

P R O T E C T

Policy and Resources for Organisations Tackling Exposure of Children to Tobacco

Report 2005



A Project of the
Environmental Tobacco
Smoke and Children Program

NSW Health Department

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Date: July 2005

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ACKNOWLEDGEMENTS

This project was made possible by a grant from the Environmental Tobacco Smoke and Children Program to the Northern Rivers Area Health Service Health Promotion Unit. We would like to acknowledge the assistance of this program and its key partners: The Cancer Council New South Wales; NSW Department of Health; The Asthma Foundation New South Wales; The Heart Foundation; and SIDS and KIDS New South Wales.

Joanne Petrovic generated the concept of extending the organisational change that we had used in the health service to non-government organisations responsible for the care and welfare of children.

Dr Megan Passey and Deborah Donoghue from the Northern Rivers University Department of Rural Health provided an evaluation report on the training we had provided to implement Smoke Free Community Visits policy. This evaluation showed that the approach we incorporated into PROTECT resulted in increased knowledge of tobacco harm, and increased willingness to discuss tobacco harm with clients.

Aboriginal Health Educators Laurel Rogers, Vicki Bardon, Dallas Waters, and Angie Mc Bride contributed to the media campaign for Car and Home Smoke Free Zone in Aboriginal communities and Debrah Fisher-Novak provided the photographs.

Rossi Lyons, Families First (Department of Community Services), Rosemary Laurie, Dharah Gibinj Aboriginal Medical Service (Casino) and Gloria Strachan, Bulgarr Ngaru Aboriginal Medical Service (Grafton) were key partners who gave guidance and helped this project take shape. All the participating organizations gave the project life by contributing their enthusiasm, ideas and commitment to protecting children from Secondhand Smoke.

GLOSSARY

AHS –	Area Health Service
AMS –	Aboriginal Medical Service
DOCS –	Department of Community Services
FFIG -	Families First Implementation Group
NGOs –	Non-government organisations
PROTECT-	Policy and Resources for Organisations Tackling Exposure of Children to Tobacco
Secondhand Smoke	Environmental Tobacco Smoke
SFCV –	Smoke Free Community Visits

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BACKGROUND

PROTECT is a project that assists non-government organisations (NGOs) to implement policies to protect children from Secondhand Smoke. It uses organisational change theory to increase motivation to address tobacco harm, and to increase the uptake of the Car and Home Smoke Free Zone message amongst the clients of the targeted services.

The use of organisational change theory to improve NGO responses to tobacco grew out of the process of implementing the NSW Health 1999 Smoke Free Workplace Policy in the former Northern Rivers Area Health Service (NRAHS). During a 2002 review, it became apparent that staff conducting home visits were exposed to Secondhand Smoke, and that some staff behaviours undermined the message that tobacco smoke is harmful. Because our intention was to build the capacity of community-based staff to reinforce the Car and Home Smoke Free Zone campaign, this lack of congruence in 'tobacco message delivery' was of concern. To address the occupational health and safety (OH&S) risk that had been identified, we developed the NRAHS Smoke Free Community Visits Policy (SFCV). During 2004 all staff conducting home visits were required to attend SFCV training in which staff were educated about Secondhand Smoke harm. Our goal was that our services delivered a congruent message about tobacco. The Car and Home Smoke Free Zone message and resources were incorporated into this training. By framing our intervention as an OH&S policy and constructing the mandatory education session to engage staff, we found we were able to shift staff attitudes and motivate them to engage with clients about tobacco.

PROTECT took the experience gained from implementing SFCV policy into working with NGOs with responsibilities for the health and welfare of children. Components of SFCV were adapted to assist Aboriginal Medical Services (AMS) and NGOs delivering programs through the Families First Network. Through PROTECT, we sought to:

- raise awareness of the dangers posed by Secondhand Smoke to children and adults;
- encourage the targeted organisations to address occupational health and safety issues posed by tobacco smoke;
- increase delivery of a congruent message about tobacco harm via these organisations; and
- increase advocacy for the Car and Home Smoke Free Zone message.

