



Working for a tobacco-free Scotland



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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EXECUTIVE SUMMARY

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.

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.

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.

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.

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.

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).

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.

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.

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.

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.

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.

1. INTRODUCTION

ASH Scotland in partnership with the Universities of Aberdeen and Edinburgh has been funded by the BIG Lottery Fund 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.

There are three main strands to the REFRESH project. These include:

- i. An intervention designed to provide bio-feedback on air quality within the home to parents. The intervention will test whether providing biofeedback measures plus standard advice is more effective in motivating behaviour change (a reduction in smoking in the home) than providing standard advice alone.
- ii. Desktop research which includes the baseline survey of practitioners, a mapping survey of smoke-free home intervention in Scotland and a literature review, and
- iii. Qualitative research with parents, practitioners and policy makers.

1.1 Background

To date, there is limited research into professionals and policymakers' views on SHS exposure in the home, and the implications for policies and interventions to reduce smoking in the home.

A recent qualitative study by Ritchie et al (2009) exploring the views of 'experts' in Scotland with tobacco control and community development experience identified that they were aware of the 'sensitivities' of the boundary between the 'private' home and public health interventions. The experts agreed that education on the harms caused by SHS needs to be embedded in the wider general population. They also identified gaps in professionals' knowledge of the risks of SHS in the home on children's health and effective interventions, such as whether to implement a stepped approach similar to the pledge programmes¹ or whether to advocate a complete smoke-free homes approach. In addition it was noted that some professional health workers are reluctant to address the issue with parents for fear of damaging relationships with parents. Thus they identified a need for suitable training and information for professionals on both SHSE and the development of appropriate attitudes and skills for professionals to work effectively with parents and carers who smoke. There was agreement that there is a need for an up-to-date review of evidence to inform key messages and feed into existing and new initiatives. It is important that these messages are clear and consistent, with coordination between national and local bodies. Policies around smoke-free homes should also be cognisant of the environmental and socioeconomic circumstances of families in order to avoid disempowering or stigmatising parents. However this needs to be balanced with the rights of children to a healthy environment; in

¹ Smoke-free homes **pledge programmes** are designed to encourage parents to make a commitment to reduce smoking in the home either incrementally or completely. For example, using a stepped approach whereby if a parent makes a gold pledge they agree to make their home an entirely smoke-free zone and those making a silver pledge agree that any smoking will be restricted to one well-ventilated room in the home and that children are never present while people are smoking.

particular those children who are ill and susceptible to the risks of SHS in the home and elsewhere (Ritchie et al, 2009). A similar study with Pacific policymakers identified a preference for a 'bottom-up' approach that incorporated community controlled activity (Lanumata, Thomson and Wilson, 2010).

A focus group with 10 health professionals from Glasgow found that while they promote both stop smoking and SHS messages to parents, much depends on the circumstances and environment within the home. They were conscious to avoid telling people 'what to do' and felt their role was to give the best information possible and leave the clients to make their own choices regarding smoking in the home however there was evidence of inconsistency in these messages. This is unsurprising as only midwives attend annual update sessions on SHS, health visitors and practice nurses do not. The authors recommended training across the range of health professionals which would improve the consistency of messages given to parents (XL Communications, 2009).

There are a number of studies that have explored medical professionals' attitudes to smoking. In a small study in a London hospital, 78 maternity staff were asked a series of attitudinal questions relating to smoking and pregnancy. The authors concluded that although the maternity staffs' reported attitudes were supportive of their role in smoking cessation, they did not translate into practice and the level of smoking cessation interventions was low, suggesting a gap between attitudes and behaviours. However they did find a positive association between smoking cessation training and attitudes, although the effect on their practice was small (Condliffe, McEwan and West, 2005).

A report from a Glasgow smoke-free homes intervention (based on a pledge system) identified a number of barriers regarding parents' uptake of the intervention. The initial route chosen to recruit parents into the intervention was via nursery and primary schools with parents of asthmatic children initially targeted. Reflecting on the work undertaken, the coordinator reported some resistance amongst the head teachers. Concerns were raised about 'singling out' children who were inhaler users; others thought it was not the responsibility of the school to provide information on smoking behaviour in the home as it might jeopardise existing relationships with parents; and concerns were raised about the time and effort required from schools to promote the project (Cornwall, 2007).

In summary, there is currently very little national or international literature on professionals' views on smoke-free home interventions. The literature has though identified gaps in a range of professionals' knowledge of the risks of SHS exposure on children's health, and inconsistency in the advice and information given to parents and carers. Training on the effects of SHS on children's health is required across a range of professions who are in contact with families and children. Training that is consistent would improve the advice and information that is relayed to parents and carers.

1.2. Aims

The aims of the baseline survey are to identify the current knowledge and attitudes of Scottish practitioners that work with families and children relating to SHS and its effects on children's health, and to identify gaps in information and training on SHSE in the home.

The findings from this survey will assist in targeting information and training provision for health professionals working with children and families. This will help to improve their understanding of issues relating to SHSE and its effect on child health and enhance further policy and practice related to reducing second-hand smoke exposure in the home.

2. METHODS

The baseline survey was designed by ASH Scotland staff with input from the REFRESH research board and project management group.

The structured survey utilised multiple choice questions with open-ended comment boxes to allow for further observations from respondents. The questionnaire can be reviewed in appendix 1.

The online survey tool Survey Monkey™ was used to compile the survey and collect responses thus ensuring wide geographical and professional coverage. The survey was distributed between July and September 2010 through a variety of Scottish statutory, voluntary and private sector professional networks that work with children and families including:

- NHS Health Scotland Early Years Network
- Scottish Pre-school Play Association
- Scottish Child Minding Association
- NHS Childsmile Programme
- Sure Start Scotland
- Home start Scotland
- Voluntary Health Scotland
- Community Health Exchange
- Asthma UK Scotland
- NHS Health Boards Intranet services
- NHS Health Scotland Smoking Cessation coordinators
- Tobacco Alliances Network
- Royal College of Nurses (Scotland)
- Royal College of Midwives

A descriptive analysis of the data was conducted utilising Survey Monkey™ with crosstab analysis used to identify differences in confidence and knowledge levels across professional sectors and by training and advice/information provision. Further crosstabs were performed according to smoking status.

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

2.1. Sample and Demographic Data

The online survey was started by 551 people and 388 (70%) completed it. Respondents were not required to answer all questions therefore the base numbers of responses vary by question.

Respondents were from a variety of professional backgrounds, which were categorised into five main groups that work directly with children and their parents/carers. The five groupings are nursing, early years, dental, community and social work/allied health professionals. Table 1 shows the proportion of responses by professional groups.

Table 1: Survey respondents by profession

Professional Sector	Percent of total responses received	Response Count
Nursing	45%	174
Early Years	10%	39
Dentistry	10%	38
Community	11%	41
Social work & AHP	14%	53
Other	11%	44
Total		389

- The nursing group included maternity staff; nursing staff (hospital-based, not including maternity); health visitors; community nurses and school nurses.
- Early years workers included statutory and private nursery nurse workers, child minders, school teachers and play group managers.
- Dental workers were primarily ChildSmile and dental/oral health support workers.
- Community professionals included family support workers and community support volunteers.
- Allied health professionals (AHPs) included dieticians, occupational therapists, physiotherapists and speech and language therapists.
- Professionals such as trading standards officers, smoking cessation advisors and clerical/administrative workers were placed in the 'other' category.

