

Tobacco & Inequalities project

Tobacco Work in the Community


Briefing paper one



conclusions



funding



evaluation



Autumn 2003

ASH Scotland

Action on Smoking & Health Scotland

Tobacco Work in the Community

The ASH Scotland *Tobacco and Inequalities Project* ran for three years from 1999 to 2002, and built upon the work of the *Women, Low Income and Smoking Project*, which is described in the publication *Breaking Down the Barriers*.

The aims of the *Tobacco and Inequalities Project* were:

- To support the development of community based services to encourage the reduction of smoking amongst people living on low income.
- To develop evaluation approaches relevant to those undertaking smoking based work at community level.
- To support national, regional and local initiatives developed in response to White Paper on Tobacco, *Smoking Kills* and the White Paper on Public Health, *Towards a Healthier Scotland*.

A report is available, the *Tobacco & Inequalities Project Evaluation Report*, which describes the activities of six initiatives which received small grant funding of up to £10,000 to undertake community based tobacco work. It presents the process and findings of the evaluation of their work, and outlines the development and dissemination of *The Evaluation Journey: An Evaluation Resource Pack for Community Groups*.

The purpose of this series of briefing papers is to provide further information on specific aspects of the project that will assist practitioners and policy-makers interested in developing, funding and evaluating community based tobacco work. The briefing papers draw upon the experiences and work of the initiatives, which were based in a range of settings within urban, rural, and island locations.

Facilitators and participants, and an independent evaluator recorded the work of the initiatives. In this briefing paper we present evidence from each of these sources on issues and challenges in community based tobacco control and smoking cessation activities.

Introduction

The six initiatives funded by the *Tobacco and Inequalities Project* developed a range of work including:

- Drama workshops in schools.
- Production of a video based on investigations by young people into the attitudes and opinions around tobacco amongst smokers and non-smokers in their community.
- Groups whose work explored the place of tobacco in their lives and alternatives to its use.
- The introduction of a tobacco policy in a community facility.

Within the context of community development, initiatives used a range of approaches and methods, which were considered to offer potential for innovative learning (Gaunt-Richardson et al., 1999; ASH Scotland, 2003). A comprehensive overview of the structure and contents of the initiatives is provided in Chapter 3 of the final report (ASH Scotland, 2003)

Recording and Evaluating the Work of the Six Initiatives

The recording and evaluation of the work of the initiatives was considered crucial to the on-going development of this project as well as providing learning to share with others. The methods used to record work varied, and included keeping minutes of meetings; the collection of information about numbers of participants, content of sessions and nature of outputs; photographs; and videos. Evaluation data, i.e. that which enabled the initiatives to make a critical assessment of their work, included a combination of interviews, focus groups, diaries, photographs and questionnaires.

An independent researcher was employed by ASH Scotland to undertake an overall evaluation of the work of the six initiatives. The evaluator collected information using methods that included interviews and focus groups, within an action research approach. Thus, continuous feedback about the information that was being collected, and the issues which were emerging, was provided to the initiatives. For further detail see Chapter 4 of the final report (ASH Scotland, 2003).



Recruitment

Recruitment can be a challenging aspect of community work, and this is particularly so for sensitive issues such as tobacco control. Across the initiatives a range of methods were developed; posters, leaflets, videos, “bring-a-friend” events, and the use of personal and professional networks.

Some initiatives took longer than others to recruit participants, especially young people. Challenges to recruitment and participation included:

- The proliferation of short-term funding for projects in some disadvantaged communities, made local people cynical about such work.
- Lack of confidence amongst people who had already placed themselves as beyond help.
- Concerns about being seen to be involved in a health / tobacco project which, particularly for young people, could be embarrassing.
- Administrative issues such as poor availability of child care, cancellation of meetings and lack of appropriate space or resources for activities.
- Policy changes during the lifetime of the project, which resulted in enhanced access to Nicotine Replacement Therapy and Zyban. For some participants these were perceived to offer ways of giving up that were viewed as easier.

The recruitment skills of facilitators were crucial. The most productive methods of recruitment proved to be friendship and professional networks amongst those already using a community facility or project; and recruitment from pre-existing groups. Some facilitators had experience of recruitment to activities on what may be considered less popular topics and were well placed to collaborate with other projects; targeting was necessary as time was limited. Further detail of recruitment and participation is provided in Chapter 6 of the final report (ASH Scotland, 2003).

Introducing Tobacco and Smoking Issues

Programme development and impact are considered in detail in Chapter 7 of the final report (ASH Scotland, 2003). In summary most initiatives, drawing on previous experiences, adopted group

work as their method of working. This was developed to meet the needs of a wide variety of people. The groups ran for periods ranging from five weeks to several months. In their early stages, the programmes did not necessarily emphasise smoking and tobacco.

Facilitators and participants started with agendas, negotiated locally, that emphasised health and lifestyle issues. The community development approach provided flexibility to meet the changing needs of participants as they expressed interest in tobacco and smoking. Gauging when and how to re-assess the agendas of participants required strong group work skills and local knowledge on the part of facilitators. Where facilitators tried to move groups on too fast, participants expressed concerns and were reluctant to remain involved. Participants should have the freedom to relax the tobacco focus for a period as this promoted the retention of participants as well enhancing involvement.

The facilitators’ knowledge of tobacco and smoking issues varied. ASH Scotland provided background information and access to specific training, as did local health and related services. Materials providing information about smoking statistics; tobacco and health; health policy; and tobacco smuggling were considered to be useful. However, guidance was requested on how this information might be used in the development of community-based activities. In addition, some facilitators had to gain skills relevant to innovative activities such as drama work and video production.

