

# **It's Time.....**

## **Final-Project-Report**

**West Lothian Drug & Alcohol Service  
(WLDAS)**

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## Executive Summary

There were two overarching aims of the It's Time initiative. The first was to develop an accessible, user-friendly and community focused service for smokers, aged 50 and over, who might, once engaged with the service, have wished to stop smoking. The second was to increase awareness among health professionals in both statutory and non-statutory agencies of the effects of smoking and the cessation support needs for older adults. It's objectives were to work with appropriate clients on an individual or group basis in community and leisure settings as appropriate and to engage with link agencies who have a proven track record of service provision and/or leisure provision with the over 50s.

Present NHS Stop Smoking Services appear to be well used by older smokers in the 50s and 60s age groups. However, It's Time has demonstrated that there is a need for a stop smoking service for older people with special or acute needs, namely people with severe and enduring mental health problems or people who, for whatever reason, are unable or unwilling to leave their homes.

Due to the time limited nature of the It's Time project (15 hours per week), it is difficult to ascertain exactly how great the need is.

There is clearly a need for tobacco awareness training for staff and carers working with this client group. If services are to engage with older clients in a way that is meaningful they need to be aware of the benefits and encouraged to stop smoking. It is disappointing that with all the publicity on the health benefits of quitting, staff and carers still have extremely negative attitudes to encouraging older people to address their tobacco use. These workers, if trained in Brief Interventions, could play a very significant role. Very often, depending on whether these staff are themselves smokers affects how they work with their clients. A need for smoking cessation provision in the workplace was also highlighted for carers who also wish to give up.

People with mental health problems or illness are often reluctant or unable to access mainstream stop smoking services. Careful thought needs to be given to less traditional ways of working in relation to their tobacco use. Stop smoking workers need to have a good knowledge and understanding of mental health and, likewise, mental health workers should be trained in stop smoking work. Cognisance should be taken of the level of commitment and time it requires to engage and work with complex and often challenging behaviour.

## 1. Introduction

The need for the service was identified through existing tobacco services, and reinforced by a study carried out in 2004 (Kerr et al). Stop smoking services are well established in West Lothian. The services have specific provision for adults, young people, pregnant smokers and those socially disadvantaged by life circumstances. There remained, however, a gap in provision of services for older adults who are often disinclined to access services. By taking the service to premises where older people already feel comfortable (e.g. bingo halls, miners' welfare clubs, day centres, sheltered housing etc.) we wanted to access groups who otherwise may not attend services or consider stopping smoking as a worthwhile or achievable target. This initiative was viewed as a significant move towards the provision of a fully comprehensive range of stop smoking services in West Lothian. The aim of this was to address the specific requirements of older people in the community by utilising age sensitive recruitment strategies, and providing a dedicated, customer-designed service. This agenda was also driven forward through the local Tobacco Alliance - West Lothian Tobacco Issues Group – who are tasked with progressing tobacco control issues in West Lothian.

There were two overarching aims of the It's Time initiative. The first was to develop an accessible, user-friendly and community focused service for smokers, aged 50 and over, who might, once engaged with the service, have wished to stop smoking. The second was to increase awareness among health professionals in both statutory and non-statutory agencies of the effects of smoking and the cessation support needs for older adults. It's objectives were to work with appropriate clients on an individual or group basis in community and leisure settings as appropriate and to engage with link agencies who have a proven track record of service provision and/or leisure provision with the over 50s.

Originally, it was planned that the project would focus on specific geographical areas within West Lothian, but this was not achievable in practice. It was seen to be more beneficial for the project to go where a need had been identified, therefore the project worker operated across the West Lothian area. The project took place mainly in day care centres, nursing homes etc. Contact was made with every GP Practice and Care Home, as well as all residential resources for older people registered with the Care Commission. Contact was also made with local bingo halls, with work being undertaken in Bathgate Bingo Hall. The main work was delivered in places such as Crofthead Nursing Home, Acredale Day Centre, Braid House Day Centre, Linlithgow Nursing Home, Craigmear Interim Care Home and in clients own homes.