Geographically, the largest proportion of respondents was from Greater Glasgow and Clyde (n=131, 32%); followed by Grampian (n=80, 19%) and Forth Valley (n=56, 13%). Table 2 shows the full range of responses.

Table 2: Main geographical areas of respondents

Main geographical area you work/volunteer in (please choose one):		
Answer Options	Response Percent	Response Count
Ayrshire & Arran	4.6%	19
Borders	0.5%	2
Dumfries & Galloway	6.3%	26
Fife	2.4%	10
Forth Valley	13.5%	56
Grampian	19.3%	80
Greater Glasgow & Clyde	31.6%	131
Highland (including Bute)	6.5%	27
Lanarkshire	6.3%	26
Lothian	5.3%	22
Orkney	0.0%	0
Shetland	0.2%	1
Tayside	1.9%	8
Western Isles	1.7%	7
Total		415

The majority of the sample (n=337, 81%) was aged 35 years or older as shown in table 3 below.

Table 3: Age Bands

Answer Options	Response Percent	Response Count
Under 18	0.7%	3
18 - 24	2.9%	12
25 - 34	15.2%	63
35 - 44	30.6%	127
45 - 54	40.2%	167
55+	10.4%	43
Total		415

Table 4 demonstrates that less than 10% of the sample was a current smoker (n=34, 8%) which is less than the proportion of smokers in the general population (24%).²

Table 4: Smoking Status

Smoking Status	Response Percent	Response Count
Smoker	8%	34
Ex-smoker	35%	144
Never smoked	57%	237
Total		415

² Scotland's People Annual report: Results from 2009 Scottish Household Survey. Scottish Government, August 2010: ISBN: 978-0-7559-9579-0 (web only).
<http://www.scotland.gov.uk/Resource/Doc/322363/0103683.pdf>

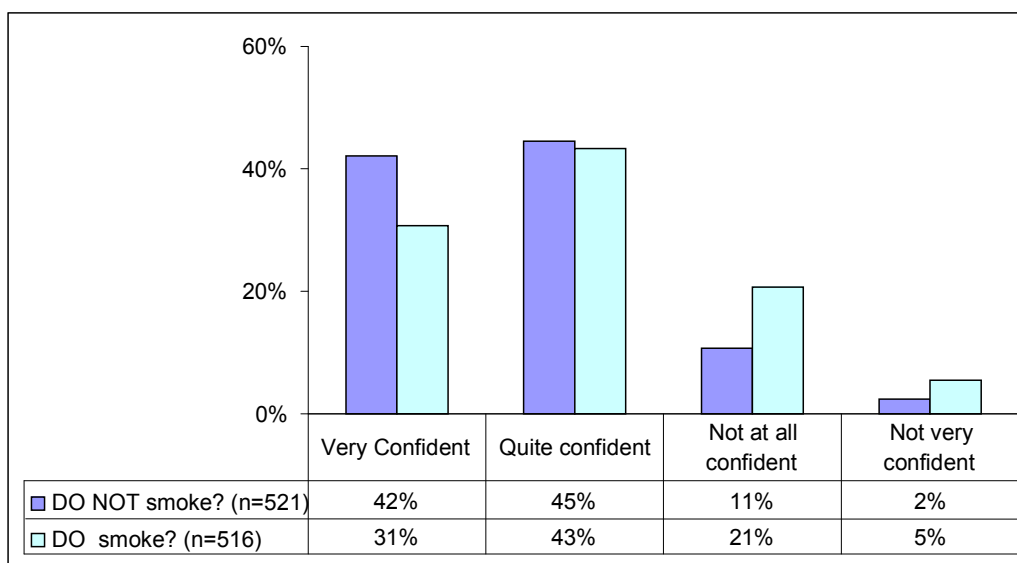
3. KEY FINDINGS

This section provides a descriptive analysis of the findings from the survey and explores self-reported confidence and knowledge levels on SHS and its effects on child health; views on whether it is a practitioner’s role to raise the issue of SHS in the home with parents/carers; the barriers practitioners may face in raising the issue of SHS with parents/carers; advice/information and training provision and need; and finally a small section on general attitudes to SHS and tobacco control policies.

3.1 Confidence in raising the issue of SHSE with parents/carers

Respondents were asked what their current levels of confidence were in relation to raising the issue of the effects of SHSE on children’s health with parents/carers who DO and DO NOT smoke. Chart 1 below shows that respondents tended to be more confident raising the issue of SHSE with parents who DO NOT smoke (n=452/521, 87%) compared to parents who DO smoke (n=381/516, 74%).

Chart 1: How confident would you feel about raising the issue of the effects of second-hand smoke on children’s health with parents/carers who DO and DO NOT smoke?



In terms of raising the issue with parents who DO NOT smoke, 69 respondents (13%) reported they were not confident. Reasons given were they didn’t have enough information on the subject, or might feel ‘awkward’ raising it. One person said that ‘...if this [was] a professional protocol and was being carried out by all health employees then it would become part of your everyday practice.’

In contrast, 135 (26%) respondents reported not being confident raising the issue with parents who DO smoke. The primary reasons given were concerns that parents may be offended, that the client-worker relationship may be jeopardised and that parents may feel practitioners are questioning their parenting skills.

Suggestions for improving confidence included training and appropriate guidelines with support strategies that contain information on local support services that could be shared with parents/carers.

The respondents were given a list of factors that may make it difficult for them to raise the issue of SHS in the home with parents/carers as shown in table 5. The two main factors that respondents reported make it difficult to raise the issue of second-hand smoke in the home with parents/carers are not having had training to deliver second-hand smoke and child health messages (n=254/415, 61%); and that parents generally lack an understanding of SHS and health messages (n=195/411, 47%), although this did not necessarily indicate that parents were *resistant* to child health messages (n=120/407, 29%).

Over half the respondents who answered these questions disagreed that raising the issue of SHS was NOT a priority for their employers (n=259/410, 63%); that they do not have time to raise the issue (n=226/411, 55%) and that they do not have the knowledge of the links between SHS and children's health (n=243/416, 58%).

Table 5: What, if any, are the factors that make it difficult for you to raise the issue of second-hand smoke in the home with parents/carers?

	Strongly agree/agree	No strong opinion	Disagree/Strongly disagree
It is not a priority for my employer (n=410)	68 (17%)	83 (20%)	259 (63%)
I don't have enough time to raise the issue on the day as other things take priority (n=411)	129 (31%)	56 (14%)	226 (55%)
I don't have enough knowledge of the links between second-hand smoke and child health issues (n=416)	139 (33%)	34 (8%)	243 (58%)
I haven't had training to deliver second-hand smoke and child health messages (n=415)	254 (61%)	34 (8%)	127 (31%)
Raising the issue might jeopardise my relationship with clients (n=409)	154 (38%)	68 (17%)	187 (46%)
My clients lack an understanding of second-hand smoke and child health issues (n=411)	195 (47%)	113 (27%)	103 (25%)
My clients are generally resistant to health messages (n=407)	120 (29%)	138 (34%)	149 (37%)

One hundred and seventy-eight respondents responded to an open-ended question asking what factors would make it easier for respondents to raise the issue of SHS with parents/carers. The following factors were suggested:

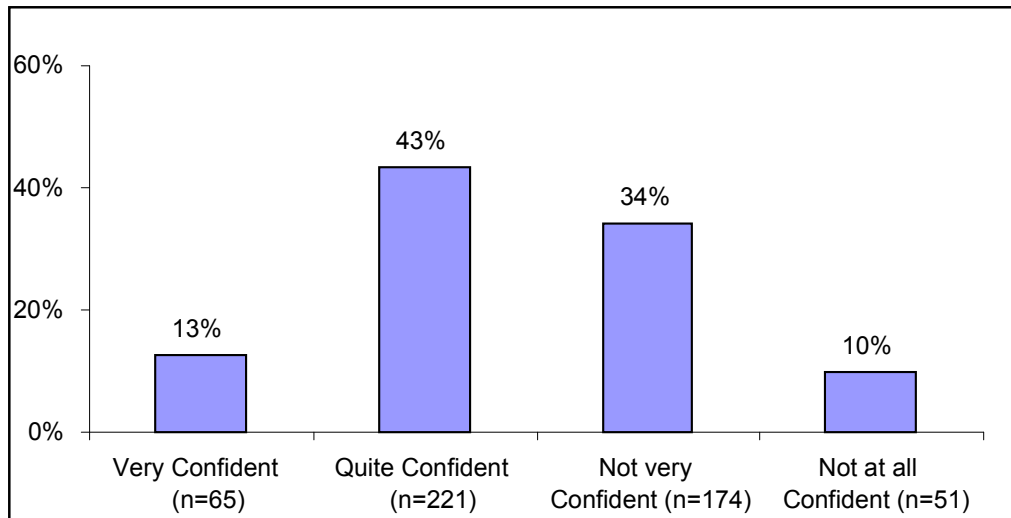
- Information for parents on SHSE (n=57, 32%)
- Training and information on SHSE for professionals (n=47, 13%)
- Client led enquiry on SHS/ ill health of child (n=14, 8%)
- National media campaigns on SHS in the home (n=12, 7%)
- Organisational policy on delivering SHS interventions (n=9, 5%)
- SHS included in school curriculums (n=5, 3%)
- Referral pathways to support services (n=4, 2%)

3.1.1. Confidence in helping parents reduce smoking in the home

In comparison to confidence levels in raising the issue with parents, chart 2 shows fewer respondents (n=286/511, 56%) were confident they could help

parents who DO smoke to reduce their smoking at home. This suggests practitioners may be more confident raising the issue but far less confident in providing practical support to help reduce SHSE in the home.

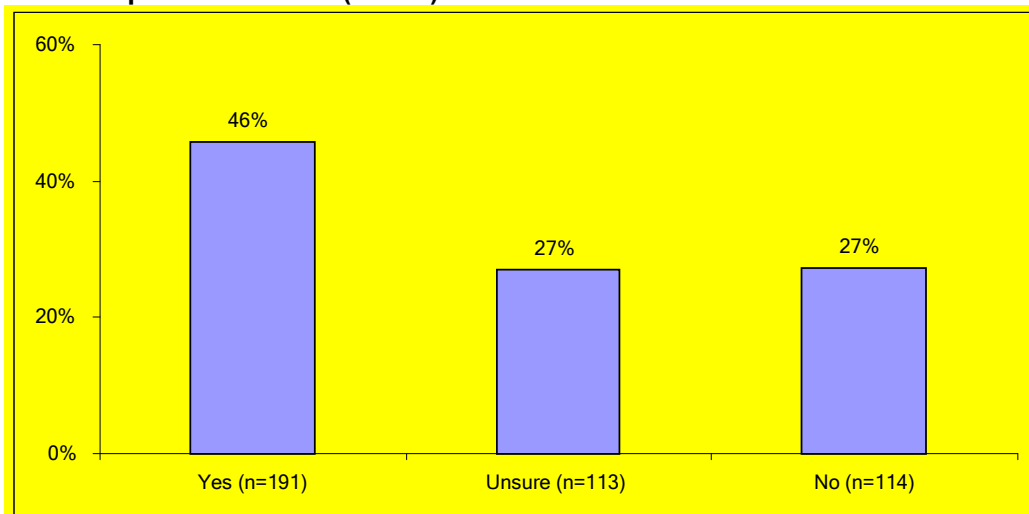
Chart 2: How confident would you feel about helping parents/carers who DO smoke reduce their smoking at home? (n=511)



3.2 Knowledge and skills to deliver advice and information on SHS exposure in the home

As seen in chart 3, less than half of respondents (n=191/418, 46%) thought they had the knowledge and skills required to deliver advice or information on second-hand smoke in the home and its effects on children's health to parents/carers. A further 27% (n=113/418) of respondents were 'unsure' and 27% (n=114/418) said 'no' they did not have the knowledge and skills.

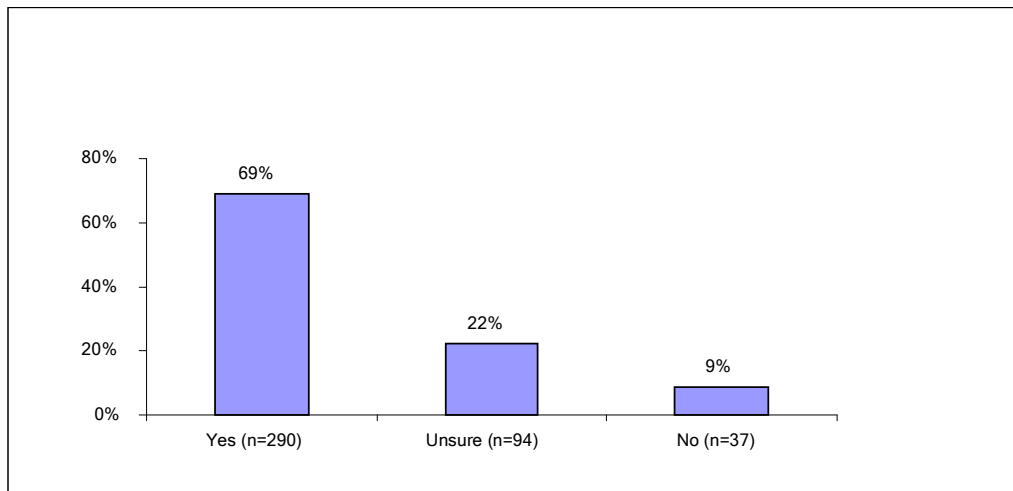
Chart 3: Do you think you have the knowledge and skills to deliver advice or information on second-hand smoke in the home and its effects on children's health to parents/carers? (n=418)



3.3. Whose role is it to raise the issue of SHS in the home with parents/carers?

Despite the varied levels of confidence in raising the issue of SHS and helping parents who DO smoke to reduce smoking in the home, the majority of respondents (n=290/421, 69%) thought it was their role to raise the issue of SHS in the home and its effects on children's health with parents/carers. A further 22% of respondents (n=94/421) were unsure whose role it was, and only 9% (n=37/421) thought it was not their role to raise the issue.