As a result of this project key organisations on the far north coast that provide support to disadvantaged families have adopted a commitment to smoking restrictions and to promoting Car and Home Smoke Free Zone. In addition, a communication campaign raised awareness about the importance of creating Smoke Free zones, and supporting the Car and Home Smoke Free Zone message amongst Aboriginal communities.

PROJECT PARTNERS

- North Coast Area Health Service (Formally - Northern Rivers Area Health Service)
- Families First (Department of Community Services)
- Dharah Gibinj Aboriginal Medical Service (Casino)
- Bulgarr Ngaru Aboriginal Medical Service (Grafton)



Participants from Clarence Valley Workshop



Group Discussion at Bangalow Workshop

AIMS, OBJECTIVES, OUTCOMES and PRODUCTS

AIM:

To assist organisations responsible for the care of children to understand how children are harmed by Secondhand Smoke, to adopt policies so as to give a congruent message about tobacco, and to advocate for the Car and Home Smoke Free Home message.

OBJECTIVES:

1. To develop partnerships with organisations responsible for the welfare of children and increase their knowledge about the effects of Secondhand Smoke on children. To assist staff in these organisations to identify how Secondhand Smoke impacts on the issues that they think are relevant for children (i.e. behavioural issues, school absenteeism, financial issues etc).
2. To build the capacity of organisations by offering policy, resources and a training package for organisations that will ensure Secondhand Smoke, particularly in relation to children, is addressed as a part of core business.
3. To value-add to ETS projects across NSW by evaluating the training and resources offered as a part of this program and report on the outcomes of this evaluation.

OUTCOMES:

1. The Families First Regional Coordination Management Group included monitoring the development of Smoke Free policy in the Families First Far North Coast Plan 2004-2007.
2. Four NGOs developed draft Smoke Free policies and made a commitment to complete these following further consultation in their organisations.
3. Two Aboriginal Medical Services developed draft Smoke Free policies and made a commitment to complete these following further consultation in their organisations.
4. A communication campaign used Aboriginal media outlets, letters to twelve local Aboriginal Land Councils, and communication with Aboriginal health teams to raise community awareness about the importance of creating Smoke Free zones, and supporting the Car and Home Smoke Free Zone message.

PRODUCTS:

1. A CD containing PROTECT resources will be disseminated to 16 Health Promotion Managers in NSW Area Health Services and to 15 organisations that this project reached. This CD contains:
 - PROTECT Report
 - PROTECT workshop details
 - Evaluation of PROTECT workshops, and of Smoke Free Community Visits training
 - Handouts useful in running workshops
 - Sample Smoke Free policies for NGOs to read before developing their own policy
 - Draft Smoke Free policies developed by NGOs during PROTECT
 - Media samples used in Aboriginal media
 - Evidence for how Secondhand Smoke harms children.
2. Two 'busbacks' were created to deliver the Car and Home Smoke Free Zone message. These were not funded by the project but complemented it. The entire back of two buses which travel routes on the far north coast are soon to be covered with the Car and Home Smoke Free Zone images and core message.

TARGET AUDIENCE

The primary target for this project was health professionals and others responsible for the welfare of children, particularly children from Aboriginal communities. The secondary target group for PROTECT was all children in the Northern Rivers, which is characterized by:

1. A significantly lower number of homes that are smoke free than the rest of NSW (75.2% of the population compared to for NSW average of 81.0%);
2. A larger proportion of the population that are children under the age of nine than NSW;
3. Significantly lower socio-economic index scores relative to the whole of NSW population and to the NSW rural population (957 compared to 1007 for NSW and 972 for NSW rural populations);
4. A higher percentage of the community identify themselves as Aboriginal compared with the NSW population (3.2%, compared with 1.9% of the NSW population).

It is envisaged that the parents of all children under the age of 5 years who come in contact with Community Health Services or Families First programs will be made aware of the Car & Home Smoke Free Zone Campaign and given a consistent message about the dangers of ETS.