The service was aimed at smokers aged 50 and over, as well as the staff/carers who have close involvement with this group. The perceived benefits to the client group were the provision of easily accessible, structured support and advice, which takes into account age specific issues such as long term nicotine dependence and maladaptive coping strategies. The project adhered to an 'it's never too late' ethos, particularly in relation to the health benefits of quitting. With regard to staff/carers, the perceived benefit was an increase in their awareness and knowledge in relation to the effects of smoking, and the cessation support needs of an older age group, thereby increasing referrals for cessation support. An added focus would be for those staff/carers who smoked to consider quitting. In practice, we found that staff from 3 of the 5 services referred themselves into It's Time for stop smoking support, whilst Acredale Day Centre used another WLDAS Tobacco Worker to run a mixed age stop smoking support group for their staff.

Funding of £14,971 was secured from ASH Scotland in order to employ a Project Worker for 15 hours per week, for the duration of one year. Project management and support 'in kind' was provided by WLDAS as the 'host' organisation. Support in setting up the crucial aspect of Nicotine Replacement Therapy was also set up through local NHS stop smoking staff.

## 2. Methodology

The methods used to undertake the project were as follows:

- Employing a worker through WLDAS to provide easy access to stop smoking support, including relevant pharmacological interventions, either in 1:1 or group work settings
- Establishing a steering group to provide guidance and support. This consisted of the local Clinical Nurse Manager – Stop Smoking Services (NHS), local day care centre manager, Alcohol & Drug Use Coordinator (NHS), as well as the Project Worker, Line Manager and General Manager from WLDAS
- Building on existing referral pathways and treatment options as a means of enhancing local stop smoking services
- Formulating referral procedure – as previously highlighted, this was built on existing referral pathways, and mainly involved clients self-referring into the service. Emphasis was also placed on encouraging other health professionals and staff to make referrals into the service when required and appropriate, if they had a smoker over the age of 50 who wanted help with making a quit attempt
- Promoting the new project via a poster campaign and information leaflets issued to all individual GPs, care homes and other appropriate venues/agencies across West Lothian
- Providing a service in non-traditional locations including day care centres, sheltered housing complexes, pensioners' clubs, care homes, as well as commercial premises, e.g. bingo halls, miners' welfares and other clubs
- Launching of the service at No Smoking Day 07 local briefing event
- Working in partnership with other stop smoking team members within WLDAS, as well as those within local NHS stop smoking services. Other partnership working took place as and when required, e.g. provision of information sessions for day care/nursing home staff when requested, co-working with a member of staff from the Coalfields Regeneration Trust and co working with Public Health nurses.
- Collecting client data as per requirements of national data set

### **Needs Assessment:**

At the outset of the project, information was gathered by postal questionnaires and focus groups. This was used to investigate the attitudes of staff to stop smoking services for older people, as well as attempting to identify what they felt the needs were and how these could be met by a service. Postal questionnaires were issued to all nursing homes, day care centres and sheltered housing, although there was a low return rate of only 5 using this method. Alongside this, four focus groups were

undertaken face to face with staff at the beginning and end of the project (using the questions posed in the postal questionnaire). These were carried out in Braid House Day Centre, Crofthead Nursing home, Acredale Day Centre and Linlithgow Nursing Home. Information was gathered from these, along with the returned postal questionnaires.

### **Issues/Problems:**

Due to the constraints of this being a one-off pilot project operating for one year at 15 hours per week, it was initially agreed to focus on 4 geographical areas within West Lothian as a means of providing a focus for the project and best value. However, we quickly realised that this would not work in practice. For a number of reasons, it has been more effective to take the service to where needs have been identified. One of the main reasons for this was the need to access the over 50s group as quickly as possible, again due to limited time. This has meant that the service has gone to where it has been requested, and this was not always within the geographical areas set down at the start. Although this has not lead to any specific changes with regard to aims and objectives, it has meant a slightly different slant on the work of the project. The contact to be made with community centres, leisure centres etc. was included as these organisations were all present in the geographical locales identified, but as the project has been directed elsewhere, contact has not always been made as the 15 hours per week were filled with existing contacts and work. Face to face contact, however, was made with most community centres.

Another issue has been that of the sometimes challenging attitudes of staff working with this client group. The Project Worker has, on occasion, been refused access either to commercial venues (e.g. bingo halls) or residential care homes etc. as the staff can see no merit or value in the work the project is undertaking, or express their own values with regard to smoking issues for this age group.