Chart 4: Do you think it is part of your role as a professional to raise the issue of second-hand smoke in the home and its effects on children's health with parents/carers? (n=421)



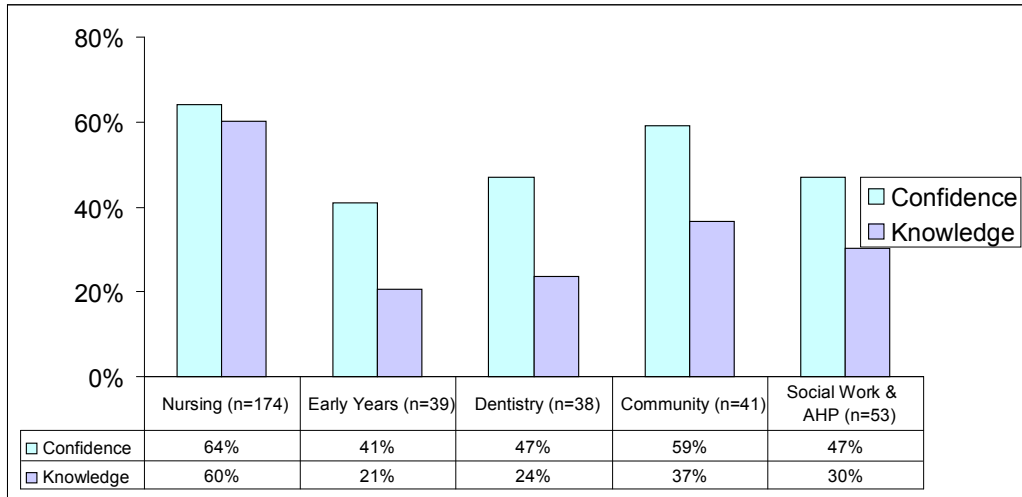
3.4. Confidence, Knowledge, Skills and Role by Professional Sector

There is some difference among the professional sectors regarding confidence, knowledge and skills and whether raising the issue of SHS in the home is considered part of the respondents' professional role. Charts 5 and 6 show the responses by professional status.

Confidence, knowledge and skills to help smokers reduce SHSE in the home are higher among the nursing sector than other sectors. Although the difference is small, fewer nursing staff think they have the knowledge and skills (n=104/174, 60%) compared to confidence in helping reduce smoking in the home (n=112/174, 64%).

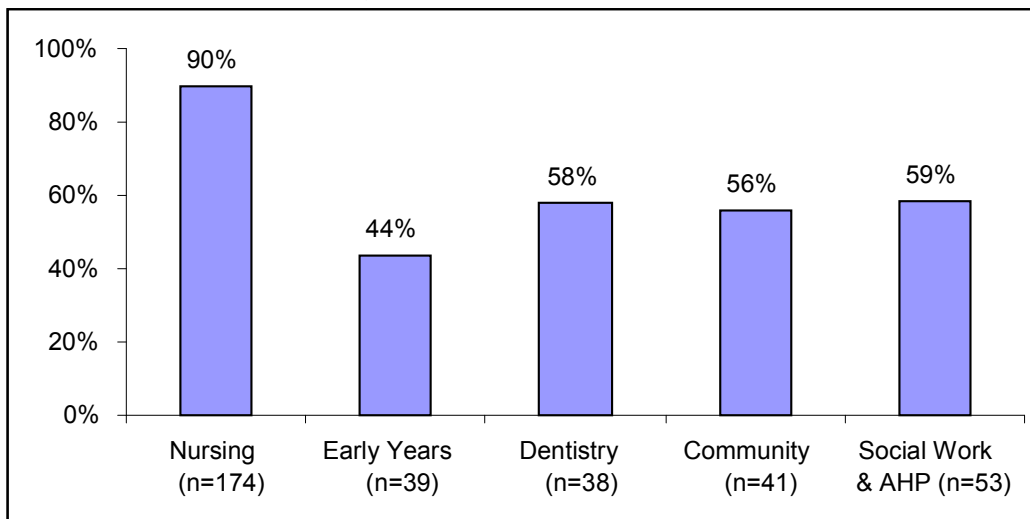
Among the five sectors, it appears that the Early Years practitioners have the lowest levels of confidence (n=16/39, 41%) and knowledge (n=8/39, 21%) concerning SHSE. Dental workers also have lower levels of knowledge (n=9/38, 24%) compared to the community sector (n=15/41, 37%) and social work and other allied health professionals (n=16/53, 30%).

Chart 5: Respondents that have the Confidence and Knowledge & Skills to help smokers reduce SHS exposure in the home by professional sector.



Nursing sector practitioners (n=156/174, 90%) are more likely to consider raising the issue of SHSE part of their professional role compared to the other sectors, as illustrated in chart 6 below. Early Years practitioners (n=17/39, 44%) are least likely to think it is part of their professional role. There is little difference between dentistry, community workers and social work and AHPs with the majority in all three groups considering raising the issue of SHS part of their professional role.

Chart 6: Respondents who think it is part of their role as a professional to raise the issue of second-hand smoke in the home and its effects on children’s health with parents/carers by professional sector.



3.5. Barriers that may be encountered by practitioners working with families

Table 6 shows the proportion of responses to a number of questions that were designed to ascertain specific difficulties that may be encountered by practitioners working with families. Caution is needed when interpreting these findings as there may be possible bias in respondents due to the small numbers in each subset.

Table 6: Factors that make it difficult for professionals to raise the issue of second-hand smoke in the home with parents/carers by professional sector.

	% Agree/Strongly Agree				
	Nursing (n=174)	Early Years (n=39)	Dentistry (n=38)	Community (n=41)	Social Work & AHP (n=53)
It is not a priority for my employer	22 (13%)	11 (28%)	7 (18%)	6 (15%)	12 (23%)
I don't have enough time to raise the issue on the day as other things take priority	43 (25%)	19 (49%)	12 (32%)	8 (20%)	16 (30%)
I don't have enough knowledge of the links between second-hand smoke and child health issues	38 (22%)	21 (54%)	22 (58%)	17 (41%)	19 (36%)
I haven't had training to deliver second-hand smoke and child health messages	83 (48%)	27 (69%)	32 (84%)	26 (63%)	36 (68%)
Raising the issue might jeopardise my relationship with clients	47 (27%)	21 (54%)	20 (53%)	13 (32%)	27 (51%)
My clients lack an understanding of second-hand smoke and child health issues	84 (48%)	17 (44%)	16 (42%)	22 (54%)	23 (43%)
My clients are generally resistant to health messages	47 (27%)	6 (15%)	13 (34%)	13 (32%)	17 (32%)

In relation to the early years sector over one quarter (n=11/39, 28%) reported that the issue of SHS in the home was not a priority for their employers which may have some bearing on the lower numbers of Early Years practitioners who consider it their role to raise the issue of SHS with parents/carers. In addition a higher proportion of Early Years practitioners (n=19/39, 49%) state that other issues take priority consequently there is not enough time to raise SHS.

The majority of dental (n=22/38, 58%) and Early Years practitioners (n=21/39, 54%) state they do not have enough knowledge of the links between SHS and child health issues. Moreover 84% (n=32/38) and 69% (n=27/39) respectively have not had any training to deliver SHS and child health messages which in

turn may impact negatively on their confidence and knowledge and skills associated with raising these issues.

Over two-thirds of community workers (n=26/41, 63%) and social work/AHPs (n=36/41, 68%) had not received training on SHSE in the home whilst just under half of nursing staff reported lack of training (n=83/174, 48%).

Over half of Early Years (n=21/39, 54%), dental (n=20/38, 53%) and social work/AHPs (n=27/53, 51%) state raising the issue of SHS with parents/carers may jeopardise their relationships with families. This is somewhat higher than the nursing (n=47/174, 27%) and community sectors (n=13/41, 32%).

Clients' understanding of SHS and child health messages was perceived to be lacking by at least 43% of respondents across all sectors, although community workers were most likely to agree with this statement. However respondents were generally less likely to agree that clients are resistant to these messages.