DESIGN

PROTECT was developed using organisational change theory. The project had six key stages:

Stage 1: Initial development (months 1-2)

The project evolved following the implementation of the Smoke Free Community Visits (SFCV) policy within the former NRAHS, and became a logical progression of that work. The independent evaluation of the SFCV training (available in the accompanying CD) had shown that the education and implementation processes we were adapting to use in PROTECT had generated increased knowledge about tobacco harm and increased willingness to engage with clients about smoking restrictions. Consultation with key stakeholders occurred early in the development phase, to explore networking opportunities.

Stage 2: Engaging key participants/managers *What's the issue?* (months 1-3)

At the commencement of the project a brief presentation *What's the issue?* Was delivered in a variety of setting to engage potential participants. These setting included regional Families First Implementation Group meetings (FFIG) in Lismore, Bangalow, Tweed Heads and Grafton as well as a Families First Network meeting in Casino. Presentations were also made to the Northern Rivers Aboriginal Health Council and the NRAHS Early Childhood Nurses Forum.

Discussions then took place with the management of organisations that could potentially participate. At these meetings the desired project outcomes and potential barriers were discussed along with the resources that could be offered to facilitate participation of organisations.

Stage 3: Workshop *Seeing Through the Smoke Haze* (months 3-7)

A workshop entitled *Seeing Through the Smoke Haze* was held in each of the five geographic areas covered by the Families First program. These workshops brought together a variety of workers from different organisations that all had the wellbeing of children central to their core business. This provided an opportunity to draw on the knowledge of participants and ensure that the engagement process was relevant. At the same time, information was given to the participants to enable them to develop skills and the motivation to engage further in the organisational change.

Stage 4: Developing policy & implementing changes *Clearing the Smoke* (months 7-8)

This stage required developing and implementing organisational policies along with the clarification of strategies to motivate clients to make their car and home Smoke Free. A workshop, *Clearing the Smoke* was central to this stage. Representatives from all participating organisations were invited. Participants were funded to attend this workshop to support timely development.

Stage 5: Creating a Supportive Environment

This stage of the project was not included in the initial project proposal but arose as a recommendation during consultations with Aboriginal Health workers, the Aboriginal Health Council and FFIG. A clear message was given to members of the project team that a public awareness or social marketing campaign directed toward Aboriginal communities would increase the possibility of the project's message being accepted and acted on.

Stage 6: Evaluation, Documentation & Dissemination

Pre and post workshop questionnaires were developed to evaluate the *Seeing Through the Smoke Haze* workshops that were part of Stage 3. The post-workshop questionnaire provided opportunities for participants to offer suggestions for improvements in the workshop and to identify the points they found most useful. All components of PROTECT have been included on a CD which is being sent to Health Promotion Managers in all NSW Area Health Services, and to 15 organisations reached by this project.

UNDERLYING THEORY

Organisational change theory informed this project. The concept that had the most impact was the following formula attributed to David Gleicher (cited in Beckhard, R. & Harris, R. (1987). *Organizational Transitions*. Reading, MA: Addison-Wesley).

$$\text{Dissatisfaction} \times \text{Vision} \times \text{First Steps} > \text{Resistance to Change}$$

If any of the first three factors in this formula are zero or close to zero the change process is unlikely to be successful. This formula marries well with the first 5 phases of John Kotter's Phases Change Model (Kotter, 1995), and the models are represented on Table 1 below.

Table:1 Comparison of John Kotter's Eight Phases Change Model with David Gleicher's Formula to Reduce Resistance to Change

Eight Phases Change Model	David Gleicher's Formula to Reduce Resistance to Change
1. Establish a sense of urgency	Dissatisfaction
2. Create a coalition	
3. Develop a clear vision	Vision
4. Share the vision	
5. Empower people to clear obstacles	First Steps
6. Secure short-term wins	
7. Consolidate and keep moving	
8. Anchor the change	

The presentation *What's the Issue?* was intended to establish a sense of urgency, as well as to create a sense of dissatisfaction with the current situation. Each of the forums or meetings at which this was presented included managers and people of influence from various organisations. The general discussion after the presentation laid the groundwork for building coalitions and developing a clear vision.

