SFS amongst some of the members but any hostility was directed at the Scottish Executive and not at CISWO. However, these negative views may inevitably affect the willingness of some miners' welfare schemes to become involved in smoking cessation activities or maximise efforts to make cessation support available to their members. Results from the second survey conducted by CISWO suggest that there is some distance to go before help to stop smoking will be available in all miners' welfare clubs in Scotland. What is more encouraging is that there appears to be very strong support from members of the principle that miners' welfare schemes have an important role to play in promoting a healthier community. Encouraging attendance at a health fair held in one facility is a good example of what might be possible to achieve.

In addition to resistance amongst some miners' welfare communities to the process of change, the project also encountered fear and anxiety amongst members regarding the impact of SFS, in particular its effect on customer attendance and support, revenue and potentially venue staffing. Where centres (such as one stop shops) had already got a number of different agencies already using their premises with very active social and welfare functions there was little or no fear expressed. Amongst those that responded to the second CISWO questionnaire there appears to be broad support for a cleaner environment from both staff and members alike in spite of the loss of takings in a number of places.

As the interviews with professionals active in tobacco control at the national level suggest, one of the main barriers for voluntary sector agencies such as CISWO is identifying funding to undertake small projects, particularly innovative work. The

funds received from ASH Scotland were extremely limited but the utility of this resource was maximised by the considerable efforts and enthusiasm of the CISWO manager. As a result of his personal commitment to reducing smoking-related harm in coalfield communities, combined with the timeliness of the introduction of SFS, this small project made considerable progress towards achieving its intended outcomes.

The main challenge that remains is to secure further funding to continue the promotion of smoking cessation and other health-related activities in miners' welfare communities. While some communities, particularly those with one stop shops, have been enthusiastic supporters of the work conducted by the CISWO manager others have been less positive. It is highly possible that some miners' welfare schemes will gradually lose interest in the issue without practical on-going support from CISWO. With fifty three miners' welfare schemes across Scotland it is also impossible for the CISWO manager to meet with each committee and local NHS smoking cessation coordinators. Additional support is required to forge those relationships and work in partnership with the NHS, especially if there is going to be an ongoing drive to expand the availability of stop smoking services to members and to maintain smoking as a high profile health issue.

Unfortunately due to the significant work pressures faced by the regional manager CISWO did not apply for a second year of funding from ASH Scotland. Due to similar reasons one element of the small grants project outlined in the original ToC – developing a case for a health worker to join the CISWO team – was not achieved within the time-frame for the project. As we outline below, plans are now underway to take forward this work with support from other sources.

5. NEXT STEPS

The CISWO small grant project provides an important example of what can be achieved in raising awareness and support for tobacco control in communities where smoking remains a particularly challenging issue. The combination of a small amount of funding, significant personal commitment by one charismatic professional and a favourable policy environment achieved positive outcomes. That said, the original objectives of the project were ambitious and not all the intended outcomes were achieved. It is important that this work is now taken forward in the future.

The work conducted by CISWO with support from ASH Scotland has been influential in securing funding from the Scottish Executive for a new post within the organisation. In January 2007, the Executive confirmed that they would fund a community development worker with a specific health remit (focussing on alcohol and smoking) for one year. A work plan for this post is now being developed. This work should help to ensure that smoking cessation, in conjunction with other health-related issues, remains high on the agenda in coalfield communities.

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Appendix 1: Estimated Smoking Prevalence within the Scottish Miners' Welfare Communities