Overall the biggest issue has been that of time. The constraints of only operating for 15 hours per week have proved frustrating at times. The demands of attempting to carry a caseload of clients, as well as the more developmental aspects of the post around staff attitudes etc. have meant that some elements of the project have not been undertaken to the level we would have necessarily liked. The post holder was also required to undertake the fairly substantial PATH training, which is nationally accredited training for those working in the smoking cessation field. The time constraints have also made it difficult to fit in time for this professional development, with the post holder having to undertake much of this in her own time.

### **3. Results**

For clarity, this section has been divided into relevant sub headings.

#### **Recruitment:**

The post was advertised in the West Lothian Courier, The Scotsman and The Scotland on Sunday in May 06. Interviews were held in June with the successful candidate commencing employment on August 1<sup>st</sup> 06. The post holder is a qualified social worker and mental health nurse.

#### **Induction/Orientation:**

The post holder held a series of meetings with the other stop smoking staff both at WLDAS and with West Lothian NHS staff. Formal induction was undertaken through WLDAS. Regular and ongoing tobacco team meetings were held internally at WLDAS; with wider team meetings also taking place involving NHS stop smoking staff. The post holder was also able to shadow work undertaken by other members of the stop smoking teams, both 1:1 and groups.

#### **Steering Group:**

A short-term advisory group was established to provide guidance and focus for the project. The steering group consisted of the West Lothian Clinical Nurse Manager – Stop Smoking Services, who was able to provide a West Lothian wide context for the work, and offer advice and guidance around Nicotine Replacement Therapy (NRT); a representative from the Over-50s network who provided guidance on how to promote and publicise the service to this age group across West Lothian; the manager of a local Day Care centre, who provided an insight into the needs of this client group; and the local NHS Alcohol & Drug Use Coordinator. The group met regularly every 6 weeks, had a set agenda and kept minutes, including clear action points.

#### **Publicity and Promotion:**

At the start of the project, a local printing company were employed to design (along with the post holder) and print leaflets, posters and information sheets (500 information flyers for services, 2000 information leaflets for clients and 250 A3 posters). Posters and leaflets were sent out to all GP practices, (which included all individual GP's), across West Lothian, as well as residential homes, care homes, day care centres and some sheltered housing complexes. In addition, the post holder also took an ad hoc approach to this by ensuring a continuous supply was to hand when she was out in communities, these would be deposited in places like local cafes, libraries and all community centres etc.

Telephone contact was made with all managers on the Care Commissions' list of residential resources for older people across West Lothian; this amounted to 24 local services. Face to face contact with services was also carried out, including Acredale and Braid House Day Centres, and Crofthead and Linlithgow Nursing Homes. The post holder also met with other service providers across West Lothian, including

members of the West Lothian Council Communities Team (Public Health Nurses), the Over 50s Network and Social Work Service Managers for older peoples services, to discuss the project. The post holder also co-worked with some of these staff at stop smoking events. Alongside this, an article was submitted to New Horizon, a West Lothian Council publication for the over 50s, as well as the West Lothian Council Bulletin which is delivered to all households across the authority.

The project was officially launched at the No Smoking Day local briefing event in January 07. The post holder undertook a small presentation at this event to raise awareness of the service amongst practitioners. This event was fairly well attended by a wide range of professionals.

In January 07, the post holder along with a co-worker set up a stall at Bathgate Bingo Hall as a means of raising awareness of the service and the support it could offer. Leaflets were distributed to all bingo tables and smokers were approached as they re-entered the building after having had a cigarette. This was less successful than hoped as most smokers kept away from the stall and were unwilling to engage with the staff. The management of the bingo hall was very keen to support the service and agreed to ensure publicity would always be available.

### **Needs Assessment:**

At the outset of the project, information was gathered using postal questionnaires and focus groups. This was used to investigate the attitudes of staff to stop smoking services for older people, as well as attempting to identify what they felt the needs were and how these could be met by a service. Postal questionnaires were issued to all nursing homes, day care centres and some sheltered housing complexes, although there was a low return rate from only 5 services using this method (which amounted to a total of 8 questionnaires). Alongside this, four focus groups were undertaken at the beginning and end of the project (using the questions used in the postal questionnaire). These were carried out in Braid House Day Centre, Crofthead Nursing home, Acredale Day Centre and Linlithgow Nursing Home. Information was gathered from these, along with the returned postal questionnaires.

