

# Glasgow Life Smokefree Project

## Findings and recommendations

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## Executive Summary

The Glasgow Life Smokefree Project is a partnership project between Glasgow Life Northwest Area and the Northwest Sector of Glasgow Community Health Partnership with support from Glasgow City Council Education Services and NHS Glasgow and Clyde (NHS GG&C) Public Health Directorate. The project involved primary and secondary research in three areas;

- Exploring the issues around smokefree youth environments within Glasgow Life Service delivery in the North West Area.
- Exploring the issues associated with the implementation of smokefree policies within schools.
- Exploring the factors that influence the initiation of smoking by young people under 10 years old.

During 2014 and 2015, the Smokefree Project Officer conducted a variety of qualitative and quantitative research within each of these three areas. The methodology, findings and next steps for each is detailed below.

### Youth Environments

I spoke to various staff working with young people in Glasgow Life venues through a variety of focus groups and team meetings. These staff included Learning Assistants (youth work delivery staff), Cultural Services Officers and Cultural Services Supervisors.

Youth work staff had a high awareness of the influence they have over the young people they work with. There was a clear understanding of how they young people look at them and their behaviours and they recognised that this often put them in a position of role model. They understood the responsibility which came with this position and adapted their own behaviours accordingly.

There was a general lack of awareness of the Glasgow Life smokefree workplace policy. Most respondents reporting that they had not been briefed on any policy and were making their own judgements about smoking on the grounds.

Venues did not always make it obvious what the company policy states about smoking on the grounds, and this was often blamed on a lack of signage, particularly in outdoor areas.

Many staff felt under-equipped to tackle tobacco issues with the people they work with.

In order to address these issues, I produced an Improvement Plan with recommendations for change. This is being taken forward as a pilot within four community venues; two libraries and two community centres. The pilot will involve promoting the smokefree grounds to all staff and customers, installing appropriate outdoor signage, undertaking staff training about the policy and how to challenge any breaches to this. The success or otherwise of the pilot will be measured and assessed.

## Schools

I worked with two secondary schools in the North West of Glasgow. Within each school, I conducted focus groups with pupils, semi-structured interviews with parents/carers and contract staff and a survey with teaching staff.

Within schools, awareness of smokefree policy was mixed. Pupils and parents/carers did not recognise a school policy but instead spoke about the school rules. These rules were generally assumed rather than informed and often based on their own experience or circumstances rather than a consistent message from the school. Staff showed a higher awareness of the policy but again this was more assumed than learned.

The location of the school is crucial in terms of how frequently young people observe smoking by staff working in and with their schools. The findings show that smokefree policy that is defined by school's physical boundary can lack the intended impact in terms of influencing pupils' culture and attitudes to smoking.

A paper is being presented to Glasgow City Council Education Directorate to highlight the key findings and make recommendations. These recommendations include; each school developing a specific smokefree policy, policy development should recognise the outside environment of the particular school and each school should explore how smokefree policy can be developed as part of the wider curriculum.

## Early initiation

To investigate the early initiation of smoking, I undertook a literature analysis in partnership with the NHSGGC Library Network. Our main research question was: What factors have the greatest influence on initiation of smoking by primary-school-aged children?

The mental health of the child is critical in influencing whether or not the child initiates smoking. Stress, depression, personality traits and behaviours can all affect the mental health and wellbeing of the child which, in turn, can affect smoking initiation.

The family network of the child is important in a number of ways; it provides a basis for the child to model their behaviour, it forms their central early relationships, and it dictates their personal circumstances as they are developing.

Children who see smoking around them regularly and/or accept it as normal behaviour are at an increased risk of initiating smoking themselves. This normalisation can come from parents, peers, school and other places.

The findings from this research have been shared with ASH Scotland and will be taken forward in partnership with the Northwest Sector of Glasgow City CHP.

## 1.0: Introduction and Context

Tobacco is the largest single cause of premature death in the developed world and there is substantial evidence to show that exposure to other people's smoke is dangerous to health as well as being unpleasant and causing discomfort. Smoking is the UK's number one cause of avoidable premature death.

Smoking rates among young people in Scotland are the highest in the UK <sup>1</sup>and 80% of smokers start smoking as teenagers. A significant number of young people who smoke continue to do so into adulthood increasing their risk of serious illness and premature death<sup>2</sup>.

Young people smoke for a variety of reasons, for example, curiosity, to be part of a group/crowd, or to rebel against authority. Many young people are greatly influenced by their social and personal environment.

Parents and siblings who smoke are a powerful influence on a young person, as are peers. Young people living with parents or siblings who smoke are approximately 90% more likely to become smokers compared with young people of non-smoking households<sup>3</sup>.

As well as parents, siblings and peers, celebrities and public figures can also act as role models to children and young people. Role models seen smoking portrays this as normal behaviour.

It is important that the environments where young people congregate are smoke-free, and that staff promote a healthy image to inspire children and young people to make positive behavioural choices. This contributes to creating a message that smoke-free is the norm.

The new Glasgow City Tobacco Strategy 2015-17<sup>4</sup> sets out the background and actions required to support the national drive towards a Smokefree Scotland by 2034. One of its objectives of the Glasgow Strategy is to work in partnership to support organisations working with children and young people to develop a leadership role around smokefree environments.

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<sup>1</sup> NHS Greater Glasgow and Clyde. *Alcohol, smoking & drugs* [online].

<sup>2</sup> Glasgow City Council. *Glasgow Tobacco Strategy 2009-2014*

<sup>3</sup> Drug Misuse Information Scotland. *Scottish Schools and Adolescent Lifestyle and Substance Use Survey*

<sup>4</sup> Glasgow City Council. *Glasgow Tobacco Strategy 2015-2017*

## **Glasgow Life Context**

To understand the Glasgow Life stance on smokefree environments, the Smokefree Project Officer explored the company policy in the first instance. I, along with the Area Project Coordinator, met with the Health and Safety Manager and the Health and Safety Officer to discuss the existing Glasgow Life No Smoking Policy. We discussed where the policy came from, how it was written, how it was consulted on and how it was communicated to staff. The current Glasgow Life No Smoking Policy was written to comply with the law in the first instance, but also expanded beyond this to designate all grounds as smokefree. The idea to include the grounds as smokefree came from discussions between the Chief Executive and some of the Heads of Service.

In 2014 there was a refresh of the No Smoking Policy. A draft policy was produced. The content of this remained largely the same, other than the inclusion of electronic cigarettes, which were treated the same as traditional cigarettes, and therefore were subject to the same rules. The draft policy was then subject to a consultation process. This involved sharing the draft with the Extended Management Team (Grade 8 and above) and the Trade Unions, highlighting any changes from the previous policy and inviting comments. The amended policy was then presented to the Senior Management Team and the Strategic Health and Safety Committee to be approved. This has resulted in a refreshed policy which was published on the Glasgow Life intranet in summer 2014.

Following on from this, the Health and Safety Team are working on some enhanced guidance for managers. This involves producing a folder for each Glasgow Life site (approximately 150 in total) which succinctly details all the H&S policies which managers need to be aware of. The folder will outline exactly what managers need to plan, do, act and check in order to comply with all policies. These folders should be made available in 2015.

## **Education Services Context**

In order to understand the current position of the schools, I identified what their current smoking policy includes. Glasgow City Council has a Smoke-Free Workplace Policy which seeks to give employees the right to work in air free of tobacco smoke. This policy applies to all employees, elected members, visitors, customers, clients, contractors and members of the public. It prohibits smoking within any Council premises or vehicles including internal and external areas of a building such as car parks, play grounds and internal courtyards. Failure to comply with this policy may result in disciplinary action.

Schools within Glasgow City do not have a separate substance misuse policy. There is an overarching Health Promoting School Policy which schools should all have in place, and this refers to the Glasgow City Council Smoke-Free Workplace Policy.

## 2.0: Aims and Objectives

Glasgow Life Smokefree Project is a collaboration between Glasgow Life Northwest Area and the Northwest Sector of Glasgow Community Health Partnership with support from Glasgow City Council Education Services and NHS Glasgow and Clyde (NHS GG&C) Public Health Directorate.

The funding to support this project was secured through the Tobacco Prevention and Education Fund. The key result areas for the project are:

1. Explore the issues around smokefree youth environments within Glasgow Life Service delivery in the North West Area.
  - Identify the barriers and enablers within the organisation and amongst the staff group to support the drive to smokefree youth environments
  - Explore issues around the potential impact of smoking by staff working with young people within the organisation
  - Develop and implement actions to enhance smokefree youth environments within Glasgow Life's North West Area Team
  
2. Explore the issues associated with the implementation of smokefree policies within schools.
  - Negotiate and secure support with two or more Secondary Schools in North West Sector
  - Explore further the anecdotal evidence around school visitors, parents, carers, staff, and contracted staff smoking within the immediate school environment
  - Develop a range of proposals and activity in conjunction with the schools and Glasgow City Education Services
  
3. Undertake qualitative research exploring the factors that influence the initiation of smoking by young people under 10 years old.
  - Explore further the anecdotal evidence around the reported age of initiation of smoking by young people who have attended cessation groups
  - Produce a report detailing research findings and disseminate through existing structures

**3.0:**  
**YOUTH**  
**ENVIRONMENTS**

## 3.1: Methodology and Sample

To explore the issues around smokefree youth environments within Glasgow Life Service delivery in the North West Area, I undertook a series of qualitative research with staff working in such environments.