Estimated Smoking Prevalence (16 - 74 year olds) by area within community, 2001

Source: Portsmouth University

Miners' Welfare Scheme	Area Num	Merged areas	Smokers (16-74)	% Current Smokers	+/- Scottish rate
Jewel	191	EH15 3	2146	39.3%	13.3%
Gilmerton	196	EH17 8	2701	36.7%	5.9%
Loanhead	201	EH20 9	1575	33.4%	-3.8%
Newcraighall	202	EH21 6	2431	31.1%	-10.4%
Deantown/Wallyford	204	EH21 8	1858	41.2%	18.9%
Danderhall & Newton	205	EH22 1	1614	37.3%	7.6%
Dalkeith	206	EH22 2	1623	38.4%	10.7%
Easthouses/Newtongrange	208	EH22 4	1618	34.0%	-2.0%
Arniston	210	EH23 4	1815	33.9%	-2.2%
Rosewell	211	EH24 9	339	34.8%	0.3%
Roslin	212	EH25 9	640	28.5%	-17.7%
Bilston/Shottstown	214	EH26 8	1517	33.5%	-3.5%
Musselburgh	226	EH32 9	2092	40.4%	16.3%
Macmerry	227	EH33 1	1293	36.6%	5.4%
Elphinstone	228	EH33 2	1648	36.1%	4.0%
Whitburn	249	EH47 0	2145	43.2%	24.6%
Fauldhouse	252	EH47 9	1443	40.3%	16.2%
Bridgeness & Carriden/Kinneil	263	EH51 9	1956	34.9%	0.7%
Loganlea	272	EH55 8	2069	35.2%	1.4%
Callendar	288	FK1 2	2176	36.4%	4.9%
Stirling	296	FK11 7	449	28.2%	-18.6%
Bannockburn	318	FK7 0	1958	37.4%	7.7%
Cowie/Fallin	319	FK7 7	2871	36.6%	5.6%
Kilsyth	429	G65 0	1681	40.5%	16.7%
Croy/Twechar	430	G65 9	2262	38.9%	12.2%
Kirkintilloch	431	G66 1	804	27.9%	-19.6%
Waterside	433	G66 3	1639	27.9%	-19.7%

Miners' Welfare Scheme	Area Num	Merged areas	Smokers (16-74)	% Current Smokers	+/- Scottish rate
Tannochside & Bredisholme	450	G71 6	1957	31.6%	-8.9%
Blantyre	453	G72 0	2624	49.4%	42.5%
Cambuslang	454	G72 7	2668	36.5%	5.1%
Drongan	609	KA6 7	3028	44.6%	28.5%
Glenburn	618	KA9 2	1799	28.5%	-17.8%
Oakley/Steelend	644	KY12 9	2795	33.7%	-2.7%
Kinglassie	663	KY5 0	2083	41.9%	20.7%
Kennoway/Lochore	664	KY5 8	1960	46.0%	32.6%
Glenrothes	667	KY6 2	2611	39.0%	12.3%
Denbeath	672	KY8 1	1669	47.0%	35.4%
Motherwell & Wishaw	681	ML1 3	3745	37.5%	8.1%
Coalburn/Lesmahagow	685	ML11 0	2244	39.1%	12.7%
Cambusnethan	692	ML2 8	3361	36.1%	4.0%
Low Waters	695	ML3 6	1579	36.2%	4.3%
Clarkston	709	ML6 7	2770	39.9%	15.1%
Allanton	713	ML7 5	2554	39.8%	14.8%
				37.0%	6.5%

Appendix 2: CISWO Theory of Change Framework

1. NETWORK DEVELOPMENT

Long-term Outcome: Winning over hearts and minds of Miners' Welfare Societies to recognise the benefits of smoking policies and smoking cessation services