The four focus groups, questionnaires and many discussions carried out with health care and other care staff in various services during the course of the pilot, raised a number of issues. It became apparent very quickly that there was a lack of knowledge and understanding around tobacco and smoking issues for older people amongst care staff in many services in West Lothian. Staff included all levels of care personnel – trained nurses (including those at senior level), carers/care assistants and managers. Some managers and staff were supportive of the service and older smokers' rights to information and a service if they wished to access it. Unfortunately, the majority of staff contacted, held negative views, varying from misguided beliefs or disinterest, to extremely negative views and even obstructive behaviour. Below are some comments from discussions or questionnaires:

*“It’s his only pleasure”*  
*“What’s the point, she’s eighty years old”*  
*“They’re entitled to smoke”*  
*“Leave them alone, they’re quite happy”*  
*“What’s the point? It won’t make any difference now”*  
*“It’s too late now”*

Interestingly, a number of care staff (aged from 50 – 62) were very keen to access the service for themselves, but saw little or no point in offering this to residents/service users who smoked, hence the double standard. One manager of a large residential care home said she did not want the post holder sending information about the service, and would not allow her access to the home, although a number of residents and staff were smokers. The manager herself was a smoker, and informed the post holder that she had received 'special dispensation' within the smoking ban to allow her staff to smoke on the premises. This information was passed on to the appropriate environmental services.

An unqualified member of staff at another home, who was doing well in her quit attempt, was advised by a trained senior member of staff (a smoker) to take off her NRT patch and have a cigarette when she complained of a headache. This client was attempting to quit smoking as she suffered from hypertension.

Undoubtedly, there is a need for staff education as staff need to be aware of the benefits of stopping smoking, regardless of age. Negative attitudes were not held exclusively by staff who smoked, although often they were more defensive in their attitudes and views.

The post holder took opportunities when possible to discuss such issues with staff. This was also the case when supporting staff who were attempting to quit. From discussions and the second set of focus groups and questionnaires carried out near the end of the project, there were some positive shifts in attitudes within the services where the post holder had regularly worked. **However these figures were generally disappointing and the majority of staff still expressed some negative attitudes about smoking and older people, often displaying double standards.** E.g. One sixty one year old carer (an "older" person herself) who had successfully quit with the support of the service and stated that she had found the support invaluable, remained unconvinced that staff should discuss care home residents' smoking with them or offer them stop smoking services. From the results of the questionnaire, many staff have entrenched, negative attitudes around issues of older people and smoking, particularly within the care system.

### **Partnership/Joint Working:**

The post holder has successfully co-worked with stop smoking colleagues from within WLDAS, as well as colleagues from local NHS stop smoking services and other agencies, in addition to It's Time work. Additionally, she has co-delivered a weekly stop smoking group with a WLDAS colleague, and has provided holiday cover for other groups and clients. The project has also been able to build on existing referral pathways internally and externally by providing another avenue of referral for clients who are over 50. Joint work has also been undertaken with a colleague working for the Coalfields Regeneration Trust around raising awareness of tobacco related issues in local miners' welfare clubs.

### **Client Work:**

The project has received 31 referrals between October 2006 and the end of May 2007. Referrals were delayed due to the post holder having 6 weeks compassionate leave at the beginning of the project.

7 referrals were passed on to other agencies due to an excessive caseload: 5 of these referrals went to a WLDAS colleague, 1 was referred to a stop smoking group and 1 was referred to their local practice nurse. The gender split of clients was 21 females and 10 males. The age range was as follows:

50s	11 referrals
60s	12 referrals
70s	6 referrals
80s	2 referrals

Of the total number of referrals received, 11 had diagnosed mental health problems, and 9 were housebound or had difficulty accessing other stop smoking services requiring home visits to be undertaken. Some overlapped, i.e. were housebound due to their mental health problems.