### Learning Assistant Focus Groups

Glasgow Life employs a number of Glasgow Life Learning Assistants. These Learning Assistants are members of staff who work directly with children and young people through delivery of play sessions, running of youth groups, work within schools, community events and other similar work. The North West Communities Team consists of three area 'hubs'; Drumchapel & Knightswood, Hillhead & Hyndland, and Cleveden. Hubs have a varying number of Glasgow Life Learning Assistants. During the research period, one hub (Cleveden) was understaffed and therefore unable to offer staff time to be involved in the project work.

In each of the remaining two hubs, I conducted a focus group with the Learning Assistant staff. Initially, the supervisors of the Learning Assistants were asked for permission for their staff to attend the group within their normally working hours, which was granted. All Learning Assistants were subsequently invited to attend the focus group for their hub. The invitation was sent by email initially and followed up with telephone calls and face-to-face discussions. The date and time of each focus group was arranged around existing work commitments and the venues used were those which the staff normally worked in.

Response rate varied by hub. In Drumchapel & Knightswood five of the six Learning Assistants and one Cultural Services Officer attended the group (CSO is a developmental role but at that time the participating CSO was undertaking much of the LAs role also.) In Hillhead & Hyndland three of the eight Learning Assistants attended the group. This lower uptake was mainly due to the working patterns of these staff, many of whom were employed on 6 or 9 hour contracts which did not allow for any non-delivery time to attend the focus group.

The Drumchapel & Knightswood focus group took place in October 2014. The Hillhead & Hyndland group took place in February 2015. In each group, respondents were asked to speak about their experiences and opinions in relation to smoking in and around the sessions they run. Minutes were taken by an external Electronic Notetaker.

### Feedback from Cultural Services Officers and Supervisors

Across the North West, Glasgow Life manages 11 community libraries and 6 community centres. Each facility has a Cultural Services Officer who takes responsibility for the building and how it is developed. Each facility also has a Cultural Services Supervisor who manages the day-to-day running of the centre.

In April 2015, the Smokefree Project Officer gave a presentation at the Glasgow Life North West Communities development day. This is a bi-annual event for all management level staff in North West Communities. It focuses on achievements within the team as well as potential areas for development. The presentation described the work of the Smokefree Project to date in particular on the findings relating to the smokefree youth environments. The CSOs and CSSs from each facility were in attendance at this event. All attendees were asked to complete a task which involved them working in groups to think about the venues and the staff which they manage, and how they fit within the current workplace policy. They were then asked to highlight any areas of concern and consider areas where they might benefit from further support to ensure they comply with the policy.

To supplement this, the Smokefree Project Officer attended the Facilities Managers' meeting in May 2015. This is a fortnightly meeting for the CSOs and CSSs from each of the community centres to discuss any cross-cutting issues. This was an opportunity to explore further the issues raised at the development day through semi-structured questioning and group discussion.

## 3.2: Key Findings and Recommendations

Finding	Recommendation
There is a general lack of awareness amongst Glasgow Life delivery staff about the existence of the company Smokefree Workplace policy.	All staff should be aware of the existing policy and what it means for them in their role. Frontline staff in particular, should be fully informed about how the policy affects the buildings they manage and/or work in, and how it affects the public they work with.
Some Glasgow Life delivery staff feel uncomfortable raising the issue of tobacco with young people they work with due to a concern about damaging their relationships with them.	All youth work staff should be given comprehensive youth work training. Such training should include how to tackle potentially sensitive issues with young people (including tobacco). In addition, relevant staff should be offered specific tobacco awareness training.
Staff working in Glasgow Life community facilities generally lone work and therefore could feel that enforcing the Smokefree Workplace policy could pose issues or concerns to their working conditions.	The issue of lone working and how it impacts on the ability of staff to enforce policy should be further explored. The expectations on staff should be clarified and all affected staff should be fully briefed.
Glasgow Life Staff at community venues reported that they do not currently have 'sustainable' No Smoking signage outside their venues. This means it is not clear to the public that smoking is not permitted on their grounds.	Signage should be provided and installed at each venue to identify to the public where smoking is not permitted. This signage must be fit for purpose, in terms of size, placement on building, durability etc.

## 3.3: Detailed Findings

### Learning Assistant Focus Groups

#### Organisational support for a Smokefree Environment

On the whole, the respondents felt smoking was not really a problem in the areas in which they work and they did not report any smoking related incidents.

*“see to be quite honest with you, in all my sessions I’ve got, I’ve no got many smokers”*

*“the noo, I would say, the biggest majority of young people are non smokers, that I work with. I see a big downturn in the way I grew up”*

All participants stated agreed that they do not have people smoking indoors. Initially staff said that those who do choose to smoke, generally do so away from the building or doorways. However, later in the discussion they described some instances of smoking closer to the buildings, where smoking bins are provided at the doorways.

Respondents had not been formally advised about smoking policy within the buildings they work in, and appeared to be making their own judgements about people smoking on the grounds. All respondents agreed it wasn’t acceptable to have people smoking in sight of young people, and most felt that if they came across people smoking close to their sessions they would ask them to move further away. However, should they be challenged on this, they did not believe there was support from the organisation in terms of a policy to back them up. They felt protected by the law banning smoking indoors, but not to challenge beyond this.

*“...obviously they adhere to the rules about smoking indoors, but there’s no really any policy in place...”*

*“I think we don’t feel like there’s anything there to support it. I think if there’s things there and resources there and signs and whatever else, a policy that we can refer back to say well this is why we’re telling you this, we’re not just saying it to be nasty... I think there’s a way of approaching it and then having something to refer back to, to say right well I’ll show you the policy, this is why you can’t do it, this is what we’ve come to agree on as a smokefree environment, this is why you can’t do this, rather than just saying you cannae do it”*

*“But if there was a policy in force here, say this building, and there were no smoking signs up in these types of places, we would then be able to go and say, you know, as workers in this type of place ‘I’m really sorry but you’re not allowed to smoke here and you’ll need to go... wherever’”*

*“for example, if one of us mentioned to that lady, and said ‘look you cannae smoke here’ then in theory she can turn round and say ‘how no?’. Whereas if there was a clear sign, a clear and concise sign, then we could say ‘that’s how’.”*

Respondents agreed that there was a need for a policy to define the Smokefree environment. However, there was differing opinions about what should be included in the

policy. Some felt smoking outside the boundary of the grounds would be best, whilst others thought this wasn't solving the problem as smoking was still in sight, and at times even more obvious. Respondents also varied in their opinion on who should enforce any no smoking policy; some felt it should be the responsibility of the youth work staff, whilst others felt it should be the responsibility of the building staff.

*"I would say it would be the building staff's job."*

*"if it was during one of our sessions, then it would be us. But if it was out at the front door then it would be whoever is on that building"*

*"I think if you don't make everyone responsible for policing it, then people will pass the buck"*

There was a consensus of agreement that any smokefree policy should be organisation-wide rather than localised.

*"if as a company we want to implement this, then it has to be fully supported in every area in the company. It has to be supported by Glasgow Sport, it has to be supported by Glasgow Libraries, it has to be supported by Glasgow Communities, it has to be supported by Glasgow Arts. It has to be a universal policy"*

*"I imagine it would be supported, like, city-wide like. Especially from Communities and Sport who are working with younger kids on a regular basis and who are surrounded by it. If there's nothing there to say otherwise"*

### **Role model behaviour**

All respondents showed a high awareness of the influence they have over the young people they work with. There was a clear understanding of how they young people look at them and their behaviours.

*"Now we've got access to the best part of what, 150 kids at least a week and I would quite like to say that we've got a rapport with the majority of these 150 kid, you know what I mean? So, it's showed as sessions, when we say jump, they say how high, you know what I mean? So we've got that power. If we're educated enough, if we're trained enough, we've got that power over these kids. They'll no take on everything we say on board but by god what a tool it it."*

Some of the respondents were smokers or ex-smokers. All were very definite that they would not like to be seen smoking by the young people they work with. Respondents displayed a strong awareness that they are often viewed as role models and may need to adapt their behaviour accordingly. This was based on personal beliefs rather than an organisational policy, training or anything similar.