The process of vision building and empowering people to clear obstacles was continued at *Seeing Through the Smoke Haze* workshops. The goal here was to increase the awareness of tobacco harm and to look for opportunities to raise the awareness amongst staff and the community of the importance of smoking restrictions, especially in relation to children.

Securing the short-term win was achieved by gaining consensus that the project was worth supporting, and via the commitments made by organisations to send representatives to the *Clearing the Smoke* Workshop. Consolidating and moving on was achieved by FFIG agreeing to include the development of tobacco-related policy into the Families First North Coast Area Plan 2004-2007, as well as including activities to raise community awareness about the harmful effects of Secondhand Smoke, plus strategies to reduce tobacco harm to children as reportable performance indicators for 12 months.

Anchoring the change will be achieved by successful implementation of policy and integration of project messages into training and various programs run by participating organisations.

IMPLEMENTATION

Engaging Key Participants

DOCS & Families First

In the early development stage we consulted with senior management of the North Coast Department of Community Services (DOCS) who signed off as project partners with a view to looking at the development of Smoke Free policy. By the time the project was ready to commence there had been significant management changes within DOCS. A serious critical incident within a rural DOCS office occurred shortly after our initial consultation. This required DOCS to review systems, and reduced their capacity to be involved in the project.

However the Far North Coast Families First Program operating from the North Coast DOCS office was keen to participate. The North Coast Families First project team had already identified harm caused tobacco as an area of concern. To introduce PROTECT and potential benefits a 20 minute presentation entitled *What's the issue?* was presented at each FFIG meeting during October 2004. Discussion after the presentation helped develop an understanding of how the various organisations could participate. A brainstorming exercise was also useful to help identify activities and strategies that could be undertaken to promote the Car & Home Smoke Free Zone message.

Outcome

The major NGOs participating in FF agreed to participate, and nominated a contact person to liaise and assist in the next phase of the project. The most significant outcome was an agreement from those involved to include monitoring the development of Smoke Free work policies as performance indicator for the Families First North Coast Plan 2004-2007.

Area Health Service Staff

This project had the potential to build on the message being delivered to the community by Early Childhood Nurses and Aboriginal Health Workers when they informed their clients about the Area's Smoke Free Community Visits policy. Managers of NGOs had also indicated that having the input of these clinicians would add value. To facilitate this, letters were sent to Community Health Managers informing them about PROTECT, and inviting the participation of their staff. *What's the Issue?* was presented to the Early Childhood Nurses' Forum in October. Information about the project was circulated to the Aboriginal Health Teams by email.

Outcome

AHS staff participated in workshops at Casino, Bangalow & Lismore along with staff from NGOs delivering Families First Programs. Extra workshops were scheduled for AHS staff in the Clarence & Tweed Valleys.

Aboriginal Community & Aboriginal Medical Services

Both AMSs were consulted as part of the initial project development. When the project funding was confirmed, there were individual meeting with AMS management.

The Aboriginal Health Council is the peak consultative group representing Aboriginal communities for the AHS. The Council meets every 3 months, and is open to Aboriginal organisations, members of Aboriginal communities, and agencies delivering services to Aboriginal communities. In August the Aboriginal Health Council was attended by the Manager of Health Promotion and the Project Coordinator to give an overview of the project and seek comment / feedback. A project update has been given at subsequent Council meetings.

Outcome

Initially concerns were raised about telling people what to do in their own homes. However, once the discussion about smoking restrictions was reframed as an occupational health and safety issue for staff and protecting the health of children, there was less resistance to the idea. The Council suggested the need to raise awareness of the issues through the media (Koori Mail & local print media) and suggested a that a letter to local Aboriginal Land Councils would help the project messages gain acceptance in the community. Both Aboriginal Medical Services were well represented at *Seeing Through the Smoke Haze* workshops.

Targeted awareness-raising with project partners

A total of seven *Seeing Through the Smoke Haze* workshops were held between November 2004 and March 2005 across the Northern Rivers. Flyers promoting the workshops were distributed through Families First & Area Health networks as well as both Aboriginal Medical Health Services. In total there were 48 participants at the workshops representing two Aboriginal Medical Services, six NGOs participating in Families First programs, representatives from seven AHS Community Health teams, including representatives from the Aboriginal Health teams.