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> • Ian McAlpine (lead) • Miners' Welfare Committees & committee members identified as smoking cessation volunteers. • LHCC Public Health & smoking cessation staff. • Health worker (hopefully to be employed by CISWO as part of extending bid) <p>Financial support from:</p> <ul style="list-style-type: none"> • ASH Scotland £3,000 <ul style="list-style-type: none"> ○ Salary Contribution £2,500 ○ Travel & Subsistence £250 ○ Feasibility Study £250 	<p>Meetings with potential partners e.g. LHCCs, ASH Scotland & Scottish Executive</p> <p>=====</p> <p>Meetings with Miners' Welfare Committees</p>	<p>Meetings with potential partners e.g. LHCCs, (6 already occurred, several more to be set up by end 06)</p> <p>ASH Scotland (quarterly meetings)</p> <p>Scottish Executive (CISWO attendance at Tobacco Control meetings)</p> <p>=====</p> <p>Meetings with Miners' Welfare Committees (40 already seen, another 13 to do by end 05)</p>	<p>Partnership agreements established (process facilitated by health worker) with LHCCs that serve the geographical locations of the Miners' Welfare Societies.</p> <p>=====</p> <p>Evidence that MW committees welcome approach to smoking cessation services and profile of subject is raised through:</p> <ul style="list-style-type: none"> ○ Monitoring Minutes of MW Committee Meetings ○ Numbers of smoking cessation groups held in MW Society premises <p>Agreements reached with MW committees about long-term use of MW premises for smoking cessation services (by April '06)</p>	<p>Development of a strong network of partners to support CISWO to meet its objective to have smoking cessation services in place in all 53 Miners' Welfare premises.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Submit grant application to recruit health worker</p> <p>Recruit health worker</p> <p>=====</p> <p>Recruit volunteers from MW Committees to champion smoking cessation</p> <p>=====</p> <p>Establish steering group</p>	<p>=====</p> <p>Approval from ASH and Scottish Executive for health worker to be recruited by CISWO</p> <p>=====</p> <p>Volunteers recruited from 12 MW Management Committees (done)</p> <p>=====</p> <p>First meeting of steering group Feb '06</p>	<p>=====</p> <p>Recruitment of a health worker by CISWO (by July '06) who will take on the responsibility of liaising with LHCC smoking cessation staff and MW Societies and their committees to work towards establishing services in all MW Society premises.</p> <p>=====</p> <p>Volunteers recruited from all 53 MW Management Committees by Feb 06</p> <p>=====</p> <p>Steering Group meeting quarterly and used as a conduit for publicising and endorsing smoking cessation and tobacco control related activities.</p>	

2. SMOKING CESSATION SERVICE DEVELOPMENT

Long-term Outcome: Reduction in smoking rates amongst Miners' Welfare Societies (particularly older people) leading to a decrease in smoking related disease

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time:</p> <ul style="list-style-type: none"> • Ian McAlpine (lead) • LHCC Tobacco Control Leads • ASH Scotland • Scottish Executive • CISWO Health Worker • MW volunteers • MW Management Committees <p>Financial support from:</p> <ul style="list-style-type: none"> • ASH Scotland £3,000 ○ Salary Contribution £2,500 ○ Travel & Subsistence £250 ○ Feasibility Study £250 	<ul style="list-style-type: none"> • Keep members informed about developments through management committees and newsletters. • Generate interest in tobacco and smoking cessation via questionnaires, briefing packs, telephone interviews and CISWO newsletter. • Develop smoking policies. <p>=====</p> <ul style="list-style-type: none"> • Develop smoking cessation services within Miners' welfare premises. 	<ul style="list-style-type: none"> • Evidence that MW Committees and Societies are kept informed and updated about Smoke Free Scotland, its implications within the club premises and smoking cessation activities. <ul style="list-style-type: none"> ○ Monitoring Minutes of MW Committee Meetings • Newsletter distributed across Scottish coalfield in 2005 • Development of briefing packs by April '06 • Questionnaires sent out (completed Jan '06). • Telephone interviews to generate interest in smoking cessation services and identify volunteers for steering group by Feb '06. • Steering Group meetings quarterly, first meeting in Feb '06. • Increased support from MW Committees for smoking cessation activities. <p>=====</p> <ul style="list-style-type: none"> • Smoking cessation services developed, tailored to the needs of the MW communities and expanded and delivered in the MW society premises. 	<ul style="list-style-type: none"> • Smoking Policies and guidance notes developed by the steering group and issued to all MW Committees by July '06. • ASH Scotland and SE provide support and guidance in the development of policy documents. <p>=====</p> <ul style="list-style-type: none"> • Smoking cessation support available to all club members rising from 12 to 25 club premises by Aug '06 • Attendance of MW society smokers to smoking cessation services to increase from 40 to an estimate of 350 • Use of premises to increase from 6 to 12 by April '06 	<ul style="list-style-type: none"> • Smoking Policies and Guidance Notes in all Miners' Welfare Societies <p>=====</p> <ul style="list-style-type: none"> • Smoking Cessation Services available to members in all Miners' Welfare Society premises by December '06.