*"I just feel, even when I was a smoker and even before any bans came in, I felt, I tried no to smoke in front of young people. You know, in my line of work. I just didnae..... I would go away somewhere and have a fag. I think it's just a personal thing wae me"*

*"I'm the same, I went down the lane. I don't want any of the kids to see. I'd chuck it if they same over the road. Cause it's no exactly the best influence is it?"*

*The guy whose supposed to be running your session standing having a snout before he comes in”*

*“I stopped smoking when I started with Glasgow Life. Because parents and that don’t think it’s very nice. You shouldnae really be smoking in front of young people. Because they’re looking up to you and they’re like “Oh, they’re smoking”. Do you know what I mean? “That’s alright if I can go and do that”. Which I don’t think it is”*

*“...most adults in our field know their rights and wrongs about where it is appropriate to smoke..”*

On the role model thread, the respondents discussed the issues around other adults smoking around the young people. They also discussed how, as youth workers, they moderate their smoking behaviour. However, they recognised that there are other people who have influence others around young people citing parents, grandparents, siblings and other family members who smoke around the young people at home, in the car and elsewhere. They described instances of parents smoking around the grounds of youth sessions;

*“...one of the mums stands at that park and smokes and it drives every single one of us insane.”*

The idea of role models also extended beyond themselves and other youth work staff. The respondents suggested other adults who come into contact with the young people can also be influential. They spoke about parents and other adults using the centre/facility at the same time as them, and about how the young people might view their behaviours;

*“...we are not perfect, and no-one is, but if they see an adult do it, why isn’t it okay that they can do it?”*

*“.. to give them into trouble when you are not setting a good example is hypocritical.”*

The respondents talked about how the behaviour of adults is not only influential but can also give the young person a feeling of equality. Therefore, in the instances where young people feel they are being treated differently to the adults around them, this could leave them feeling unfairly treated.

*“But there are double standards because the caretaker and adults in the facility will smoke there.”*

*“Some of the centres will make you aware of it but if their own staff aren’t following it how can they expect you to enforce it?”*

Respondents were aware that this could send a conflicting message to young people, and some did question how much influence they could have against the message from home. However, they agreed that, as an organisation, Glasgow Life should take a stance on a no smoking policy and that parents, grandparents and others should adhere to this when on the grounds.

### Image and ethos of organisation

Respondents believed that the image of the organisation was important and that smoking could impact on this. There was concern that creating a smokefree environment could push smokers just outside the periphery of the grounds but that the public perception would be that they are still associated with the organisation. They agreed that staff, parents, young people or anyone else standing just outside the gate / fence would be in clear sight of the public and would be connected with that building or organisation or club. They suggested a smoking shelter as a way of addressing the issue of adults smoking in sight of young people.

*“so people will step outwith the grounds but people still need to walk through that, and that’s something that’s a real, real bug bearer of mine..... So that to me, I don’t even think, is solving the problem, cause it’s just moving the problem somewhere else.”*

*“...if someone’s standing at your gates, which in theory is outside your ground, they’re still, its pretty obvious they’re still doing it from that ground in you know what I mean.”*

There was also discussion around the potential conflict in ethos of the organisation. The respondents described a drive by Glasgow Life to increase attendance numbers at their groups and events. Respondents regarded footfall as an organisational priority, and something which they are regularly aware of. One respondent questioned whether the organisation would be willing to accept a potential loss in attendance.

*“...sometimes theres a lot of focus on footfall, at events, activities etc. Is there maybe a fear factor that we feel if our buildings are plastered with no smoking signs that the footfall could drop?”*

*“I think in certain areas of communities and stuff, I think with the youth, if it was, I think it would affect the numbers”*

*“I think it’d be a means to an end. I would be quite happy to support an initiative like that even if it affected numbers because I think it’s for the overall good.”*

### **Youth worker perceptions of young people smoking**

Several respondents felt that if a young person was smoking around their session, it could be considered as a reflection on themselves.

*“I think it’s became a, no as much a habit to kids, but mare a...”.*

*“...statement” ( \*completed by another respondent)*

*“I think it’s a boredom thing as well a lot of the time.”*

*“Our sessions generally last for two hours, so if children or young people are wanting to go away and leave on a number of occasions during that then maybe we’re not doing a good enough job, do you know what I mean? If we’re not engaging them enough in that short time, I mean two hours is nothing, if we’re not engaging them enough in that time, then is there something we’re doing wrong?”*

Although it was not expressed explicitly, respondents showed an awareness of impact which mental health has on the choice to smoke or otherwise. They recognised that this could overrule whatever influence they might have over the young people as role models.

*“At the end of the day it’s peoples choice if they smoke or no. Nabdaes gonna stop just cause we tell them to... I think it just depends how you’re feeling in yourself”*

On the whole, participants’ comments and opinions about smokefree grounds were led by their personal opinion; enforcing the lack of corporate or policy-led directive.

*“You can speak to Glasgow Life staff about this and you can speak to smokers, and they’ll personalise this. They wouldnae have an objective view.... You’re talking about a big organisation and a lot of smokers in it as well, so we’re not all gonnae sing off the same hymn sheet are we?”*

### **Relationships**

The respondents all described the importance of the relationships they have with the young people they work with. They discussed varying strengths of these relationships, generally based on the length of time they had spent with them and the setting in which they work with them. The relationships based on a youth setting were generally seen as slightly stronger than those based on school environments. This was thought to be due to the less formal situation afforded by the youth environment.

Participants expressed concern over the potential to damage the relationship with the young person.

*“...you might be the nicest person the young person meets that day, and you may be the only person saying anything positive to them. If you challenge that, you could just become like everyone else.”*

*“...I strongly believe that sometimes in a youth work capacity you could be the only voice of stability some young people have...”*

*“The struggle for us is that you don’t want to damage the relationship.”*

This did not necessarily mean that the respondents wouldn’t challenge young people’s smoking behaviours, but that they would be hesitant to do so without further training and/or support.

*“it’s a lack of training for us....I don’t feel I have the background to help or support a young person to quit...in terms of training I would not feel prepared to give them advice.”*

### **Awareness of organisational Smokefree Policy**

At the end of each focus group, attendees were asked to complete a basic questionnaire about Smokefree youth environments and Smokefree policies. The response numbers are too small to draw any quantitative conclusions but it is noteworthy that when asked the question *“Does Glasgow Life have a no smoking policy?”* all responses were *“Not sure”*.

## Feedback from Cultural Services Officers and Supervisors

The task at the development day, plus the follow-up discussions at the Facilities Managers' meeting highlighted a number of findings.

On the whole, there is a lack of staff awareness of the Smokefree Workplace Policy. All staff knew that smoking indoors was not permitted by law but there was less clarity about smoking outdoors when on Glasgow Life grounds.

Venues did not always make it obvious what the company policy states about smoking on the grounds, and this was often blamed on a lack of signage, particularly in outdoor areas. Some facilities have tried to put signs up outside buildings but these are not specifically designed for outdoor use, therefore tend not to last particularly well.

Staff discussed the boundaries of their venues. The physical location of many venues is such that when you leave the building you are on a public street, therefore staff feel no jurisdiction to try to prevent the public smoking outside. Other venues have a clearer boundary (i.e. a car park area, or fenced area) so could be more enforceable.

However, many staff felt under-equipped to tackle tobacco issues with the people they work with. Most facilities staff are lone workers therefore could feel their personal safety might be threatened if they were to challenge members of the public smoking on the grounds. They felt that a manager would be unlikely to insist that their staff must challenge those who do not adhere to the policy, but instead would ask that staff use their own judgement in each individual circumstance.

## 3.4: Next Steps

An Improvement Plan has been prepared which proposes the following:

- Staff awareness of smokefree policy: All staff should be aware of the existing policy and what it means for them in their role. Frontline staff in particular, should be fully informed about how the policy affects the buildings they manage and/or work in, and how it affects the public they work with.
- Staff confidence to tackle tobacco issues with young people and their families: All youth work staff should be given comprehensive youth work training. Such training should include how to tackle potentially sensitive issues with young people (including tobacco). In addition, relevant staff should be offered specific tobacco awareness training.
- Staff lone working status: The issue of lone working and how it impacts on the ability of staff to enforce policy should be further explored. The expectations on staff should be clarified and all affected staff should be fully briefed.
- Lack of No Smoking signage outside community venues: Signage should be provided and installed at each venue to identify to the public where smoking is not permitted. This signage must be fit for purpose, in terms of size, placement on building, durability etc

The Improvement Plan has been signed off by the Glasgow Life North West Communities Assistant Area Manager and he has agreed that a pilot should be conducted in four community venues in the North West; two libraries and two community centres. This pilot will take place in 2016 and will involve establishing a baseline of smoking levels, a promotional period to prepare customers and staff for the launch of the smokefree venue, installation of signage around each venue and a measure of smoking levels at the end of the pilot period. The success or otherwise of the pilot will be measured by looking at the change (if any) in the smoking levels between the baseline and the end, alongside evaluations with staff and customers. The outcome of this will inform recommendations for improvements in Glasgow Life venues across the City.