Outcome

As a result of the *Seeing Through the Smoke Haze* workshops six NGOs committed to taking the next step which involved developing Smoke Free policies. The themes that emerged from these workshops are represented in the Discussion section of this report.

Policy Development

Clearing the Smoke was the final workshop for the project, held at Ballina on 11/3/05. It was attended by six participants representing four organisations. As neither Aboriginal Medical Service was able to attend this workshop, the project coordinator met with the managers and staff of AMSs to work with them through the first stage of policy development.

Outcome

All participating organisations now have a draft Smoke Free policy and have commenced the process of implementing this in their organisations. Development of Smoke Free policy has been included as a reportable performance indicator in the Far North Coast Families First Plan, which makes the implementation of these policies highly likely. The resources and policy information assembled as part of this project and incorporated into the accompanying CD will assist in this process and encourage the participating organisations to promote the 'Car & Home Smoke Free Zone' message.

Raising Community Awareness

Project participants at various forums, workshops and meetings stressed the need to raise community awareness of the harm associated with Secondhand Smoke, and why it was important to have smoke free zones to protect the health of the community. They felt this was particularly important in Aboriginal communities where there are high smoking prevalence rates and many children are exposed to Secondhand Smoke. Participants felt it was important to have faces and people that local Aboriginal communities could relate to. It was also suggested that a letter be sent to the twelve local Aboriginal Land Councils to inform them about AHS policies on smoke free zones, disseminate Car and Home Smoke Free Zone resources, and offer support if they were considering developing Smoke Free policies themselves.

Outcome

A call for role models to promote the Smoke Free message was included in the *Seeing Through the Smoke Haze* workshops, Aboriginal Health Council meeting and through the AHS Aboriginal Health Team network. Three Aboriginal Health workers volunteered to tell their stories to help raise community awareness. A media plan was developed that included a series of articles to be run over several weeks in the Koori Mail during July and August 2005. The stories will also be sent to local mainstream print media and Wula Wula Nga, the newsletter for the Shared Vision project. This newsletter is distributed to Aboriginal organisations across the Northern Rivers

EVALUATION

The PROTECT project was adapted from the process used to implement the Smoke Free Community Visits policy within the AHS. Part of this process was a mandatory education program to raise awareness of staff about the health effect of Secondhand Smoke on clients and staff and the potential consequences it has for the organisation as an OH&S issue.

To ensure that the workshop, *Seeing Through the Smoke Haze*, was based on a sound presentation that would achieve its objectives, the Northern Rivers University Department of Rural Health was contracted to evaluate the pre and post session questionnaires that were completed as part the training to implement Smoke Free Community Visits Policy. Their conclusion was that the sessions conducted by the team were successful in delivering their message and the evaluation showed that after participation, staff knowledge about tobacco increased, as did willingness to engage with clients about smoking.

Process evaluation following PROTECT workshops showed that overall, workshop participants reported a high level of satisfaction with the workshop process. In all there were 53 different comments relating to thing they liked best about the workshop. The main themes were the style of the workshop, the opportunity to meet and discuss concerns and issues with people from different professions and organizations, and learning about the issues related to Secondhand Smoke. There were 12 suggestions for improving the workshop. Four comments mentioned a preference for a longer workshop. An interest in having more handouts and including a short video were also mentioned. Other comments mentioned the interest in having more information about smoking - why people smoke and how hard it is to quit, to supplement the Car and Home Smoke Free Zone resources.

DISCUSSION

The goals of policies are to change attitudes or practices of staff. Without staff support and acceptance of the need to implement a policy there is little chance that the desired outcomes will be achieved. The evaluation of the training that supported the implementation of the Smoke Free Community Visit policy showed the education sessions could increase knowledge and influence attitudes about applying the policy.