3. FEASIBILITY STUDY AND NEEDS ASSESSMENT

Long-term Outcome: Reduction in smoking rates amongst Miners' Welfare Societies (particularly older people) leading to a decrease in smoking related disease

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time:</p> <ul style="list-style-type: none"> • Ian McAlpine (lead) • Support in the form of information about tobacco, inequalities, events, costs and finances from: • LHCC Tobacco Control Leads • Smoking Cessation Coordinators • Health Promotion Departments • ASH Scotland • STCA • Scottish Executive Implementation Group • CISWO Health Worker <p>Financial support from:</p> <ul style="list-style-type: none"> • ASH Scotland £3,000 ○ Salary Contribution £2,500 ○ Travel & Subsistence £250 ○ Feasibility Study £250 	<p>Feasibility Study & Needs Assessment: Gathering evidence through questionnaires & telephone interviews with MW Committee members.</p> <p>Public Health information about smoking prevalence, deprivation, and smoking related disease amongst MW communities.</p> <p>Application for further funding submitted to ASH and the National Lottery Fund based on the Feasibility Study, to justify investment to develop a smoking cessation service within all Miners' Welfare Societies and their premises.</p>	<p>ASH Scotland, LHCC tobacco control leads and HP Departments, provide tobacco and smoking related morbidity data and information for the Feasibility Study & Needs Assessment.</p> <p>Smoking Cessation Coordinators supply data about the numbers of smokers attending services within the MW premises, numbers of quitters etc.</p> <p>Telephone interviews of management committee members (By Feb '06)</p> <p>Smoking Cessation co-ords asked to seek views of MW community smokers who have attended smoking cessation</p> <p>Questionnaires sent to MW committee members analysed(27 out of 53 already returned by Nov 05)</p> <p>Follow ups by telephone to increase to 24 questionnaire returns by Dec '05</p>	<p>Submission of a feasibility study to ASH Scotland outlining the scale of the problem, potential benefits and barriers of a smoking cessation service and tobacco policies within the MW communities.</p>	<p>A Needs Assessment completed by Aug '06 that forms the framework to support tobacco control and smoking cessation services for the MW community and will form the baseline information for a 'before and after' study.</p>

Appendix 3: CISWO Topic Guide for Case Study

Semi-structured telephone interviews to be conducted with members of the Miners' Welfare Community in Scotland.

1. What is your role in the Miners' Welfare Association?
2. How long have you been in that role?
3. Are you aware of Ian's suggestion to enable smokers to access support to quit, either by attending a group in the community centre or by signposting members to a local quit smoking clinic?
4. If yes, what do you personally think of the idea?
5. Do you have any concerns?
6. What are the barriers and challenges of dealing with smokers in the MW community environment?
7. What do they think other members thought of the idea?.Were they supportive? (Prompt - Do they believe they should have a role in raising the profile of smoking?)
8. Do they now have quit smoking clinics in the club or do they signpost people to a local NHS one?
9. Do they have good relationships with other local organisations, in particular the NHS and if so in what association?
10. What is your overall opinion of Smoke Free Scotland?
11. What impact if any has this had on the club and its members (Prompt, financial, membership)?
12. What else would they like to see happening in relation to smoking or health in general (Prompt – alcohol abuse, lifestyle & diet)? Do they think the MW community centres should take an interest in these subjects?

Key objectives from ToC:

(If these subjects not covered in answers ask supplementary questions related to the 3 key objectives.)

1. Win over the hearts and minds of the Miners' Welfare Communities and raise the profile of smoking as a health issue.
2. Forge partnerships and networks with other organisations in order to support and encourage smoking cessation, the use of their premises and build local capacity/volunteer support of the scheme and tobacco-related issues.
3. To conduct a feasibility study/needs assessment that compiles the evidence required to submit a bid for CISWO to recruit a health worker that can take all these objectives forwards.