A smaller subsample (n=129) of respondents highlighted other issues that make it difficult for practitioners to raise the issue of SHSE in the home with parents/carers. The main issues were:

- Parents attitudes; in particular practitioners mentioned aggression and conflict (n=52/129, 40%)
- Parents choice as to whether they smoke/allow smoking in the home (n=12/129, 9%)
- Cultural differences/language barriers (n=12/129, 9%)

Factors that would make it easier for practitioners to raise the issue of SHSE with parents/carers were:

- Materials/resources to give to parents/carers (n=51/147, 35%)
- Training/information for practitioners on raising SHSE in the home (n=37/147, 25%)
- Media campaign to increase awareness of SHSE issues among general population (n=13/147, 9%)
- Ensure raising SHSE with parents/carers is organisational policy/routine practice (n=10/147, 7%)
- Childhood illness (n=5/147, 3%)

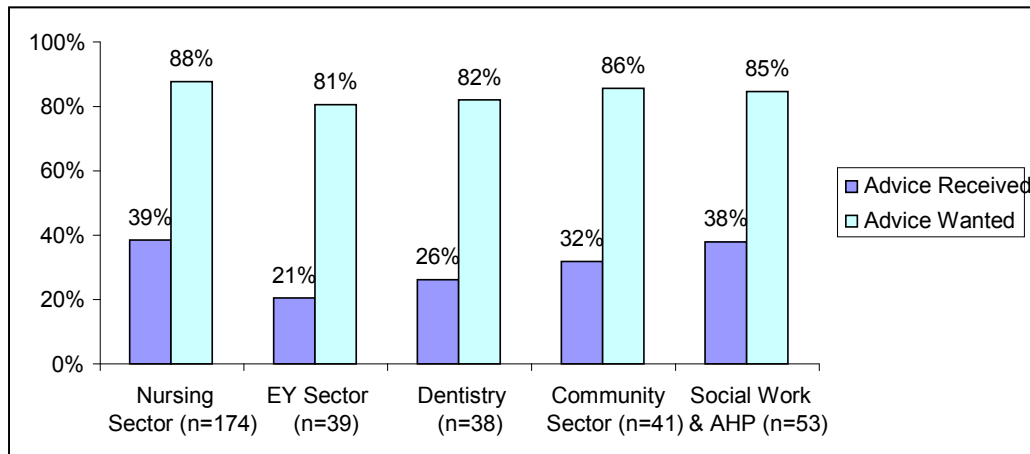
3.6. Receiving advice and information on SHSE and its health effects

Practitioners' confidence in raising the issue and delivering support on SHSE is naturally dependant on their knowledge and skills regarding SHSE and its health effects.

The majority of participants had not (n=264/438, 60%) or could not remember (n=25/438, 6%) having received any advice or information on SHS and its effects on children's health. Of those who had not/could not remember having received advice or information, the majority (n=229/289, 79%) thought they would benefit from such. One-fifth were not sure (n=30/289, 10%) or thought they would not benefit from advice and information (n=27/289, 9%).

Chart 7 shows the responses by professional sector and demonstrates that the early years and dental sectors were least likely to have received advice and information on SHSE and its health effects. However, at least 81% of practitioners in all sectors thought they would benefit from advice and information of this kind.

Chart 7: Advice and information on SHS in the home and its effects on children’s health RECEIVED and WANTED by professional sector.



Just over one third of the total responses (n=150/439, 34%) reported receiving advice and information. Advice and information was accessed primarily via workshops and seminars (n=55/136, 40%) and briefing papers and leaflets (n=48/136, 35%). Nursing staff were most likely to have received advice and information through workshops/seminars and briefing papers and leaflets; early year staff were most likely to have received advice and information via workshops/seminars and other colleagues; dental staff were most likely to have received information through briefing papers; community workers obtained their advice and information primarily via other colleagues and professionals; and social work/AHPs received their advice across a range of sources – workshops, briefing papers and online.

The majority of respondents who had received information and/or advice (n=143/146, 98%) rated it as useful. Only three (2%) people rated it as not very useful, but they didn’t explain why this was the case.

‘Facts and figures’ or information on the effects of SHS on children’s health and statistics were deemed most useful.

Other useful formats for advice and information were those that were illustrative. For example, one person *noted ‘I particularly like the leaflet with the smoke being inhaled by the baby ‘passive smoking-unclouding the issue’. The photo itself works well with parents and I need to explain less I think.’*

Another respondent noted that *‘information needs to be tailored to meet the needs of all reading abilities, therefore information for parents needs to be understandable.’*

A third person stated *‘...it is the reminder of second hand smoke a picture and a statement can sometimes be enough. You might not want to read the*

information inside leaflets but you've got the message with the colourful picture and headline on the front.'

TV and poster campaigns were also considered important for raising the issue and providing information. Practitioners also found it useful to have information on 'real-life' experiences of practitioners delivering SHSE interventions, in particular their experiences of raising the issue in a non-challenging way with parents who smoke.

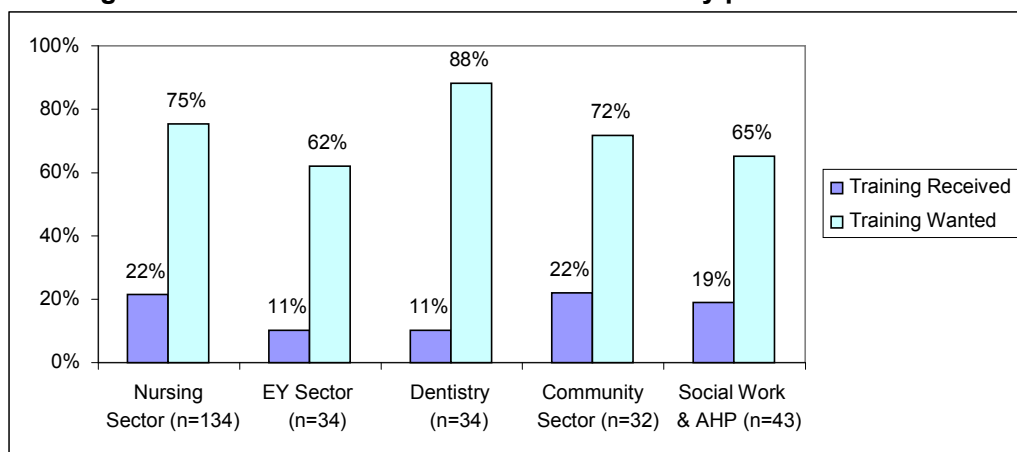
3.7 Training needs

Approximately one fifth of respondents (n=79/426, 19%) had received formal training on providing advice and information to parents/carers on SHS and its effects on children's health. This was fewer than had received advice and information (n=150). The majority of respondents (n=337/426, 79%) had not received any training and 2% (n=10/426) could not remember.

Chart 8 shows the nursing sector remains the area where training is more common. Slightly more community sector workers had received training than social work/AHPs. The Early Years and Dental sector remain the sectors where training is less common with just 11% of respondents respectively receiving any training on SHSE in the home.

Nevertheless, of those who had not/could not remember having received any training, dental workers were more likely to want training on this issue (n=30/34, 88%) compared to nursing staff (n=101/134, 75%), community workers (n=23/32, 72%), social work/AHP (n=28/43, 65%) and early years practitioners (n=21/34, 62%).