# 4.0: SCHOOLS

## 4.1: Methodology and Sample

The Smokefree Project Steering Group consists of representatives from Glasgow Life, NHS GG&C Health Improvement Team, NHS GG&C Public Health and Resources Unit and Glasgow City Council Education Services. The steering group discussed the involvement of secondary schools in the project and agreed that we should work with two local (North West) secondary schools. In the first instance, the group agreed the shortlist of secondary schools based on pupil smoking rates (as per the Schools Survey), population smoking rates in the school catchment areas, existing relationships with the schools and other initiatives ongoing in the school. The shortlist was then shared with various colleagues in Education for approval before two local schools were highlighted as those to approach and invite to take part in the project. Both schools were sent an email in the first instance and this was followed up with a phone call. Following this, I met with senior management team members at each school to further discuss their involvement and both agreed to take part. Once we had this agreement, I made contact with the relevant teachers, Glasgow Life staff and other staff working within the school to investigate the most appropriate groups, pupils and staff to involve in the project and how best to contact them.

### Pupil focus groups

In both schools, I ran a number of pupil focus groups with different classes and different year groups.

The Prince's Trust XL club is a personal development programme for young people to support them to develop the skills and confidence needed to progress into a positive future. Both schools offer an XL class; School 1 in fourth year and School 2 in third year and I conducted focus groups with each of these classes. The focus group was run within their normal lesson time and in their usual classroom. Each focus group lasted approximately 40 minutes and involved a warm-up task as well as discussion time.

I conducted further focus groups with first year pupils at both schools. These took place during their usual lesson period; either during Personal and Social Education classes or Social Subjects classes. Pupils were taken out of the class and taken to another classroom in groups of between 7 and 11. The focus group included a short engagement questionnaire followed by around 30 minutes discussion time. Minutes were taken by an external electronic notetaker. In School 1, I ran six first year focus groups which included 54 pupils in total. In School 2, I ran six first year focus groups which included 55 pupils in total.

### Parents evening

In January 2015, I attended a parents evening for fifth and sixth year pupils and in February 2015 I attended a parents evening for second year pupils. During each evening, I spoke to approximately 20 parents, carers, grandparents and family groups.

## Teachers Survey

In May 2015, all teaching staff at both schools were invited to complete a short questionnaire about their opinions on the situation in their own school. School 1 requested paper distribution of the questionnaire, with returns to one designated teacher in the school. School 2 requested an electronic copy of the questionnaire which was emailed and responses entered directly into Survey Monkey.

- School 1 submitted 20 responses. This represents a response rate of approximately 34%.
- School 2 submitted 28 responses. This represents a response rate of approximately 35%.

## Contract staff interviews

I met with the Janitorial Manager and Cleaning manager at School 2. We had a discussion around what, if any, smoking policy they adhere to and whether or not it worked for them and their staff. The meeting took the format of a semi-structured interview and minutes were taken by an external Electronic Notetaker.

## 4.2: Key Findings and Recommendations

Finding	Recommendation
<p>Within schools, awareness of smokefree policy was mixed with no direct reference to either school having developed their own specific smokefree policy. National and local tobacco control frameworks suggest that all organisations with a leadership role working with young people should develop smokefree policy. There are guidance documents that have been developed by national tobacco control agencies to facilitate appropriate smokefree policies for schools.</p>	<p>Each school should develop a specific smokefree policy.</p>
<p>The research findings from the project demonstrate that the location of the school is crucial in terms of how frequently young people observe smoking by staff working in and with their schools. The findings show that smokefree policy that is defined by school's physical boundary can lack the intended impact in terms of influencing pupils' culture and attitudes to smoking.</p>	<p>Smokefree policy development needs to recognise the immediate outside environment of a school and implementation of the policy needs to reflect this.</p>
<p>Involvement of staff and pupils should be key during the development of smokefree policy. Participation in this process fosters ownership of the aims of the policy which is crucial to its successful implementation.</p>	<p>Schools should explore how they can develop smokefree policy as part of the wider curriculum aiming to bring about change in its wider community.</p>
<p>Leadership around smokefree policy implementation is required within the school setting to ensure a successful process. This leadership is created by a clear understanding of the role that schools can play in terms of influencing the choices that pupils make around the initiation of smoking.</p>	<p>Working with the project partners use existing mechanisms or a specific event to present the learning from this project to senior management within schools with the aim to facilitate this leadership role.</p>
<p>Feelings of school connectedness impact how susceptible or otherwise a young person is to initiate smoking. Creating a school environment where pupils feel safe, secure and connected can act as a protective factor to smoking initiation.</p>	<p>Schools should develop actions to explore how the themes around connectedness can be incorporated into the wider health and well-being programmes currently delivered.</p>

## 4.3: Detailed Findings

### Pupil focus groups

The focus groups showed that young people at both schools had differing views on smoking and these were influenced by a number of factors.

#### School policy / school rules

As part of the warm up questioning of the focus groups, I asked the first year pupils to tell me about the rules at their school. In both schools, pupils were able to describe a number of school rules around eating in class, mobile phone use, uniform, inappropriate dress, conduct etc. In School 2 in particular, pupils were very aware of the general school rules and felt these were well promoted through the code of conduct in their planners, information shared at year group assemblies and posters around school. Pupils understood why there were rules in place and discussed the consequences of breaking the rules.

However in both schools, when pupils talked about the rules of the school, they didn't bring up smoking spontaneously. When prompted, pupils guessed at what the rules were but on the whole they had limited experience of how they applied in reality. All pupils knew that smoking was prohibited indoors and most guessed the school rules would prohibit smoking in the school grounds. Their ideas about punishment varied. In School 1 they thought that anyone found smoking would be taken to the Campus Police Officer, or their cigarettes would be taken away, or their parents would be contacted. In School 2, pupils mentioned getting a punishment exercise, detention, suspension, phone call home to parents. In School 2 however, they went on to say that these things didn't often happen and that smoking often went unchallenged by members of staff. They described teachers walking past pupils smoking either without saying anything or only asking them to move elsewhere.

In several instances, in both schools, pupils discussed the legalities of smoking rather than the school rules, and there seemed to be some confusion about this. During discussions about the legal age to buy and smoke tobacco, many suggested it was 16 years old. On a small number of occasions, other pupils challenged this and suggested you need to be 18 years old to buy tobacco, but could smoke it at 16 years old. In these instances, pupils saw this as a loophole to allow those over 16 to smoke without being penalised, as long as someone older had bought the cigarettes for them. When discussing this in the context of the school environment, pupils often felt that the school would only get involved if the smoker was underage (by their definition).

In the XL class in School 2, several of the pupils discussed their "*right to smoke*". They felt that those who were over 16 years should be regarded as an adult in terms of tobacco use and therefore allowed to make their own decisions about smoking around their school.

## Influence

The views of the pupils in the Prince's Trust XL classes varied between the two schools. In school 1 the pupils generally understood the school rules about smoking and showed a good level of understanding as to why they rules were in place. They recognised that they as pupils could influence other pupils, particularly younger ones, by their behaviours including being seen smoking. In school 2, the pupils mainly described smoking behaviours in terms of legality rather than school rules, i.e. if you are old enough to smoke, it's your own choice to smoke. However, through discussion it became clear they had a deeper understanding of the impact of normalisation of smoking behaviour, despite not vocalising it in this way. They described the impact of the "little ones" (S1 and S2 pupils) seeing others smoking and how this could influence them.

Whilst the older pupils recognised how they might influence the younger pupils, the first year pupils focused on how they themselves could be influenced. In School 2, pupils at the S1 focus groups discussed the potential influence which older pupils could have on them. They mentioned seeing older siblings and their friends smoking around school, as well as other older pupils in general. In School 1, the S1 pupils had a clear knowledge of which older pupils smoke and where they choose to do so. This was repeated in each separate focus group.

The first year respondents also mentioned the influence of family and the influence it could have to grow up in a household where smoking is regarded as normal. In School 1, many of the pupils spoke from personal experience about this and discussed smoking in their own home, either by parents, grandparents, siblings or extended family members. In School 2, there was less mention of personal experience, with only a small number of pupils mentioning smoking at home. When smoking at home was discussed, pupils used terms such as "*normal*", "*okay*" and "*accepted*".

Within both schools, the first year pupils placed much importance on acceptance by their friends and other peers, particularly so in School 2. Generally, pupils placed a huge importance on their friendships and relationships with their peers. This was particularly important in S1 as they related their experiences to the transition between primary and secondary school and how some friendships had changed and new bonds were formed. Their relationships and fitting in was so important to them that they felt it would be an important factor in their choice to smoke or otherwise.