Appendix 4: CISWO Smoke-free Questionnaire Results

A SMOKE-FREE QUESTIONNAIRE WAS FORWARDED TO 53 MINERS' WELFARES ACROSS SCOTLAND. The following are the results

1. Only 40% of Management Committees had discussed the forthcoming legislation at a formal meeting.
2. Only 25% had devised a plan to help implement it within their Miners' Welfare, however,
 75% had provided information about the new legislation for members and staff such as posters and CISWO newsletter on notice board
 1% had already gradually reduced the areas where smoking is permitted.
 8% were providing information leaflets about the effects of smoking and passive smoking
 1% had provision for No Smoking Signs in prominent places
 4% had provided training for committee and/or staff around the law
 15% made provision of stop smoking classes within the club
 20% had made contact with local smoking cessation advisors
3. When asked who do you think will benefit from having a smoke free environment within the Club the response was:-

Staff	Yes 50%, No 50%	Members Yes 25%, No 75%	Guests/User Groups Yes 25% No 75%
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4. When advised all Health Boards have services locally which provide support for people who are trying to stop smoking and asked are you aware of any within your area 25% said Yes and 75% said No.
5. 35% confirmed they have already or intend to plan to contact them to see if they would provide support to members
6. 90% confirmed they will be willing to allow the premises to be used for a stop smoking support group
7. When asked do you think there would be a demand for this service within your Club from Members / Staff / User Groups /wider Community? 35% said Yes and 65% said No.
8. When asked how many people do you think would be interested the response was
 1 – 10 [25%], 10 – 20 [20%], 20 – 50 [50%], 50 – 100 [5%], 100+ [0%]
9. When advised CISWO are considering holding a seminar to help explain the new legislation and look at practical ways to help you implement the ban. 35% responded positively with a wish to attend.

10. In order to make best use of this seminar and ensure it is relevant the MW was asked to list 3 things that would be helpful to include. The following was listed

1. more practical details of implications of legislation at 26th March
2. smoking shelters – planning/environmental health issues
3. what grants available if any
4. what partnership support available to help deliver smoking cessation classes
5. support availability to train/support local volunteers based at MW's

11. When asked would a member of your Management Committee be interested in joining a CISWO steering group to assist?
10% said Yes, 80% said No and 10% said Possibly.

4 gave full contact details of a volunteer.

12. When advised each year National No Smoking Day normally takes place on the second Wednesday of March, and asked would you be willing to undertake some No Smoking Day activity on the day. 5% said yes.

It was requested that completed questionnaire be return by 31st August 2005 in the Stamped Address Envelope provided

ONLY 12 WERE RETURNED AND ANOTHER 28 WERE SUCCESSFULLY COMPLETED BY TELEPHONE OR BY PERSONAL VISIT BY 2005.

The above is the Survey result, based on 40 out of the 53 who responded.

**Ian J.S. McAlpine
CISWO (Scotland)**

7. If not, are there plans to provide one? Yes / No
8. Have you provided any of the following support to smokers?
 Making contact with your local smoking cessation advisor Yes / No
 Helping to organise 'stop smoking' classes within the Club Yes/ No
 Providing information leaflets about the effects of smoking,
 passive smoking and support classes available in the Club or the
 wider community Yes / No
9. How many smoking cessation classes have been arranged at the Welfare to date?

10. How many people have attended?
11. Please detail the contact person who organised the classes:
 Name.....
 Phone No.....
12. If you have not already provided any of the above support to smokers, would you like help to do so? Yes / No
13. Do you agree Miners' Welfares should be involved in promoting a healthier community as part of their charitable objectives? Yes / No
14. Do you agree Miners' Welfares should provide practical support to help people with health issues like:
 Smoking? Yes / No
 Alcohol Yes / No
 Healthy Eating Yes / No
 Exercising/activities to enjoy Yes / No
15. Would a member of your Management Committee be interested in joining a CISWO Steering Group to assist? Yes / No
 If yes, please give name and contact tel no of volunteer
 Name
 Tel No

Thank you very much for your time.

Name.....Position.....

Miners' Welfare Scheme

Contact phone No.....

**Please return ASAP to
 CISWO, second Floor, 50 Hopetoun Street, Bathgate, EH48 4EU
 YOUR FEEDBACK WILL BE INVALUABLE**