Chart 8: Training on providing advice and information to parents/carers on reducing SHS in the home RECEIVED and WANTED by professional sector



Fifty-two respondents had received SHSE in the home training from NHS trainers. Other notable trainers were PATH (Partnership Action on Tobacco & Health), Roy Castle Lung Foundation and Maudsley trainers. The majority, (n=65/79, 82%) have received training within the last three years and 57% (n=45/79) had received it within the last year.

The majority who had received training (n=76/79, 96%) found it very or quite useful. One person stated they would not want any training because *'I do not feel it is an appropriate tool, I am not an enforcer, I am very happy to ensure family and carers are aware of potential health risks, but will not jeopardise my relationships with them to enforce something they have not chosen to change.'*

A few people stated training had given them more confidence in raising the issue and providing parents with useful and relevant information.

As noted, 337 respondents reported not receiving any training on SHS. Of these, 21 (6%) had been *offered* training but had not received any due to a number of reasons; primarily because they lacked time to attend or they had covered smoking cessation in broader training.

3.8. Influence of advice/information and training status on confidence and knowledge/skills levels

A crosstab analysis of the data by advice and information and training status was conducted to identify any differences in confidence and knowledge levels. Table 7 documents the results.

Not surprisingly those respondents who had received advice and information and training on SHS and its effects on child health were more confident in their ability to *raise the issue of SHS with parents/carers who DO smoke* than those who had not. For example 90% (n=130/145) of those who had received advice and information were confident compared to 66% (n=165/249) that had not. In terms of training provision, 97% (n=77/78) of those who had received training were confident compared to 68% (n=217/318) that had not.

Similarly 83% (n=121/145) of respondents who had received advice and information were confident they could *help parents who smoke to reduce their smoking at home* compared to 42% (n=104/248) who had not. Those who had received training were more confident (n=71/78, 91%) than those who had not (n=155/318, 48%).

Table 7: Confidence levels by advice/information and training status

	Advice and Information received		Training received	
	Yes (n=145)	No (n=248)	Yes (n=78)	No (n=318)
Very/Quite Confident raising the issue with parents who DO smoke	90%	66%	97%	68%
Very/Quite Confident helping parents reduce SHS in home	83%	42%	91%	48%

When asked what factors make it difficult for practitioners to raise the issue of SHS in the home there was some differences between those who had received advice/information and training and those who had not. Table 8 shows the average rating scores (where 1 = 'strongly agree' and 5 = 'strongly disagree').

Respondents who had received advice/information and training were more likely to disagree with the statement that SHS is 'not a priority' for their employer and that they did not have 'enough time' to raise the issue than those who had not. They were also less likely to agree that raising the issue would jeopardise their relationships with clients. This suggests that practitioners who receive advice/information and training on SHSE in the home are more motivated (and confident) to address some of the factors that make it difficult to raise the issue. However there was little difference between the two groups when considering their clients understanding of SHS and child health issues and general resistance to health messages.

Table 8: Average rating scores: Factors that make it difficult to raise issue of SHS with parents/carers by advice/information and training status.

	Advice and Information received		Training received	
	Yes (n=145)	No (n=248)	Yes (n=78)	No (n=318)
It is not a priority for my employer	4.40	3.45	4.36	3.66
I don't have enough time to raise the issue on the day as other things take priority	3.85	3.11	3.77	3.26
I don't have enough knowledge of the links between second-hand smoke and child health issues	4.24	3.00	4.42	3.20
I haven't had training to deliver second-hand smoke and child health messages	3.72	2.02	4.22	2.22
Raising the issue might jeopardise my relationship with clients	3.65	2.90	3.77	2.99
My clients lack an understanding of second-hand smoke and child health issues	2.88	2.66	2.90	2.70
My clients are generally resistant to health messages	3.16	3.02	3.15	3.07

(Rating scores: 1 = 'strongly agree' and 5 = 'strongly disagree').

Table 9 shows respondents who had received advice/information and training were more likely to think they have the knowledge and skills to deliver advice or information on SHS in the home and its effects on child health to parents compared to those who had not. Furthermore respondents were more likely to consider it their role to raise the issue of second-hand smoke in the home with parents/carers if they had received advice information or training compared to those who had not.

Table 9: Knowledge/skills and professional role by advice/information and training status

	Advice and Information received		Training received	
	Yes (n=144)	No (n=251)	Yes (n=76)	No (n=320)
Do you think you have the knowledge and skills to deliver advice or information on second-hand smoke in the home and its effects on children's health to parents/carers? (YES)	79%	26%	92%	33%
Do you think it is part of your role as a professional to raise the issue of second-hand smoke in the home and its effects on children's health with parents/carers? (YES)	89%	57%	90%	63%

The findings suggest that providing advice/information and training may engender greater confidence in raising the issue of SHS and helping parents reduce SHS in the home. The same pattern emerges in relation to respondents' self-perceived knowledge and skills and whether they view SHS as an issue that is part of their professional role.

3.9. Attitudes to wider tobacco control policies and messages

In order to gauge practitioners' attitudes to tobacco control policies and messages more generally, the respondents were asked to what extent they agreed with four statements as shown in table 10.

The overwhelming majority supported smoke-free public places and workplaces (n=413/421, 98%) and would support a ban on smoking in cars when children are present (n=395/421, 94%).

The support for 'banning smoking in cars when children are present' and that 'all enclosed public places and workplaces should be smoke-free' is higher in this survey than those in a recent poll by YouGov where 78% supported the statement 'Smoking should be banned in cars that are carrying children younger than 18 years of age', and 82% supported the statement 'Do you support or oppose [the] law to make all enclosed public places and workplaces smoke free?'. A small caveat is that the YouGov poll was carried out with a representative sample of the Scottish population whereas this baseline survey has been carried out by practitioners with an interest in SHS and child health.³

Only 5% (n=22/421) of respondents supported the statement that 'the dangers of inhaling other people's tobacco smoke are greatly exaggerated'. The majority (n=369/421, 88%) opposed the statement. Ninety-six percent (n=403/421) supported the statement that 'other people's tobacco smoke can cause significant health problems for children.'

³ (All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1206 adults. Fieldwork was undertaken between 17th and 22nd March 2010. The survey was carried out online. The figures have been weighted and are representative of all adults in Scotland (aged 18+). Respondents were asked how strongly they supported or opposed the measure or to agree/disagree with the statement.

Table 10: To what extent do you agree or disagree with each of the following statements about smoking?

	Support	Neither support nor oppose	Oppose
All enclosed public places and workplaces should be smoke-free	98%	1%	1%
Smoking in cars when children are present should be banned	94%	3%	3%
The dangers of inhaling other people's tobacco smoke are greatly exaggerated	5%	6%	88%
Other people's tobacco smoke can cause significant health problems for children	96%	2%	3%

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

3.9.1. Attitudes by smoking status

A crosstab analysis of attitudes by smoking status was conducted. The subsample of smokers has far fewer numbers than ex- or never smokers making comparisons tenuous however there remain some interesting findings.

There were some differences in the attitudes to tobacco control policies by smoking status. Fewer smokers (n=25/34, 73%) supported the statement that 'Smoking in cars when children are present should be banned' than ex- (n=134/144, 93%) or never-smokers (n=231/237, 97%).

Smokers (n=6/34, 18%) were more likely to support the statement 'The dangers of inhaling other people's tobacco smoke are greatly exaggerated' than ex- (n=7/144, 5%) or never smokers (n=9/237, 4%).