The influence of teachers and other adults smoking around the school was discussed in each school and with both the younger and older pupils. At School 1, pupils showed some awareness of particular teachers who smoked. This was mainly based on the individual teachers smelling of tobacco when they came into the classroom, or the pupils seeing teachers walking to a particular area outside the school grounds where they suspected they smoked. However, the pupils did not actually report seeing teachers smoking. In School 2, pupils discussed teachers smoking in far more detail. In five out of six first year focus groups, and in the XL group pupils discussed seeing teachers smoking around the school. In most instances, this was mentioned unprompted by the pupils. Most of the pupils showed an awareness of the area most teachers use to smoke and gave accounts of

seeing teachers there smoking. Pupils were aware of how teachers behaviour could influence pupils and, although they didn't describe it as such, they recognised that these teachers could act as role models. In particular, within the XL group the teenage boys were not concerned about seeing a maths teacher smoking but they would be concerned about seeing a PE teacher smoking. This was based in part on their expectation for a PE teacher to display particular characteristics around a fit and healthy lifestyle, however it was also based on the rapport and relationship which they felt they had with that particular teacher.

### **Reputation of the school**

In School 1, the XL class pupils were very aware of the reputation of the school. They mentioned the local community and how they viewed the school, often in a negative way. They talked about school uniforms and said that the community may *"call us names because we are not smartly dressed, like we all take drugs"*. They recognised the role they played in shaping this reputation, and how smoking is another aspect which could be a part of this. In School 2, the XL class felt that the school was concerned about its reputation and this was the main driver for telling pupils not to smoke. They described a school stance which was mainly driven by perceptions as pupils are told not to smoke in public view. This view seems to resonate with the young people as they described smokefree solutions in terms of containing the issue by providing smoking shelters.

### **Mental Health**

In School 1, the XL class pupils explored, in some depth, the reasons people might choose to smoke. Without prompting, they described mental health issues such as stress and depression. They suggested that people suffering from stress and/or depression may use tobacco as a coping mechanism. This viewpoint was rooted in their personal experience and they displayed this by using personal examples of family members, friends or other acquaintances who they had witnessed smoking.

Some of the younger pupils (S1) also showed an awareness of how mental health issues might impact on smoking behaviour. One pupil at School 1 described people smoking when they are *"feeling sad and there's nobody to help them"*, another mentioned *"family problems, maybe someone had died in the family"*, whilst another talked about *"stress with school and exams"*. In School 2, pupils also mentioned stress and depression unprompted. One pupil mentioned their mum smoking as a *"stress reliever"*, whilst another talked about smokers being *"troubled, stuff going on at home"*.

### **Electronic cigarette use**

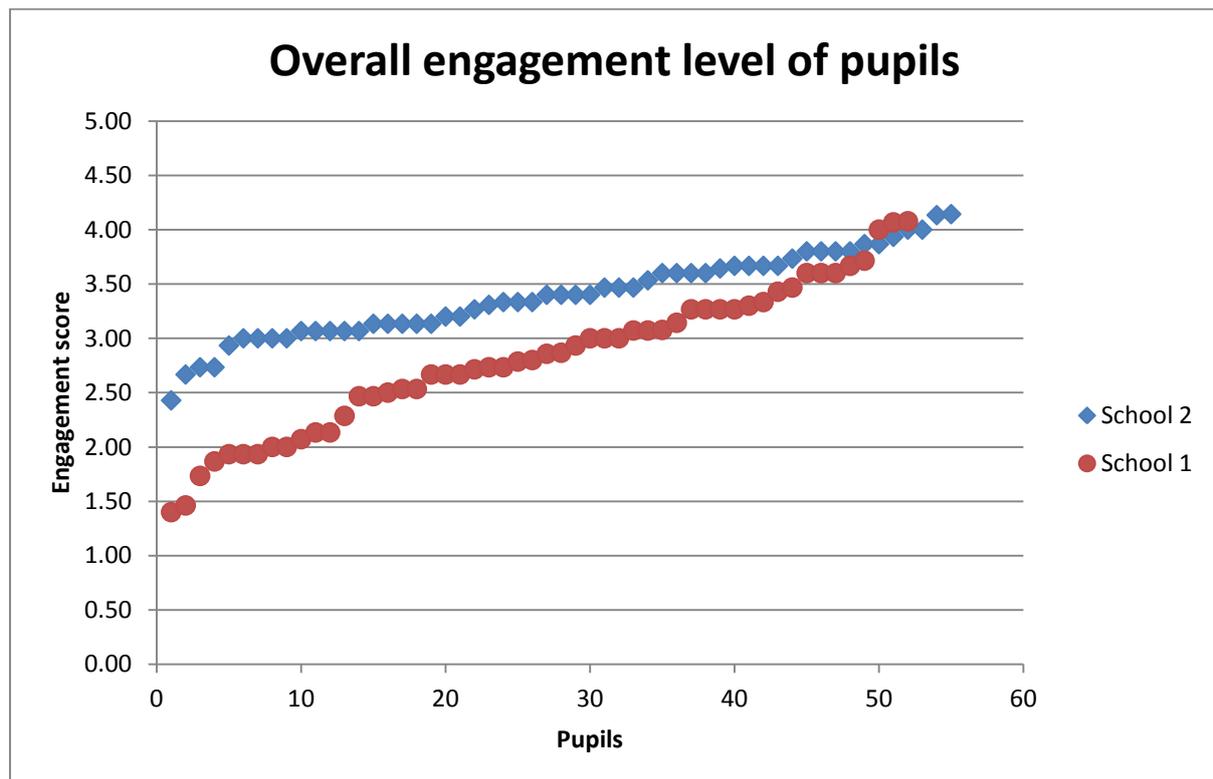
Electronic cigarette use was mentioned on several occasions in different focus groups. In School 1 they were mentioned in the context of family use, but in School 2 some first year pupils said they had seen other pupils smoking them around the school. There was

discussion about the purpose of them; either as a tool to help people quit smoking, or as a way to bend the rules by smoking at school. There seemed to be a lack of clarity about whether e-cigarettes were allowed or not, and pupils reported different experiences of how teachers dealt with pupils using them.

### Pupil connectedness

During the first year focus groups, I asked all pupils to complete a short questionnaire. The questionnaire was adapted from an American school engagement resource<sup>5</sup> and was intended to give look at how engaged the pupils were and therefore give a rough indication of how connected they felt to their school. The questionnaire included a list of statements relating to their school and they were asked to answer if the statements were true “all of the time”, “most of the time”, “some of the time”, “on occasion” or “never”.

Engagement levels varied amongst pupils, but on the whole lay in the middle range. On a scale of 1 to 5, all pupils scored between approximately 1.5 and 4. Generally pupils at School 2 showed a higher level of engagement than those at School 1.



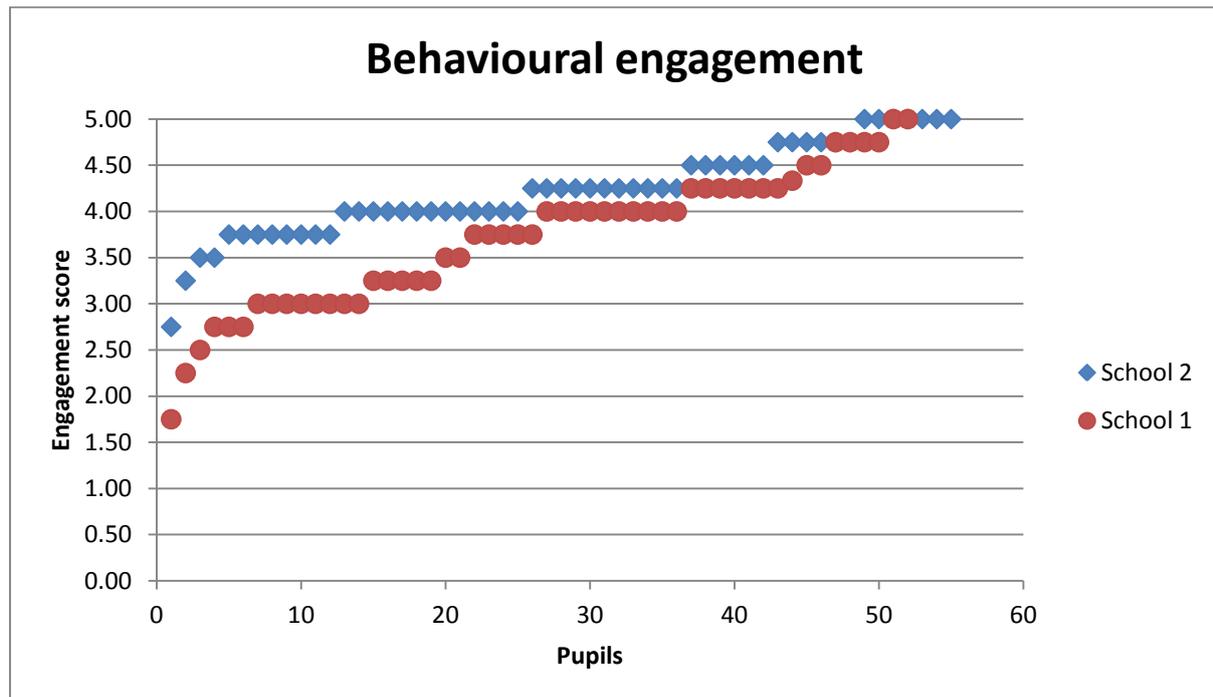
This overall engagement can be broken into three different categories; behavioural, emotional and cognitive. Each of these is described below.