The risks of passive smoking are generally underestimated and are often downplayed. The object of the *Seeing Through the Smoke Haze* workshop was to give participants a better appreciation of the extent of the problem and create a sense of dissatisfaction that many parents are endangering the health of their children, and to encourage a pro-active approach to promoting the Car & Home Smoke Free Zone message.

The approach taken was one of respect for people who smoke, and an acknowledgement that many people are not at a point that where they are ready to or want to quit. The emphasis was on harm minimisation and framed in a non-judgemental way. This approach was summed up in the line *Secondhand Smoke is a health issue not a moral issue*.

This approach was appreciated by NGO participants who indicated they would feel much more comfortable delivering the *Car & Home Smoke Free Zone* message than advising people to quit smoking. This was summed up by one comment in the workshop evaluation:

"I thought I knew enough about smoking, but often felt uncomfortable about the quit approach. The smoke free (zone) approach is much easier and I can see it being more effective"

In small group discussion, a theme that frequently emerged was the need for respect for smokers and a non-judgemental approach.

The overview of tobacco – its history, marketing by tobacco companies, health effects, and particularly the scale of the problems connected to exposure to Secondhand Smoke helped contribute to a sense of dissatisfaction with the present situation and added to the idea that something needed to be done. It also set the scene for the group discussion *'Is subjecting children to Secondhand Smoke child abuse?'* This question was asked, and participants were given the opportunity to air their views, after which the following definition of child abuse was presented:

Child abuse is anything which individuals, institutions or processes do, or fail to do, which directly or indirectly harms children or damages their prospects of a safe and healthy development into adulthood. (National Association for Prevention of Child Abuse and Neglect website)

The emphasis was put on 'what institutions fail to do' to prompt the need for policy development. Many participants, while agreeing with the overall the statement, particularly from the institutional or organisational perspective, felt uncomfortable about framing the smoke free zone argument from the 'child abuse' angle. Many felt this would be counter-productive, especially in Aboriginal communities.

Framing the exposure of clients and staff to Secondhand Smoke as an occupational health and safety issue was perceived as a better way of ensuring the organisation takes a systems approach to addressing the problem.

The *What's the issue?* presentation is an important part of the process. Managers who did not participate in this forum were much harder to engage, and less likely to commit to send staff along to the subsequent workshop.

The inclusion of 'monitoring development of smoke free policy' in the Families First Action Plan 2004 – 2007 was considered an important achievement for the project because NGOs that have a connection to the Families First Network but didn't participate directly in the workshops will also be engaged in the policy development process.

The diverse group of people brought together for the workshops generated the idea that a 3-tiered approach could be developed to continue the work of raising community awareness:

1. Brief interventions by maternity staff
2. Follow-up interventions by Early Childhood Nurses
3. Resources, information, and activities through play groups (Supported Families First Groups & mainstream groups)

Early Childhood Nurses noted that the current AHS patient history tool asks if Mum is a smoker but does not consider Dad or others living in the household. It was suggested that this should be reviewed; an additional question would provide a vital prompt for delivering the Smoke Free Zone message.

Finally while this project didn't engage with frontline DOCS workers there was some communication with workers at a number of levels of this service. The general feedback was that protecting children, staff and visitors was a lower priority than many other things currently on the DOCS agenda.

BUDGET DETAILS

Staffing Costs <i>Please provide Job Titles and Annual Salaries</i>	Spent to Nov 04	Dec 04 to June 05	Total
Project Coordinator and trainer	4054.00	2008.50	
Subtotal	4054.00	2008.50	6062.50
Materials and Equipment			
Resource Design Costs	620.00		620.00
Infrastructure	1380.00		1380.00
Photos for Media			200.00
Final Report		600.00	400.00
Burning CD of Resources for All AHS and ETS Committee members		120.00	120.00
Subtotal	2000.00	720.00	2720.00
Operating Costs			
Data Entry Person ¹	1600.00		1600.00
Senior Researcher to analyse the data ²	2400.00		2400.00
Backfill for 7 staff to build capacity in their organisation 12hours x \$28 x 7 staff		2352.00	2352.00
Workshops: venues and catering	87.50	195.00	282.50
Travel Costs	508.00	95.00	603.00
Postage of Resources to All AHS and ETS Committee members		80.00	80.00
Subtotal	4595.50	2722.00	7317.5
PROJECT TOTAL³	10649.50	5450.50	\$16,100.00