Although there was relatively little difference between the groups, a smaller proportion of smokers (n=28/34, 82%) supported the statement 'Other people's tobacco smoke can cause significant health problems for children' than ex- (n=136/144, 94%) or never smokers (n=233/237, 98%).

However there was little difference between the three groups regarding smoke-free public places with 91% of smokers (n=31/34) supporting the statement 'All enclosed public places and workplaces should be smoke-free' compared to 96% ex-smokers (n=139/144) and 100% never smokers (n=237).

Smokers (n=25/28, 89%) and ex-smokers (n=116/140, 83%) were more confident in their ability to raise the issue of SHS with parents who DO smoke than never smokers (n=155/229, 68%).

Smokers were also more confident in their abilities to help parents who DO smoke to reduce SHS in the home (n=20/30, 67%) as were ex-smokers (n=86/139, 62%) compared to never smokers (n=123/227, 54%).

Among the respondents who had not received advice and information, smokers were less likely to agree that they would benefit from advice and information on SHS and its effects on child health (n=14/25, 56%) compared to ex-smokers (n=75/91, 82%) and never smokers (n=130/156, 83%).

Furthermore of those who had not received formal SHS training, smokers (n=17/30, 57%) were also less likely to think they would benefit from formal training on providing advice and information to parents/carers on reducing second-hand smoke exposure in the home than ex smokers (n=76/109, 70%) and never smokers (n=130/192, 68%).

Although caution must be applied when interpreting these results due to the small sub-sample of smokers, these findings may suggest that while smokers have greater confidence, and perhaps more empathy with parents who smoke, they also might require clearer evidence regarding SHSE and its health effects.

3.10. Additional Comments

The respondents were given the opportunity to add any further related comments on second-hand smoke. Forty-seven respondents out of the total sample added further comments (n=47/551, 8%). Fifteen respondents (n=15/47, 32%) professed a commitment to raising the issue of second-hand smoke and its effects on children's health however thirteen people (13/47, 28%) stated that they thought any further legislation on smoking in cars (or the home) would be difficult to enforce. The following statements are typical of the range of responses that were offered in relation to smoking in the home or in cars:

“To ban smoking in cars would be very difficult to enforce. Instead if the message is that no one should smoke in the presence of children with examples illustrated such as house, car, parks etc. This maybe proves more effective. Also a double message that children copy adults especially their significant adults as well as the 2nd hand smoke issues.”

“I think awareness needs to be raised about the effects of second hand smoke especially in homes. People continue to expose children and non smokers to second hand smoke in homes cars etc even after the 2006 smoking ban in public places this then shows there is not enough knowledge around second hand smoke.”

“I don't believe that parents in general deliberately compromise their children's' health by smoking around them or in the home, but if they don't know the full effects of their actions then they are less likely to be motivated to change them. If they are in full possession of the facts regarding SHS then at least they have the opportunity to take action. Knowledge is Bliss!!!”

“Some health issues or research results which are reported and exaggerated by the press are unhelpful to the overall message, for example, banning smoking outdoors as it is a second-hand smoke risk. We need to decide on the basics we need to achieve and focus on those.”

“Enforcement is part of a nanny state, even a police state as it would need police to enforce this, and will not help people to consider the risks to their health.”

“There is no way to police smoking in cars with children. A private car is a

persons own domain. Some smokers in cars have windows open and if driving, most of the smoke goes out of the window. Smoking in a stationary car with the windows up is another matter altogether and definitely poses a risk. Drivers who get stressed when driving (particularly with children whining in the car) should not be made to stop smoking provided there is ventilation - to have a cigarette is better than having an accident due to feeling tired or frustrated.”

4. DISCUSSION OF MAIN FINDINGS AND IMPLICATIONS

The survey method of utilising an online survey tool has ensured a large response rate and wide geographical and professional sector representation. Moreover there was a high completion rate (70%) among the respondents who accessed the survey. Although we have endeavoured to ensure the baseline sample is representative of professionals working with families and children it is likely that those with an interest in second-hand smoke exposure and its effects on children's health were more motivated to complete the survey. In addition it has not been possible to ascertain the final response rate due to the fact that the survey was distributed through a number of professional networks. A large proportion of the total sample has a nursing background suggesting greater interest and motivation in this sector while there may also have been greater opportunity for nursing professionals to respond to the survey as it was distributed through local NHS intranets and the Royal Colleges of Nurses (Scotland) and Midwives. Due to the smaller number of respondents in the other professional sectors caution is needed when interpreting these findings as there may be possible bias in those who responded to the survey.

The main findings from this baseline survey of practitioners indicate that there is 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 with just over two-thirds of the sample believing it is their role to raise the issue with parents/carers. Furthermore there is clear support for smoke-free policies that protect children from second-hand smoke exposure and agreement on the dangers posed by second-hand smoke on children's health.

Practitioner Confidence

Practitioners have indicated they have more confidence in raising the issue of SHS than helping parents reduce SHS exposure in the home. This confidence is also higher when working with non-smoking parents/carers than smoking parents/carers. Similar to Ritchie et al's findings (2009) some practitioners are wary of raising the issue 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 and ex-smokers were more confident in their ability to raise the issue of SHS and help parents who DO smoke to reduce SHS in the home compared to never smokers. This may indicate that smokers and ex-smokers have a greater understanding and empathy with smoking parents and this will translate in to increased confidence in raising the issue. However smokers were less likely to agree that they would benefit from formal training or advice and information on SHS and its effects on child health compared to ex-smokers and never smokers suggesting perhaps that practitioners who are current smokers may require clearer evidence regarding SHSE and its health effects.

Implications for further research

- It is worth exploring whether the common challenge expressed by practitioners, namely a fear of jeopardising the client/worker relationship is 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 parents/carer smoking behaviours if the message comes from a current or ex-smoker.

Training and Information

The main factor that practitioners reported makes it difficult to raise the issue of SHS in the home is not having had training to deliver second-hand smoke and child health messages. 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, particularly within the Early Years and Dental sectors, on SHS and its effects on children's health. 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).

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 thus avoiding inconsistency, simple to understand, and applicable across all 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.

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. Furthermore 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.

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.

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.

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.

Bibliography

Condliffe L., McEwen A., West R. (2005) The attitude of maternity staff to, and smoking cessation interventions with, childbearing women in London *Midwifery*, 21 (3), pp. 233-240.

Cornwall, K. (2007) *Experiences and Learning of the SFHZ Co-ordinator*. East Glasgow CHCP

Lanumata, T., Thomson, G. and Wilson, N. (2010) Pacific solutions to reducing smoking around Pacific children in New Zealand: a qualitative study of Pacific policymaker views. *New Zealand Medical Journal*. URL: <http://www.nzma.org.nz/journal/123-1308/3945>

Ritchie, D., Amos, A., Phillips, R., Cunningham-Burley, S., Martin, C. (2009) Action to achieve smoke-free homes- an exploration of experts' views. *BMC Public Health*. 9:112. doi: 10.1186/1471-2458-9-112.

