



Working for a tobacco-free Scotland



EXECUTIVE SUMMARY

PRACTITIONERS' BASELINE SURVEY

Reducing Families' Exposure to Second-Smoke in the Home: Survey of Professionals working with Families and Children

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A Report by ASH Scotland

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<http://www.ashscotland.org.uk/ash/7986.1819.html>

EXECUTIVE SUMMARY

1. Background and aims

The REFRESH project has been funded by the BIG Lottery Fund and involves a partnership between ASH Scotland and the Universities of Aberdeen and Edinburgh. The main aim is to deliver a portfolio of research to develop tools for professionals working with children and families to help them reduce children's exposure to second-hand smoke (SHS), particularly in deprived communities.

One element of this research study is the baseline survey of practitioners working with families and children. The aims of this survey were to identify the current knowledge and attitudes of Scottish practitioners relating to SHS and its effects on children's health, and to identify gaps in information and training on SHS exposure in the home.

2. Method

The survey collection method utilised an online survey tool. The baseline survey was designed by ASH Scotland staff with input from the REFRESH research board and project management group. The survey was distributed between July and September 2010 through a range of Scottish statutory, voluntary and private sector practitioner networks that work with children and families.

The survey used a mixture of multiple choice questions and open-ended comment boxes to allow for further observations from respondents. A descriptive analysis of the data was conducted with further crosstabulated analysis to identify differences in confidence and knowledge levels across professional sectors and by training and advice/information provision.

The online survey was started by 551 people with a 70% (n=388) completion rate.

The survey will be repeated in three years to identify any changes in practitioner attitudes, knowledge and confidence concerning SHS exposure in the home.

3. Main Findings and Implications

The main findings from this baseline survey of practitioners indicate that there is strong interest in the subject of SHS and its effects on children's health and a general desire to engage in the issue of protecting children from SHS.

3.1 Practitioner Confidence

Practitioners have indicated they have more confidence in *raising the issue* of SHS than *helping parents to reduce* SHS exposure in the home. Confidence is also higher when working with non-smoking parents/carers than smoking parents/carers.

Practitioners who had received training or information on SHS were more likely to report higher confidence levels than those who had not had training or information.

Some practitioners are wary of raising the issue of SHS in the home with smoking parents/carers because they think this might jeopardise their client/worker relationship. A small number of practitioners also noted that some parents/carers can be aggressive or confrontational when challenged on certain behaviours.

A further key finding was that smokers (n=34) and ex-smokers (n=144) were more confident compared to never smokers (n=237) in their ability to raise the issue of SHS and help parents who DO smoke to reduce SHS in the home. On the other hand smokers were less likely to think they would benefit from SHS advice and information or training than ex- or never smokers. This may indicate that smokers and ex-smokers have a greater understanding and empathy with smoking parents that translates in to increased confidence in raising the issue. However further work is required to explore this relationship.

3.1.2 Implications for further research

- It is worth exploring whether the common challenge expressed by practitioners, namely a fear of jeopardising the client/worker relationship are based on perceptions or actual experience. Such research may be useful in identifying strategies used by practitioners to lessen this risk.
- Further research on the practitioner experience, including the influence on practice of practitioner attitudes to smoking, would add to the limited body of work already available within this particular area.
- Research that measures the links between practitioners' smoking status, working practice and client outcomes would be worthwhile to identify whether there are any benefits in terms of being able to effect changes in parent/carer smoking behaviours if the message comes from a current or ex-smoker.

3.2 Training and Information

The survey identifies that the primary barrier for practitioners raising the issue of children's SHS exposure in the home is a lack of training. A number of practitioners in this study stated they would find it useful to learn from other practitioners' experiences, particularly in raising the issue of SHS in a non-confrontational manner.

This study has also highlighted a gap in practitioners' knowledge on SHS and its effects on children's health, particularly within the Early Years and Dental sectors. Just over half of the respondents thought they did not have the knowledge and skills to deliver SHS advice and two-thirds had not or could not remember having received any advice or information on SHS and its effects on children's health. Of these, the majority thought they would benefit from SHS advice and information.

In terms of training and information provision, this study has identified a strong association between training and self-reported confidence levels whilst research elsewhere has shown a positive association between training and attitudes (Condliffe, McEwan and West, 2005).

3.2.1 Implications for Policy and Practice

- There is a clear need to provide a range of training on:
 - SHS and its effects on children's health
 - How to raise the issue with parents/carers in a non-confrontational way and
 - Practical advice on how to help parents/carers reduce smoking in the home.
- Information and advice should be standardised and be applicable across all health-care and service delivery sectors working with families and children.
- Service providers and planners should consider including SHS messages as part of their routine practice or organisational policy.
- Furthermore it would be helpful to embed SHS within current professional development programmes associated with the particular sectors that most closely work with families and children.
- Information and training should be targeted at those areas that have expressed less confidence and knowledge such as the Early Years and Dental sectors.

3.3 Practitioner Attitudes on SHS and Children's Health

Just over two-thirds of the survey respondents believe it is their role to raise the issue of SHS exposure in the home with parents/carers. However when analysed across sectors, Early Years' practitioners are less likely to consider that raising the issue of SHS is part of their role.

There is clear support for smoke-free policies that protect children from SHS exposure and agreement on the dangers posed by second-hand smoke on children's health.

3.3.1 Implications for Policy and Practice

Embedding SHS training, advice and information in organisational policy would facilitate practitioners' interactions with parents/carers and build on current levels of motivation to ensure parents/carers are aware of the effects of SHS on children's health.

3.4 Parents Knowledge of SHS and Children's Health

Practitioners report that parents generally lack an understanding of SHS and health messages although this 'lack of understanding' does not necessarily indicate that parents are resistant to child health messages.

3.4.1 Implications for Policy and Practice

- Policy makers at both national and local level should look at the feasibility of a general awareness raising campaign on SHS exposure among the general population through national and/or local media and other outlets.