¹ 2 weeks at \$20 an hour

² 2 weeks at \$35 an hour

REFERENCES

- Beckhard, R. & Harris, R. (1987). Organizational Transitions. Reading, MA: Addison-Wesley
- Kotter, J.P. 1995. Leading change: Why transformation efforts fail. Harvard Business Review March-April; 59-67

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Appendix 1: CD Contents

This CD contains

- A. Introduction

PRESENTATIONS

- B. Presentation Flyer Example
- C. Presentation *What's the Issue?* (outline)
- D. Presentation *What's the Issue?* (slide presentation)
- E. Workshop *Seeing Through the Smoke Haze* (outline)
- F. Workshop *Seeing Through the Smoke Haze* (slide presentation)
- G. Workshop *Clearing the Smoke* (outline)
- H. Workshop *Clearing the Smoke* (slide presentation)

HANDOUTS

- I. Additional Material/Resources/Handouts

POLICIES

- J. NGO Draft Policy Sample 1
- K. NGO Draft Policy Sample 2
- L. NGO Draft Policy Sample 3
- M. Becoming Smoke Free Workplace Tips
- N. NCAHS Community Visits Policy

MEDIA

- O. *Protecting Kids From Poisons Dallas Waters* (story 1)
- P. *Protecting Kids From Poisons Vicky's story* (story 2)
- Q. *Poisons in the Home or Angie's story* (story 3)
- R. Car & Home Smoke Free logos (graphics)

EVALUATIONS

- S. *Seeing Through the Smoke Haze WS* (report)
- T. *Clearing the Smoke WS* (report)
- U. *Background Evaluation of Smoke Free Community Visits Training* (report)

FINAL REPORT

- V. PROTECT Report 2005- A project of the Environmental Tobacco Smoke and Children Program

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Appendix 2: Seeing Through the Smoke Haze Evaluation

PARTICIPATION

- 42 participants completed workshop evaluation form
- 25 participants strongly agreed with the statement – *Today's workshop was relevant to my work and I found it easy to understand and useful*, a further 16 agreed, 1 participant disagreed.

Things I liked best about the workshop

- The professional facilitation & informative presentation
- The focus on creating smoke free zones rather than placing blame on smokers
- Raised my awareness
- Was not clinical
- Information
- Statistics
- Relaxed
- None judgemental approach
- Statistics and the amount of information presented
- I thought I knew enough about smoking, but felt uncomfortable often about the quit approach. The smoke free (zone) approach is much easier and I can see it being more effective
- Small Group – brainstorming
- The practical recommendations that came out of it
- Info on the effects of 2nd hand smoke on children
- New research linking 2nd hand smoke to childhood behavioural difficulties
- The feedback
- Strong information – info on what smoking does to people
- Information on how to deal with clients when home visiting
- Emphasis not on quitting,
- gained ideas about talking to parents on ways to reduce the health risks to children i.e. effects of 2nd hand smoke on children
- Discussions & workshopping & feedback of groups
- The information concerning our own lives and our children / babies
- Communication between all health workers, the understanding, sharing our thoughts on smoking within the workplace and family homes
- Information on urine & stats
- Looking at smoking as a health issue not a moral issue
- Info on 2nd hand smoke – dangerous particle in the air for hours / urine tests
- Facts about effects of 2nd hand smoke – health & learning abilities
- Emphasis on 2nd hand smoke not quitting
- Information was mind blowing, stats were relevant.
- Passionate presenter who made work very good & interesting
- Relaxed & interactive
- The easygoing atmosphere & simple terms the presenter used
- The statistics were very impressive
- Stats / info on passive smoking & health conditions
- Learning about passive smoking
- The stats showing that tobacco was the main killer in the world & that families need to know more information on smoking around young children in the home & car
- Informality
- Discussion
- The information presented esp the stats
- Relaxed non lecturing approach
- Stats – resources (posters stickers)