Report on Focus Groups to Review Secondhand Smoke Materials and Key Messages. Prepared by XL Communications, September 2009

YouGov Survey (2010) commissioned by ASH Scotland (unpublished)

Appendix 1: Baseline Survey

REFRESH: Survey of Professionals working with Families and Children

ASH Scotland in partnership with the Universities of Aberdeen and Edinburgh have been funded by the BIG Lottery Fund to deliver a portfolio of research to develop tools for community health workers to help them reduce children's exposure to second-hand smoke, particularly in deprived communities. We are therefore asking professionals and volunteers who work regularly with families and children to participate in this baseline survey to identify current knowledge and attitudes regarding second-hand smoke and its effects on children's health and to identify gaps in information and training on second-hand smoke in the home. The survey will be repeated in three years to identify any changes resulting from the work of the REFRESH project. The anonymised results of this survey will be published on the ASH Scotland website and will contribute to a good practice guide for professionals thereby helping to improve understanding of issues relating to second-hand smoke and its effect on child health. We would therefore be most grateful if you would take a few minutes to complete this survey – it should take no longer than 15 minutes to complete. All responses will be confidential, and will adhere to data protection guidelines.

Thank you for your participation.

1. How confident would you feel about raising the issue of the effects of second-hand smoke on children's health with parents/carers who DO NOT smoke?

- Very confident
- Quite confident
- Not very confident
- Not at all confident
- Not applicable - I NEVER have direct contact or work with parents/carers

2. How confident would you feel about raising the issue of the effects of second-hand smoke on children's health with parents/carers who DO smoke?

- Very confident
- Quite confident
- Not very confident
- Not at all confident
- Not applicable - I NEVER have direct contact or work with parents/carers

3. How confident are you that you could help parents/carers who DO smoke to reduce their smoking at home?

- Very confident
- Quite confident
- Not very confident
- Not at all confident
- Not applicable - I NEVER have direct contact or work with parents/carers

Any further comments

4. What, if any, are the factors that make it difficult for you to raise the issue of second-hand smoke in the home with parents/carers? (please tick how strongly you agree or disagree with the following statements)

- Strongly agree
- Agree
- No strong opinion
- Disagree
- Strongly disagree
- Not applicable – I NEVER work directly with parents/carers
- It is not a priority for my employer

5. Are there any other factors that make it DIFFICULT to raise the issue of second-hand smoke in the home with parents/carers?

- I don't have enough time to raise the issue on the day as other things take priority
- I don't have enough knowledge of the links between second-hand smoke and child health issues
- I haven't had training to deliver second-hand smoke and child health messages
- Raising the issue might jeopardise my relationship with clients
- My clients lack an understanding of second-hand smoke and child health issues
- My clients are generally resistant to health messages
- There are NO factors which make it difficult for me to raise the issue

6. Are there any factors that would make it EASIER for you to raise the issue of second-hand smoke with parents/carers?

7. Do you think you have the knowledge and skills to deliver advice or information on second-hand smoke in the home and its effects on children's health to parents/carers? (please tick one box only)

Yes

Unsure

No

Not applicable - I NEVER work directly with parents/carers

8. Has your workplace provided you with any advice or information on second-hand smoke in the home and its effects on children's health? (Please tick one box only)

Yes

No

Can't remember

9. How did you access the advice and information you received?

Online

Briefing papers/leaflets

Workshops/seminars

Other colleagues/professionals

Other (please specify)

10. How useful was this advice and information?

Very Useful

Quite Useful

Not very Useful

Not at all Useful

Please explain what was useful or what further advice you would have liked:

11. Do you think you would benefit from advice and information on second-hand smoke in the home and its effects on children's health?

Yes

No

Don't know

12. Have you received any TRAINING on providing advice and information to parents/carers on reducing second-hand smoke exposure in the home?

Yes

No

Can't remember

13. Please tell us who provided the MOST RECENT training you received (tick all that apply):

NHS trainer(s)
PATH (Partnership Action on Tobacco and Health) training officer(s)
Maudsley trainers
Roy Castle Lung Foundation trainers
Other
If 'other', please specify:

14. How long ago did you receive your training?

Within the past year
1-3 years ago
4-5 years ago
More than 5 years ago

15. How useful was this training?

Very Useful
Quite Useful
Not very Useful
Not at all Useful
Please explain what was useful or what further training you would have liked:

16. In the past, have you ever been OFFERED training on providing advice and information to parents/carers on reducing second-hand smoke exposure in the home?

Yes
No
Can't remember

If you were offered training, why didn't you receive it?

17. Do you think you would benefit now (or in the future) from formal training on providing advice and information to parents/carers on reducing second-hand smoke exposure in the home?

Yes
No
Don't know

18. Do you think it is part of your role as a professional to raise the issue of second-hand smoke in the home and its effects on children's health with parents/carers?

Yes
Unsure
No

19. To what extent do you agree or disagree with each of the following statement about smoking? Please tick one box for each statement.

	Strongly support	Tend to support	Neither support nor oppose	Tend to oppose	Strongly oppose	Don't know
All enclosed public places and workplaces should be smoke-free						
Smoking in cars when children are present should be banned						
The dangers of inhaling other people's tobacco smoke are greatly exaggerated						
Other people's tobacco smoke can cause significant health problems for children						

20. If you have any further related comments, please add them here:

21. Main geographical area you work/volunteer in (please choose one):

- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Grampian
- Greater Glasgow & Clyde
- Highland (including Bute)
- Lanarkshire
- Lothian
- Orkney
- Shetland
- Tayside
- Western Isles

22. Which of the following sectors best describes your MAIN role or roles?

Early years practitioner
Education (teachers, teaching assistants etc)
Dentistry
GP
Maternity services
Health Visitor
Nursing (hospital-based, not including maternity)
Community Nurse
School Nurse
Community Worker
Community Volunteer
Stop-smoking services (manager, co-ordinator, adviser, trainer etc.)
Other (please specify)

23. Job Title

24. Your age band:

Under 18
18 - 24
25 - 34
35 - 44
45 - 54
55+

25. Smoking status

Smoker
Ex-smoker
Never smoked

26. If you would like to receive further information about second-hand smoke, please tick the papers you would like and leave your details below:

Information briefing on child exposure to second-hand smoke in the home
Literature review on second-hand smoke exposure and children
Information briefing on the REFRESH Project
Updated links to international research on second-hand smoke
"How to" guide for practitioners (in development)

Thank you for completing this survey.

If you would like further information on the REFRESH project, go to the Project website or contact:

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Appendix 2: REFRESH Advisory Board Membership

Prof. Amanda Amos
Professor of Health Promotion, Head of Public Health Sciences
University of Edinburgh
REFRESH Partner

Dr. Viv Binnie
University of Glasgow
Chair of STCA Co-ordinating Group

Gordon Brown
Public Affairs & Communications Manager
Asthma UK Scotland

Mary Cuthbert
Head of Tobacco and Sexual Health Policy
Scottish Government

Professor James Friend
Chair of ASH Scotland Policy and Development Sub-committee
ASH Scotland Board Member

Alison Macdonald
Health Improvement Programme Manager
Early Years and Families
NHS Health Scotland

Deborah Ritchie
Senior Lecturer in Health Promotion
University of Edinburgh
REFRESH Partner

Dr Sean Semple
Senior Lecturer
University of Aberdeen
REFRESH Partner

Elaine Tait
Chief Executive
Royal College of Physicians, Edinburgh

Dr Stephen W Turner
Clinical Senior Lecturer
Department of Child Health
University of Aberdeen

Martin Woodrow
Scottish Secretary
British Medical Association

ASH Scotland Staff

Sheila Duffy, Chief Executive (chair)

Philippa Bonella, Director of Policy and Campaigns

Rachel O'Donnell, Policy and Research Manager (project lead)

April Shaw, Senior Researcher

Marion McGovern, Projects and Communications Administrator