<sup>5</sup> Source: Fredericks, J.A., Blumenfeld, P., Friedel, J., & Paris, A. (2005). School engagement. In K.A. Moore & L. Lippman (Eds.), What do children need to flourish?: Conceptualizing and measuring indicators of positive development. New York, NY: Springer Science and Business Media.

Behavioural engagement looks at the behaviours which the pupils display in the school environment and is based on their responses to the following statements:

- I pay attention in class
- When I am in class I just act as if I am working
- I follow the rules at school
- I get in trouble at school

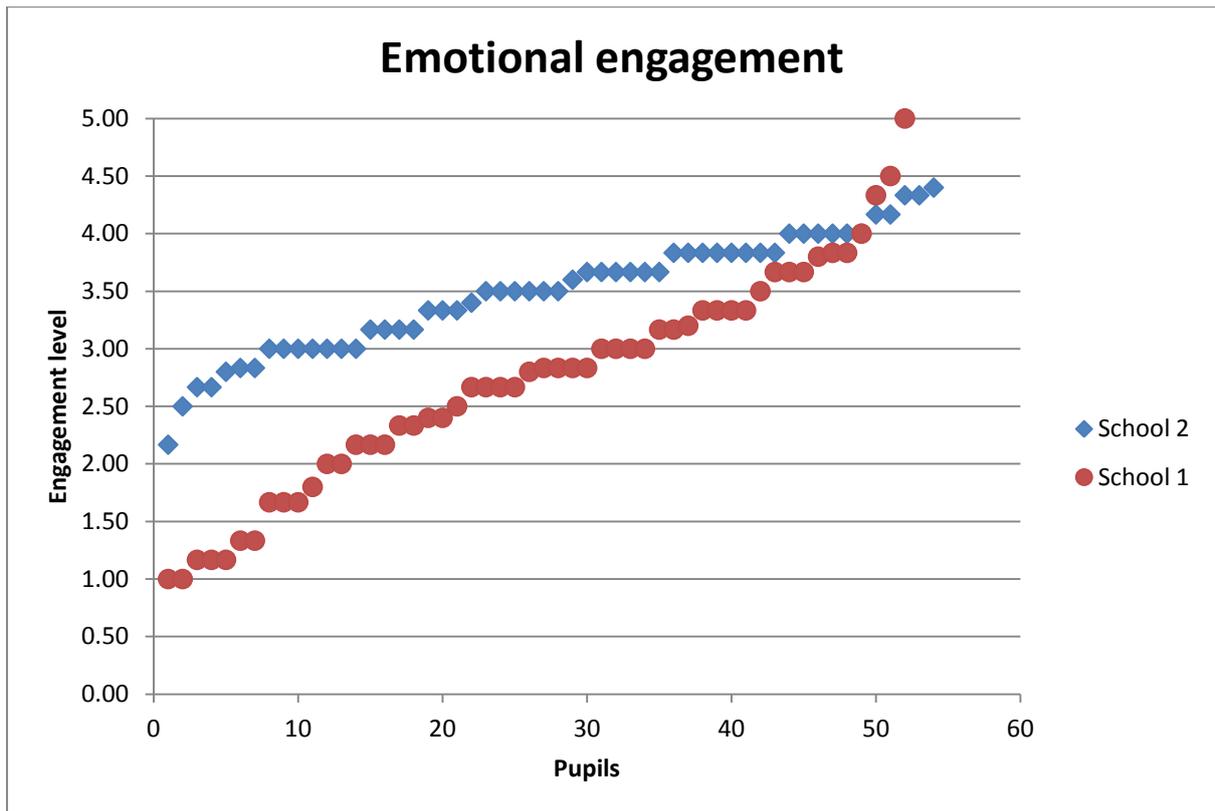
Generally behavioural engagement was rated highly. The majority of pupils at School 2 scored 4 or higher, whilst the majority of pupils at School 1 scored 3.5 or above. Based on this, most pupils are positive about the behaviours they display at school.



Emotional engagement focuses on how the pupil feels when they are at school. This measure is based on the statements:

- I feel happy in school
- I feel bored in school
- I feel excited by the work in school
- I like being at school
- I am interested in the work at school
- My classroom is a fun place to be

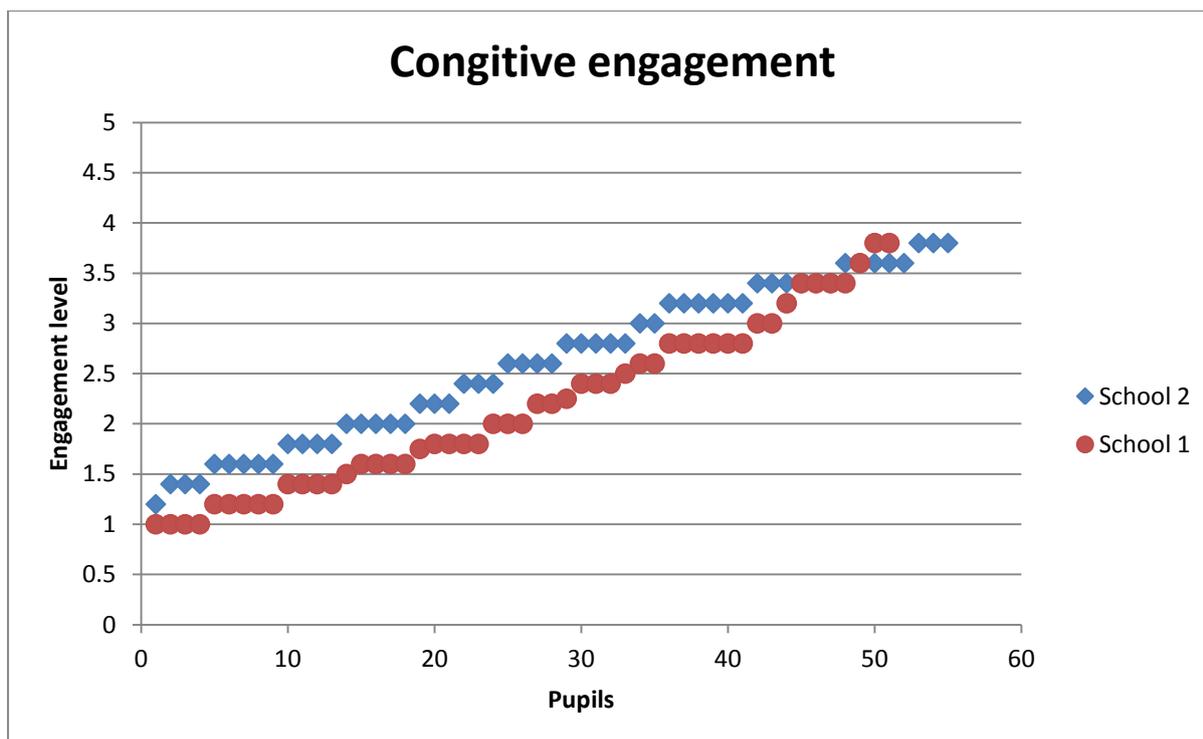
The responses to this varied between the two schools. In School 2, all pupils scored at least 2 and the majority scored between 3 and 4.5. The responses from School 1 were far more dispersed. A number of pupils scored 1 or close to 1, indicating the lowest level of emotional engagement, whilst a few scored at the other extreme of the highest level.



Cognitive engagement focuses on the reasoning skills pupils apply to their education and is based on the following statements:

- When I read a book, I ask myself questions to sure I understand what it is about
- I study at home even when I don't have a test
- I try to watch TV shows about things we are doing in school
- I check my school work for mistakes
- I read extra books to learn more about things we do in school

Cognitive engagement scores were generally lower than behavioural and emotional engagement.



Parents evening

On the whole respondents did not think smoking around the school was an issue or concern. They generally hadn't witnessed anyone smoking around the school grounds and didn't have any reason to think the school smoking policy wasn't effective. All those I spoke to agreed that pupils shouldn't be allowed to smoke on the grounds, but there was a mix of feelings about whether or not teachers, other staff, parents or any other adults should be allowed to smoke on the grounds. Some thought this shouldn't be permitted at all, whilst others felt that the school shouldn't place restrictions on adult behaviour.