- It was relaxed and non-judgemental – Mark knows what he is talking about
- Information received
- Stats on health issues
- Facts on 2nd hand smoke
- Discussion on many issues
- Child abuse is very important & 2nd hand smoke is an important issue
- Made me aware of how much damage it (2nd hand smoke) does to your health
- Power point presentation
- Info stats & the “one liners” which made you aware of the effects of passive smoking
- The statement that a child living in a home where both parents smoke will smoke the equivalent of 80 cigarettes by the 1st birthday
- Impacts on children’s health
- Encourage people to have smoke free zones
- Toxins still in the air after smoke has disappeared x 2
- How smoking affects children

The workshop would have been better if:

- There where less stats more on how or what impacts on me
- There where some good communication lines – examples of engaging people
- There was more input from other NGO’s
- It was an all day workshop – it was a little rushed with a lot of info to take in
- We had more time
- Had more information around smoking – why people do it how hard it is to quit to supplement info we give out to parents
- More people attending would give greater input
- Lunch was provided
- More time – perhaps a full day
- Handouts would be good x 3
- Include a short video
- The workshop was long

Themes and comments from group discussion - How do you feel about secondhand smoke

Negative View

- Don’t agree that people should smoke while others are eating – even in private
- Don’t like to see teachers smoking outside schools
- Don’t enjoy being around smokers
- Over all I have a negative attitude to smoking – however I respect the right for someone to smoke
- Don’t like smoking around kids
- Smelly
- Sad addiction
- It annoys me – I like the change in attitude
- Don’t like it when people smoke in places where you eat
- Uncomfortable be cause others are effected by 2nd hand smoke
- We don’t like smoking or 2nd hand smoke
 - Don’t like the smell
 - Don’t like the effect on our health
- Socially I can’t tolerate it
- People have a right to smoke... but non-smokers have a right not to be exposed to 2nd hand smoke

Costs

- Expensive / waste of money
- Financial impact
- There will be an economic impact when they ban smoking in pubs
- Costs a lot

Environmental

- Environmental problems (fire, a problem for fish)
- Has a big impact on the environment

Health

- It's a health & safety issue – particularly for children & the elderly
- If you stop smoking you put on weight and lead to diabetes
- Un-health causes many problems
- Concern for keeping children safe – adults can move away, infants & babies can't

What needs to be done (Potential solutions)

- Inform young people / families on how much smoking affects the budget
- More advertising is needed on how it harm children / babies
- Smokers need to be more considerate of non-smokers
- Aim education programs at primary school students
- Communicate well not preach
- Concern for workers safety – discuss with families at first visit – work out a plan eg meet outside if they wish to smoke
- We think it's important to provide education
- Media campaign needs to target young people
- Get families together & educate
- Smokers should carry portable ashtrays
- Cars & homes should be smoke free
- There should be no smoking in pubs & club – designated smoking areas need to be separate

Comments observation

- Educating parents on the effect on their children
- New rules are good
- Uncomfortable about telling people what to do
- Very hard to give up
- People think about smoking lots
- Even smoking areas impact on non-smokers
- At work people should only smoke at appropriate time
- Understand the struggle – its difficult to give up
- Social conditioning with children
- Non-smokers don't take as many breaks

Appendix 3: Clearing the Smoke Evaluation

Evaluation

Adequate learning materials provided

Strongly Agree 2/5	Agree 3/5	Disagree	Strongly Disagree	Not applicable
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The workshop improved my professional confidence

Strongly Agree 2/5	Agree 3/5	Disagree	Strongly Disagree	Not applicable
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The facilitator related learning experiences to my workplace

Strongly Agree 3/5	Agree 2/5	Disagree	Strongly Disagree	Not applicable
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What was the best thing about this workshop?

- Resources
- Information
- I learnt information that I can transfer to my work environment
- Access to draft policy
- Small numbers
- Facilitator knowledge
- Information sharing
- Education
- Early stages of policy development
- Info on society & change

How could this workshop be improved?

- Greater numbers for generating more ideas