In terms of referral source, 11 clients self-referred in response to publicity; 2 were referred by a GP; 6 were from other stop smoking services; 5 were from older peoples' services such as day care centres etc. and 7 were staff from older peoples' services who were aged over 50.

The number of clients being seen on a regular and ongoing basis varied from between 5 to 11 with the average being 7. Clients were on average seen for a period of 10-12 weeks, with the shortest period being 4 weeks and the longest 24.

Brief Intervention was also carried out with a total of 30 people who were mainly seen in day care centres, nursing homes etc., plus approximately another 20 who were seen on No Smoking Day.

Alongside this, the post holder was involved in a number of groups; these included 1 day care centre and 1 residential care home, as well as a community group. The average attendance at all groups was 3 clients.

The service was taken up by staff in all four services where face to face contact was made. In one service, following contact by the It's Time worker, another WLDAS worker went on to work with a mixed age group there. Many care staff stated the difficulties of accessing traditional services regularly, due to shift patterns.

The results from this pilot would seem to indicate that there is a need for workplace stop smoking services. It could be argued that this may be of particular importance in care and health settings as positively challenging the attitudes of staff would eventually benefit the older clients/residents being cared for.

### **Health and Mental Health:**

Numbers and logistics have already been discussed in detail. In spite of the high numbers of 50's and 60's age group using the traditional services, it can be seen that the majority of smokers who used the It's Time service (this included staff from services) were in the same age range.

It transpired, however, that (staff aside) most of these clients were unable and/or unwilling to use the traditional services. Many clients had mental health problems, or mobility problems, some had both. Some clients were referred from other services, but most self referred, attracted to the project by the offer of a home visit. There were very few inappropriate self referrals. The post holder redirected several

referrals, following initial home visits, to NHS services which these clients could easily access.

Smokers, confined to home due to physical illness or disability, were more likely to be referred by health professionals. Such clients are obviously much less likely to see publicity posted in the community. However, a number of self referrals were received following publicity in the West Lothian Council's publications 'New Horizon' and 'The Bulletin'.

What did become obvious from fairly early on in the project was the need for a specialist service for smokers who have mental health problems as many are reluctant to access traditional services or community services. These clients can require considerable time and support when attempting to stop smoking.

It is now recognised and well documented that people suffering from mental health problems (especially those with severe and enduring mental illness) often have particular problems around smoking. The post holders' knowledge and experience of mental health problems and relevant issues was extremely useful in working with these clients.

### **Training:**

The post holder undertook local Brief and In-Depth Intervention training provided by local NHS Stop Smoking services. Alongside this, has been working on the series of PATH nationally accredited stop smoking modules, having completed the Brief Intervention module and almost completed the Group module. Due to the issues surrounding this client group, particularly in relation to mental health, the post holder also attended one day training on Counselling and Dementia organised by Abertay University. Other training attended has been a 2 day cannabis training course. Within work, the post holder has shadowed a number of other colleagues both within and outwith WLDAS, and has delivered pieces of work while being informally monitored by a co-worker, feedback from this was very positive.

### **Positives & Negatives:**

#### **Positives:**

- The establishment of the steering group has ensured the project develops in line with other stop smoking services in West Lothian. Enabled the service to draw on the knowledge of steering group members in terms of guiding the project in its work and setting realistic objectives.
- The input from other staff, both from WLDAS and local NHS stop smoking staff. In general, all staff have been very welcoming of the project and have shared their knowledge and expertise. They have also been useful in providing links to appropriate services and useful contacts, as well as providing the opportunity for shadowing in their work.
- The ability of the post holder to build relationships with this client group. For example, she spent time at a day centre playing dominoes and taking part in other activities with some older people. This was found to be extremely beneficial in breaking down barriers and alleviating some concerns around

how the service worked. It was always useful to take advantage of these activities when they presented themselves. It is worth noting that this service expressed the most positive attitudes in the follow up questionnaire and has been the most active with continuing referrals. The post holder also has a wealth of knowledge and experience with regard to mental health and mental health training gained from previous posts. This has been extremely useful in light of the 'typical' clients accessing It's Time, many of whom had severe and enduring mental health problems, including dementia.

- Work with patients with mental health problems, particularly the specific knowledge gained from this work. The post holder's background in mental health made her extremely well placed to work with this type of client.