Teachers Survey

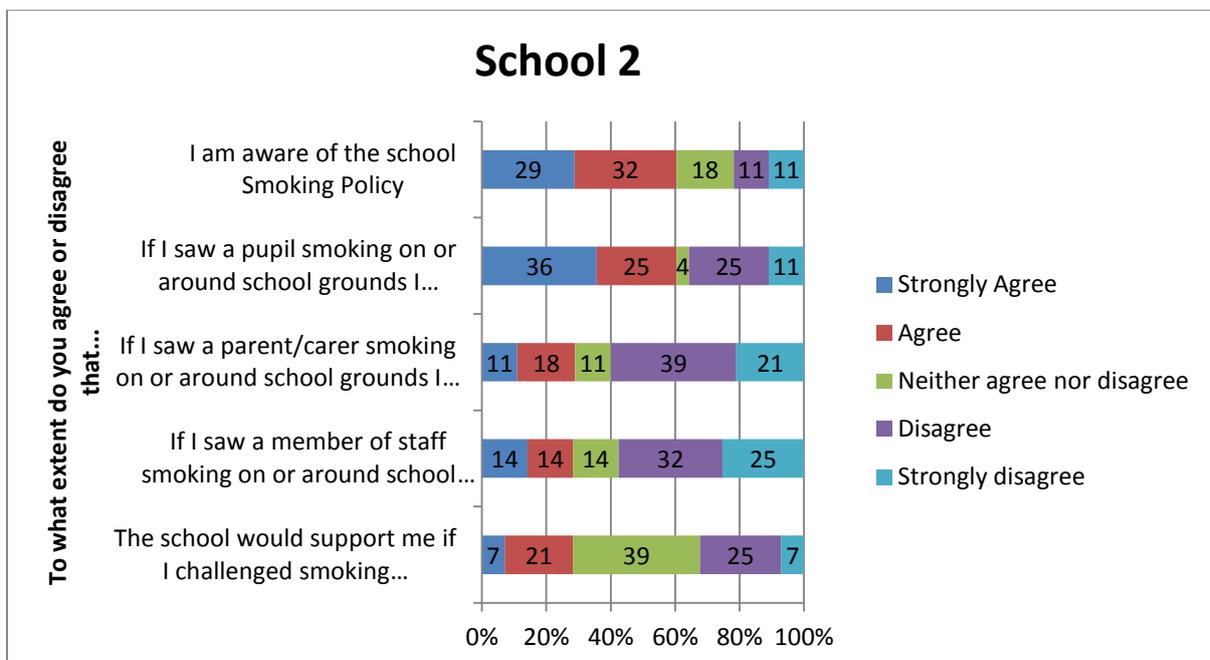
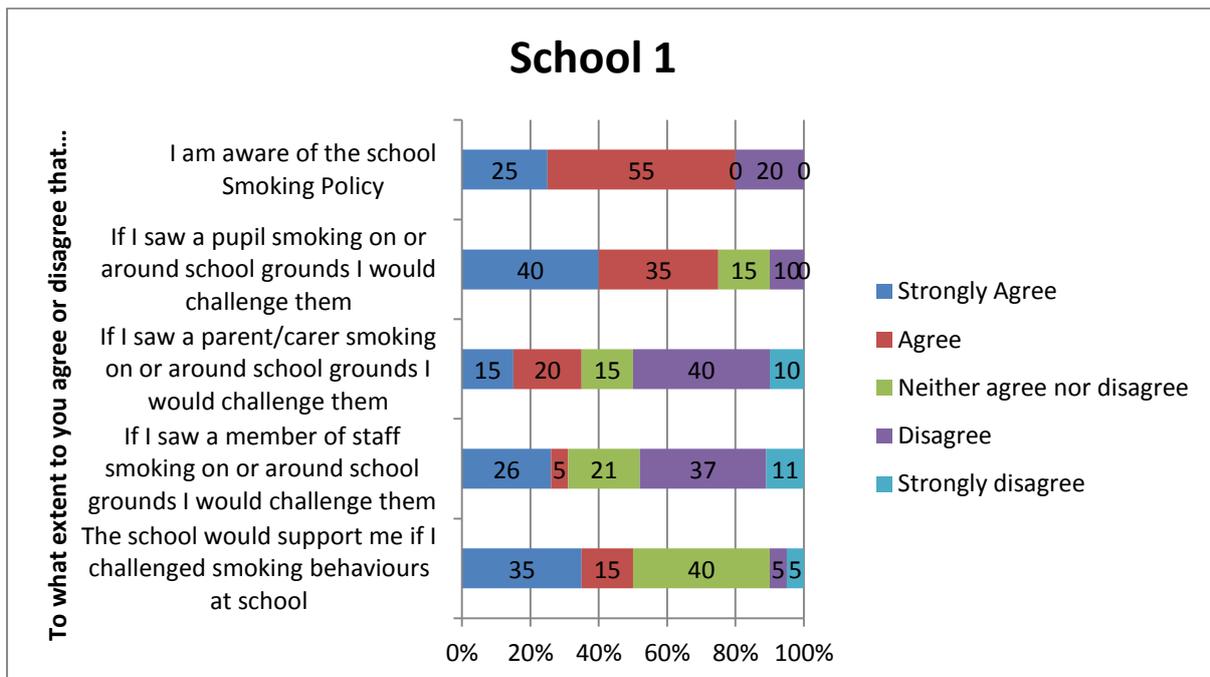
**Smokefree Policy; awareness and compliance**

The majority of teachers in both schools were aware of the school smoking policy but the level of awareness varied. In school 1, 80% were aware of the policy compared to 61% in school 2.

In regards to non-compliance, the majority of teachers said they would challenge a pupil seen smoking on or around school grounds; 75% in school 1 and 61% in school 2.

Teachers were less confident in challenging parents/carers and other members of staff in the same situation. Around a third said they would challenge parents/carers (35% school 1, 29% school 2) and even fewer would challenge their colleagues (31% school 1, 28% school 2).

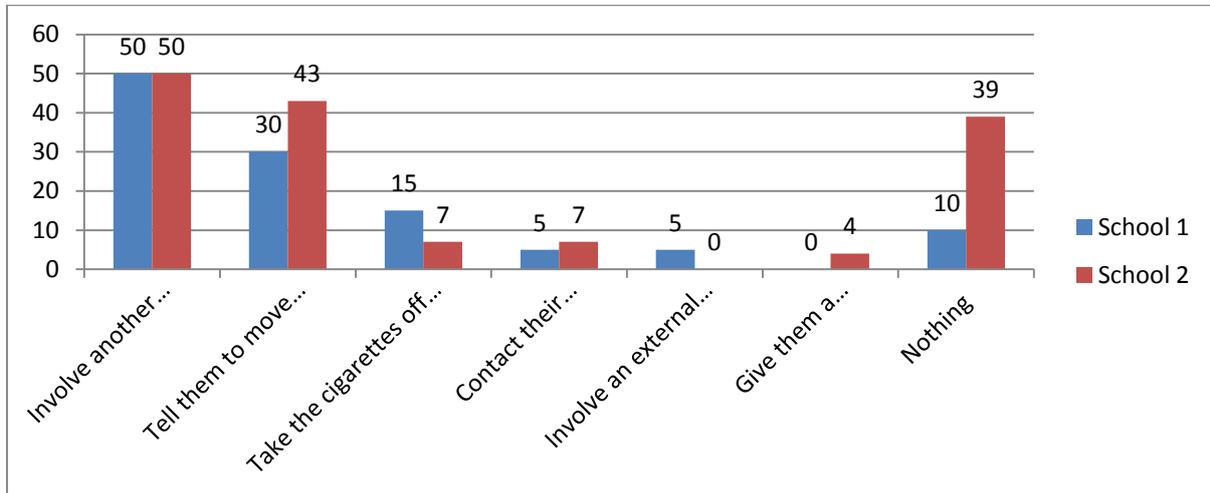
When asked if they felt the school would support them if they challenged smoking behaviours, half the teachers in school 1 agreed compared to just over a quarter in school 2 (28%).