Involvement of Non-smokers

A number of groups started their programmes with general health work, and their membership and facilitators included non-smokers. Involvement in the groups enabled non-smokers better to understand the difficulties that smokers find in trying to stop, and to use this in other areas of their lives: for example, in addressing tobacco use by their children.

Participants and facilitators commented that the inclusion of non-smokers added value by providing



the groups with a different perspective. However, although non-smokers were generally perceived to be supportive of smokers who were trying to stop, some smokers felt that those who had never smoked could not fully understand the difficulties in quitting. Some participants felt strongly that non-smokers and health professionals were judgemental about smokers and smoking.

Work with Children and Young People

This work focussed on tobacco education. The learning regarding tobacco issues took place in the course of the opportunities offered:

- To take part in a new activity; drama workshops, interviewing others for video work.
- To work with different facilitators on topics of the young peoples' own choosing.
- To learn new skills such as using video equipment and editing videos, and devising questionnaires.

The work with young people and children was based on the same principles of participation as the other funded work. Facilitators reported this target group as having considerable interest in issues around the tobacco industry and advertising. For the drama work, children improvised the plot and dialogue of a play around tobacco themes suggested by facilitators.

Teachers, youth workers and facilitators reported that there were a number of positive benefits for the children and young people who had taken part in activities:

- They had learned more about tobacco and its effects on themselves and others, and had been able to discuss these issues in the context of their own lives.
- They had considered peer influence, its effects, and strategies for countering it.
- Some who had been teetering on the brink of becoming smokers, had drawn back as a result of their learning, in the opinion of their youth worker.
- There had been personal gains in the form of increased self-confidence, new skills and experiences, and recognition of their place in their communities.

Organisational Context and Partnership Working

The initiatives were working in a variety of settings, and those which were linked with local authority, health service or voluntary organisations, could potentially gain additional support and resources. Equally, these contexts could be a challenge to the development of work. For example, others might not fully appreciate the community development approach, the time and resources necessary to establish community work, and the particular issues posed for recording and evaluation (see ASH Scotland Briefing Paper 3, 2003).

For some initiatives there were few local resources or organisations available to offer support to community work. In these localities facilitators had to work hard to generate enthusiasm among local people.

Forming partnerships with local services (for example, schools, health centres and cessation services in primary care and related services) also took time. This was particularly so where partners did not have previous experience of community development work. On occasions attempts to develop partnership working brought to the fore professional and social differences and these were evident in approaches to smoking cessation. For example, during the life of the project, tobacco services in primary care were dominated by the introduction of Zyban and the increased availability of Nicotine Replacement Therapy. These policy initiatives, while welcome, did prove to be time consuming for local health services and restricted the time available to work with community organisations.

Further evidence from the overall evaluation on capacity building, partnership working and sustainability can be found in Chapter 8 of the final report (ASH Scotland, 2003).

References

- Department of Health (1998) *Smoking Kills: Tobacco White Paper*. London: The Stationery Office.
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Practice and Policy Implications

Recent health strategies have emphasised the value of work in and with communities to tackle inequalities in health. This includes undertaking tobacco work, not least because of the prevalence of smoking in areas of relative deprivation. Health Boards, as public health bodies, should consider how best they can support community organisations to develop outline plans for potential future work.

However, such work is resource intensive, because tobacco occupies a complex place in people's lives, and in some communities its use is normalised. Supporting successful cessation therefore requires workers with strong skills and a knowledge base that gives them confidence to undertake innovative work. There is a need therefore to ensure that training and follow-up support are readily available. This training should include tobacco issues and also group work, negotiating, planning, and evaluation skills.

Because of the complexity of the issues surrounding tobacco use, organisations undertaking tobacco work should ensure that their work plans factor in sufficient time for recruitment. They should also be encouraged to consider all the networks with which they have contact, in order to reach as many potential recruits as possible.

The use of community development approaches to smoking cessation has been successful, but organisations undertaking tobacco work should be encouraged to recognise that cessation will not be an immediate outcome for many of the participants. By its nature, this method of working will result in changing objectives as participants contribute to the development of the programme, and funders should understand and be supportive of this.

Key Points

Developing, maintaining and sustaining community based tobacco control and smoking cessation activities is challenging. The evidence presented demonstrates the potential to develop a range of activities through community development initiatives and partnerships funded by small grants. People who had been involved, directly or indirectly, in the work of the six initiatives in the Tobacco and Inequalities Project described a range of experiences and issues. Key points to share with community groups, practitioners and policy makers are:

- Recruiting participants to smoking cessation activities is challenging, needs time, a variety of methods, and a willingness to begin by addressing issues which are not immediately central to the aims of the programme.
- Young people can be encouraged into tobacco work through considering issues around the tobacco industry and advertising, and this involvement can increase their confidence in themselves as members of their community.
- Gauging when to introduce smoking cessation into a programme requires that facilitators not only have good knowledge of tobacco issues but also strong group work skills and the confidence to be flexible in their approach. Training in tobacco work is also helpful in maximising the benefits to participants.
- Participation in tobacco work is jeopardised by judgementalism, and this is a key issue in programme development for groups which include non-smokers.
- The development of local partnerships is time consuming and requires willingness to overcome differences in approach, but can provide resources for recruitment, training, and community based activities.



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the Tobacco and Inequalities Project

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