## **Negatives**

- Time constraints – the project was only set up to work 15 hours a week for a period of one year and at times this was frustrating for all concerned, in particular the post holder. A particular issue was the fact that much of the client work had to be undertaken through home visits due to the aforementioned mental health and mobility issues. It also made promotion of the service difficult, as it was found that most referrals were received following face-to-face promotion within other services. It is difficult to carry this out effectively within 15 hours a week to every relevant agency across West Lothian. There has had to be a reliance on posters/leaflets etc., which are not always so effective at generating client interest.
- Continuing on the issue of time restraints; the post holder was encouraged to undertake the accredited smoking cessation PATH training and other relevant training which must be viewed as beneficial to her and especially to the clients. However, this and other training did use a disproportionate amount of time, considering this was a 15 hr post. Training days attended were 8, plus study leave of 30hrs. (The post holder completed additional 40 study hours in her own time). In a full time post this would be manageable. But days absent from the project amounted to 10 days/5 weeks equivalent. Training time, undoubtedly impacted upon time for other areas of the project
- Due to bereavement the post holder was absent on compassionate leave for a period of 6 weeks near the beginning of the project. This meant that the work was delayed, with referrals only being taken from October 06 onwards, rather than August
- Yvonne Kerr took up post as Education Manager a week before It's Time began; this meant both staff were undergoing induction etc. at the same time. This possibly delayed the start of the project, as both staff needed time to become familiar with the nature of the work.
- Part of the aim of It's Time was to measure the attitudes of staff who work with older clients towards stop smoking services. At times, this has been fairly challenging, as some staff and management have been very resistant in allowing the project access to their clients, as they can see no merit in this type of work for older people, although in some cases the staff were very keen to refer themselves for stop smoking support. This has been the case in some older peoples' services such as day care centres and nursing homes,

as well as in more commercial venues such as bingo halls, which overall were extremely unwilling to engage with the service.

- Work with older adults and those with mental health problems is more time consuming, which was an issue in terms of meeting targets.

**Any changes:**

Due to the constraints of this being a one-off pilot project operating for one year at 15 hours per week, it was initially agreed to focus on 4 geographical areas within West Lothian as a means of providing a focus for the project and best value. On commencement of the project, however, we quickly realised that this would not work in practice. For a number of reasons, it has been more effective to take the service to where needs have been identified. One of the main reasons was the need to access the over 50s group as quickly as possible, again due to limited time. This has meant that the service has gone to where it has been requested, and this was not always within the geographical areas set down at the start. Although this has not lead to any specific changes with regard to aims and objectives, it has meant a slightly different slant on the work of the project. The contact to be made with community centres, leisure centres etc. was included as these organisations were present in the geographical locales identified, but as the project has been directed elsewhere, contact has not always been made as the 15 hours per week were filled with existing contacts and work, although face to face contact has been made with most community centres.

## 4. Discussion/Conclusion

There were 2 overarching aims of the It's Time project. The first was to develop an accessible, user-friendly and community focused service for smokers aged 50 and over. The second was to increase awareness amongst health professionals of the effects of smoking and the cessation support needs for older adults. Overall, it would appear that the It's Time pilot project has managed to meet these aims, albeit it on a smaller scale than anticipated.

It was agreed in the early stages of the project that it was not feasible to concentrate on four geographical areas of West Lothian. The reasons for this have been discussed at some length earlier in the report.

It was decided to directly contact day and residential care services in West Lothian. The reasons for this being:

- Due to the time constraints of the pilot project the aim was to contact service users and care staff as quickly as possible
- To make contact with the 'older' section of the over 50s age group, who use the above services and who are more vulnerable and more unlikely to be able to make direct contact with existing Stop Smoking services (this being one of the original aims in the project application)

Early discussions with the Clinical Nurse Specialist for stop smoking services in West Lothian demonstrated that present NHS services were well used by smokers in the 50's and 60's age groups. However, It's Time's figures demonstrated that the majority of clients who used the It's Time service were also in this age group. As discussed earlier, many of these clients had mental health problems and were either unwilling or unable to attend traditional stop smoking services, preferring to be seen at home. Some clients aged over 70 also had mental health problems.