### Reactions to pupil smoking

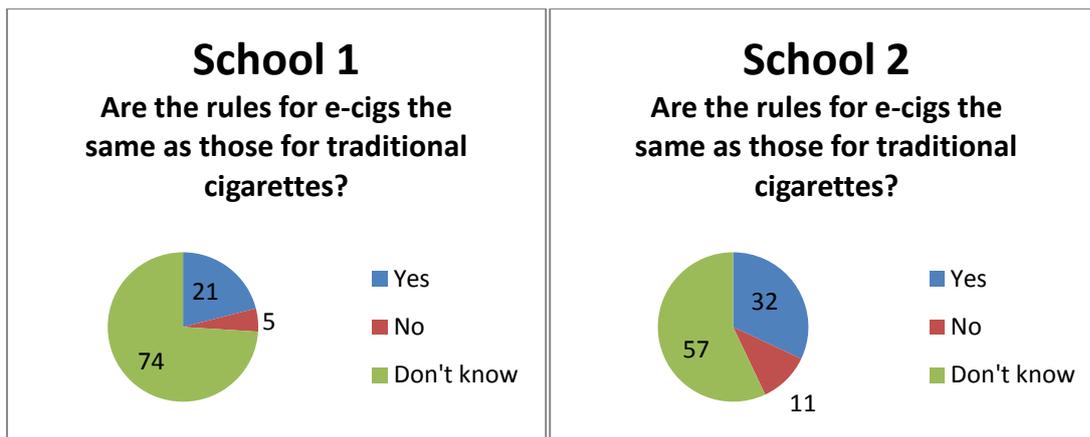
The most common reaction to seeing a pupil smoking in both schools, was to involve another member of staff and/or tell the pupil to move elsewhere.

However in school 2 over a third (39%) said they would do nothing if they see a pupil smoking.



### Use of electronic-cigarettes

The majority of teachers were unclear about the rules for electronic cigarettes at their school. Three quarters (74%) at school 1 and over half (57%) at school 2 did not know if the rules for e-cigarettes were the same as those for traditional cigarettes.

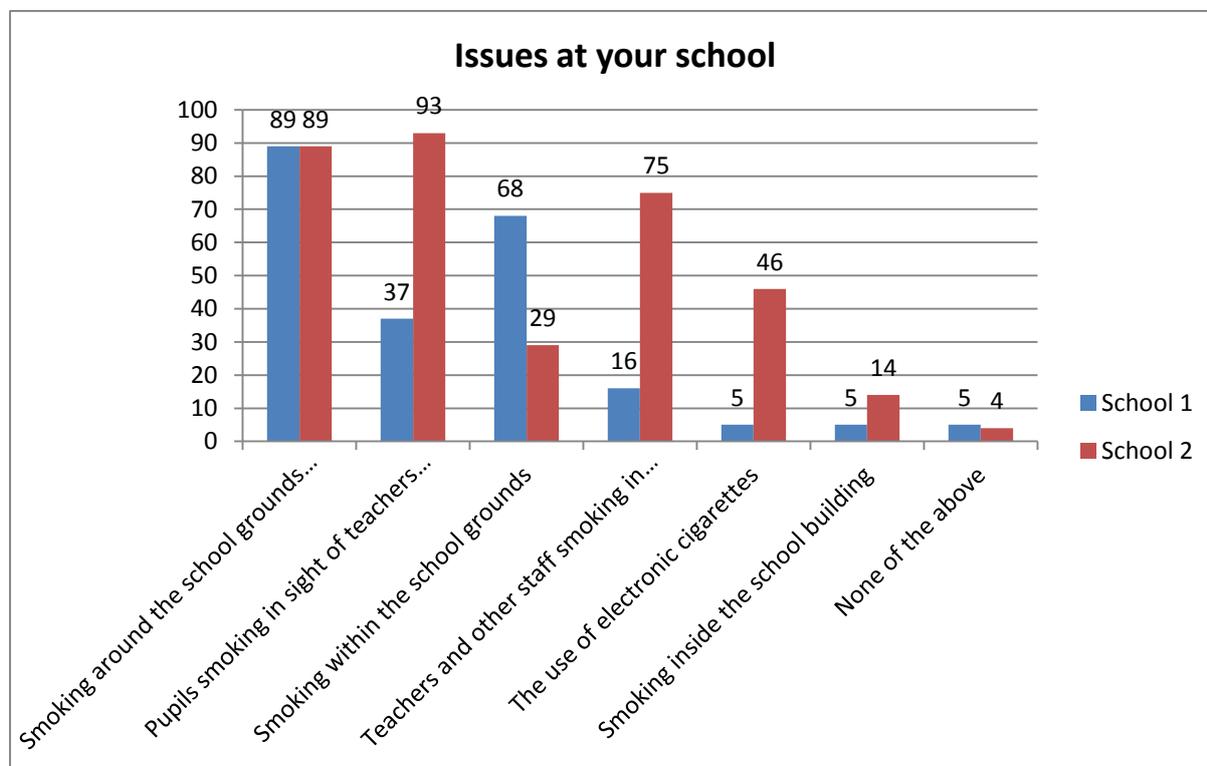


### Issues at each school

Teachers at both schools agreed that smoking around the school grounds/neighbouring streets was a problem at their school (89%).

School 1 also considered smoking within the school grounds an issue (68%).

School 2 also considered pupils smoking in sight of teachers (93%) and teachers smoking in sight of pupils (75%) as issues at their school.



#### Contract staff interviews

There did not seem to be an awareness of an official smoking related policy; either from the school or from their own head office. However, the staff felt confident in their understanding of what was and was not acceptable behaviour - describing when and where staff where they were allowed to smoke. This was based on their own judgement as managers, rather than as a policy enforced centrally.

There was a recognition that they don't like their staff to be seen smoking by pupils and they encourage them not to do so. However, this feeling did not seem to extend to any adults at the school such as parents/carers or other members of staff.

## 4.4: Next Steps

A paper has been prepared and will be presented to Glasgow City Council Education Directorate. This paper highlights the key findings of the research and proposes a number of recommendations. These recommendations are as follows:

- Recommendation 1: Each school should develop a specific smokefree policy.
- Recommendation 2: Smokefree policy development needs to recognise the immediate outside environment of a school and implementation of the policy needs to reflect this.
- Recommendation 3: Schools should explore how they can develop smokefree policy as part of the wider curriculum aiming to bring about change in its wider community.
- Recommendation 4: Working with the project partners use existing mechanisms or a specific event to present the learning from this project to senior management within schools with the aim to facilitate this leadership role.
- Recommendation 5: Schools should develop actions to explore how the themes around connectedness can be incorporated into the wider health and well-being programmes currently delivered.

# 5.0: EARLY INITIATION

## 5.1: Methodology and Sample

To investigate the early initiation of smoking, I undertook a literature analysis in partnership with the NHSGCC Library Network.

A literature analysis uses a selection of techniques and skills to create a knowledge base which reflects and summarises the main ideas and conclusions from the evidence. This is not intended to be a traditional systematic review of the literature e.g. Cochrane Systematic Review. There is no discussion of the knowledge base and we do not draw any recommendations from the evidence.

We wanted to explore the factors that influence the initiation of smoking by children (pre-teenage years). We wanted to understand how children negotiate decisions about tobacco and other and other types of health-damaging behaviours.

Our main research question was: **What factors have the greatest influence on initiation of smoking by primary-school-aged children?**

Sub questions:

1. What evidence is there to demonstrate which individual, personal environment and social environment aspects shape children's attitudes towards smoking behaviours?
2. What aspects have an influence (either positively or negatively) on the likelihood of smoking initiation by children?
3. What aspects influence the likelihood of children demonstrating risk-taking behaviour in relation to their health and well-being?
4. What evidence is there to support the correlation between early smoking and poverty, social exclusion, and other risk factors?

The team (using a Literature Analysis Tool) analysed the content of the selected articles using the following framework, based upon the initial questions and further developed as the analysis progressed, and with the addition of some sub-themes:

- What aspects have an influence on the likelihood of smoking initiation by children?
  - Positive
  - Negative
- What aspects influence the likelihood of children demonstrating risk taking behaviour in relation to their health and well-being?
- What shapes children's smoking behaviours?
  - Individual factors e.g. gender, age, religion
  - Personal environment e.g. family, friends, school
  - Social environment e.g. media, community, costs etc.
- What evidence is there to support the correlation between early smoking and poverty or social exclusion, and other risk factors?

After the Smokefree Project Officer set the search questions the Subject Librarians led the work on co-ordinating the literature searches across the rest of the team members. A master search was created using MEDLINE, this search strategy was amended for each database used. Also searches were performed by professional literature searching staff - as this was a collaborative exercise any questions regarding strategy and changes to that strategy were collectively agreed upon and actioned. All selected references were imported into a shared refworks database and deduplicated, giving 856 references. The

Smokefree Project Officer then selected the most appropriate articles for the topic leaving 310 references for analysis.

210 articles were excluded from the project during this analysis. The main rationale for exclusion was the age of the participants in the study. It was imperative that the studies included children and not teenagers. Other reasons for exclusion were that the articles were either news articles, or not based on primary research; the cultural differences between the study population and the Scottish population; one article was excluded as the full text of the article was not in the English Language.

The remaining 95 articles went forward to the thematic analysis phase, though note that only references that had direct relevance to the thematic framework used for the analysis were included in the final literature analysis results.









## 5.3: Next Steps

The findings from the early initiation research have been shared with ASH Scotland and will be taken forward in partnership between them and the Northwest Sector of Glasgow City CHP.