There is a need for specialist stop smoking services for people who have mental health problems, both for those who live in the community and also for patients in psychiatric units/hospitals.

Two WLDAS workers have recently been involved in working with staff and patients in two psychiatric wards at St John's hospital. They have encountered similar negative attitudes from staff as was experienced by the It's Time project worker. Staffs have also expressed concerns regarding possible management problems with patients if they are discouraged from smoking.

Whilst the present smoking ban excludes psychiatric wards and units, there are plans to eventually ban smoking from all hospital premises. There is a need for preparation for this and education and support for staff and patients who smoke.

## 5. Recommendations for Future Work or Research

- There is a need for a specialist service for older people.
- There is a need for a specialist service focusing on the smoking cessation needs of people with mental health problems/illnesses as most are often reluctant or unable to access more mainstream services. It is important that any staff taking on this work have a sound knowledge and understanding of mental health, as for this client group there are specific issues in relation to their tobacco use. Another factor in this is that of time, working with this type of client group requires a more ongoing commitment, often requiring home visits. There are also issues around building up relationships and trust with the clients. This would need to be taken into account in terms of meeting targets and working within agreed client caseloads
- There is a need for education and training initiatives aimed at staff/carers working with this age group. Initiatives should focus on the areas of tackling negative attitudes as well as making staff/carers aware of the local services they can access for their clients. Another useful piece of work would be the training of staff in the delivery of Brief Intervention
- There is a need to provide smoking cessation services for staff and carers within the workplace. This was highlighted through the relatively large numbers of staff who self-referred into the project for support, even if they felt it was not relevant to their clients. As well as benefiting the staff/carers directly, this approach would also benefit clients as it would be hoped that the knowledge and information gained would filter down to those in their care

## **6. Dissemination**

All the findings from the It's Time project will be disseminated to a wide range of colleagues and agencies. This was envisaged from the start of the project. Copies of this report, along with the findings from the focus groups, will be circulated to colleagues within the Tobacco Issues Group, all members of the steering group, as well as the agencies who were involved in the project, such as the day care centres.

The report will also be issued to a wider audience, such as local Community Planning teams within the local council, as a means of raising awareness of work that has been undertaken and what the ongoing issues and concerns are. This will enable planners to take into account work already carried out, and so avoid duplication, whilst also hopefully offering some guidance about what is/is not effective in this area.

## **Appendix/Appendices**

<b>Appendix 1</b>	<b>Questionnaire</b>
<b>Appendix 2</b>	<b>It's Time Poster</b>
<b>Appendix 3</b>	<b>It's Time Leaflet (Clients)</b>
<b>Appendix 4</b>	<b>It's Time Information for Services</b>

## Appendix 1.

### “It’s time”

#### West Lothian Drug & Alcohol Service

#### Questionnaire

1. What is your occupation?  
Day Centre Manager / Staff   
Care Home Manager / Staff   
Other, please specify: \_\_\_\_\_
  
2. When an older person first visits your service, would you normally enquire if he / she smokes? Yes  No
  
3. Do you record whether clients smoke? Yes  No   
If Yes, where would you record this information?  
\_\_\_\_\_
  
4. Would you normally discuss smoking with clients who smoke? Yes  No   
If yes, would this be related to:  
a) giving information about smoking areas etc Yes  No   
b) discussing health issues Yes  No   
c) other, please specify:  
\_\_\_\_\_
  
5. Are you aware of any stop smoking support services in this area? Yes  No   
If Yes, please specify:  
\_\_\_\_\_

6. Are you aware of any specialist stop smoking services for older people? Yes  No

If Yes, please specify:

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- If No, do you think such a service would be useful for older people? Yes  No

7. Have you ever referred client(s) to a stop smoking service? Yes  No

If Yes, please specify:

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8. Do you feel, in your professional role that it is appropriate for you

a) to discuss smoking issues with clients? Yes  No

b) refer clients to a stop smoking service? Yes  No

9. Would you like information / education about:

a) older people smoking? Yes  No

b) stop smoking services? Yes  No

10. How do you think you might make use of this information?
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11. Do you think that there may be particular problems for older people stopping smoking? Yes  No

If Yes, please specify:

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Thank you for your help in completing this questionnaire

November 2006