



Tackling Tobacco Toolkit

An organisation-wide approach to addressing smoking in the not-for-profit community sector

Developed by Cancer Council NSW

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About the Tackling Tobacco Program

The vision of the Tackling Tobacco program is to reduce health and social inequalities through addressing smoking in disadvantaged communities by partnering with and supporting Community Services.

The aim of a Tackling Tobacco project in your organisation is to:

- increase your organisation's capacity to address smoking
- provide your clients with support to stop smoking
- reduce opportunities to smoke within your organisation and the community sector broadly.

The expected outcomes of undertaking a project in your organisation include:

- staff provide clients with consistent quit support
- staff are trained to provide support
- a new or revised organisational policy on smoking
- data collection of smoking-related information.

Your organisation is well-placed to respond to and do more about smoking because:

- you are familiar and skilled in promoting positive behavioural change among your clients
- you have a commitment to the values of social justice, fairness and equity
- you have a commitment to improving the wellbeing and opportunities of clients
- addressing smoking provides real benefits to clients – better health, more money and greater control over life.

This last point is worth emphasising. Clients who quit smoking will enjoy substantial benefits, both immediate and longer term.

Facts about smoking and social disadvantage

Smoking rates in Australia have declined in recent years to about 16.4%¹ of the population, but men and women in the lowest socioeconomic group continue to have significantly higher rates of smoking than the rest of the community.

Smoking has an impact on quality of life and imposes an enormous burden on individuals, families and communities through the combined impacts on health, material hardship and financial wellbeing.

The common link between disadvantaged groups is that they face circumstances that make it more likely that they will **take up smoking** and experience **barriers to quitting smoking**.

¹ Australian Bureau of Statistics (2013). 'Tobacco Smoking' in Profiles of Health, Australia, 2011-13 webpage. Available at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4338.0~2011-13~Main%20Features~Tobacco%20smoking~10008> accessed online 25 March 2015.

Despite disadvantaged populations being as interested in quitting as the general population, it is common for staff to prioritise and focus on other lifestyle needs. Addressing a client's smoking is one of the most important forms of support to provide given the significant impact it has on one's physical health and its association with other factors that contribute to disadvantage (social impacts, mental health, finances etc).

For many people experiencing multiple disadvantages and challenges, smoking is often used as a way of coping or to have a brief "holiday from hopelessness".² Smoking can play a significant role in a person's life when it is perceived as a friend, perceived to relieve stress and anxiety, helps to relieve boredom and helps to punctuate the day.³

When these factors are coupled with the powerfully addictive nature of nicotine, smoking is reinforced making it more challenging to give up. Even when a person wants to give up smoking there may be other barriers to giving up – exposure to environments where smoking is 'normal',⁴ a lack of social support,^{5,6} unable to access or afford quit smoking support or other recreations,⁷ or perhaps they simply lack confidence in their ability to quit and sometimes they are less likely to be offered help to quit by health professionals. It is important to be mindful of barriers such as these when engaging with clients, to further understand their addiction and develop appropriate quitting strategies.

² Chapman S (2007). Falling prevalence of smoking: how low can we go? *Tob Control* ;16:145-7.

³ Carter S, Borland R, Chapman S (2001). *Finding the strength to kill your best friend: Smokers talk about smoking and quitting*. Sydney: Australian Smoking Cessation Consortium and GlaxoSmithKline Consumer Healthcare.

⁴ Coleman C (2004). ABC of smoking cessation: special groups of smokers. *British Medical Journal*; 328:575-7.

⁵ Stewart MJ, Brosky G, Gillis A, *et al* (2006). Disadvantaged women and smoking. *Canadian Journal of Public Health*; 87:257-60.

⁶ Lacey LP, Manfredi C, Balch G, *et al* (1993). Social support in smoking cessation among black women in Chicago public housing. *Public Health Rep*; 108:387-94.

⁷ French P (2005). *Tobacco Control and Social Equity Project: Report on Stage 1 consultations*. Woolloomooloo: The Cancer Council NSW.

The Tackling Tobacco program: an organisation-wide approach

Overview of the program

The Tackling Tobacco program is based on an organisational change framework made up of six core elements or areas of focus for change. Together the six core elements work together as an organisation-wide approach to addressing smoking where there is a **shared responsibility** of smoking care, where there is a **positive culture** to address smoking and where smoking care is **routine** and **part of the usual care** provided by Community Services

The Tackling Tobacco Program



Leadership committed to implementing changes in the organisation.

Comprehensive smoking policies to reduce smoking related harm at multiple levels within the organisation.

Building supportive systems in the organisation, linking policies to action.

Staff training and follow up, providing tools to promote smoking care with clients and throughout the organisation.

Consistent quit support and resources for clients and staff who consider quitting

Systematic monitoring and data collection of client smoking status, to assess the impacts of the other elements.

Element 1: Committed leadership

Purpose: To ensure that there is support to address smoking and that it is seen as a priority within the organisation.

Committed leadership underpins the project overall. Before implementing all other elements of the project it is vital that there is a commitment from all levels of staff to address smoking.

Establishing committed leadership takes time and patience, how much time will vary between organisations. Spend time talking and consulting with staff about the project and what addressing smoking means – this might take a few months.

Committed leadership also needs to be ongoing throughout the life of the project and after the project is complete to make sure that the outcomes and changes are maintained and sustained.

In addition to speaking with staff, to establish committed leadership you will need to:

1. identify leaders who will build a case for change and drive the change – ideally this would be a mix of staff, clients and carers
2. establish committed leadership from senior staff who are being seen to support and endorse the need to address smoking

The following four sections describe the steps involved in developing committed leadership.

Meet with your organisation's senior staff

The support of senior staff, such as the CEO and other senior staff, is critical in securing adjustments to systems and processes that are required to make smoking care as part of routine support.

Senior staff need to be seen and heard to support and endorse doing more to address smoking. A personal message from the CEO promoting the project and allocation of resources will contribute to the success of the project.

Identify a Project Leader

A Project Leader is needed to drive and coordinate the Tackling Tobacco project. A Project Leader could be a support worker, team leader or senior staff member; the following is an outline of what is expected of a Project Leader.

| TACKLING TOBACCO PROJECT LEADER | |
|---|---|
| Qualities and criteria | Tasks to perform |
| <ul style="list-style-type: none"> ▪ advocate about the need to address smoking ▪ well-organised and thorough ▪ a good communicator ▪ well-known to staff and easily builds a good rapport ▪ able to lead and support others ▪ resilient and able to problem-solve ▪ empathy | <ul style="list-style-type: none"> ▪ coordinate and lead the project ▪ be the primary contact between the Project Steering Group and all other staff in the organisation ▪ organise regular Project Steering Group meetings –monthly or bi-monthly meetings to keep the project on track ▪ support and organise for staff to receive training and deliver smoking care as part of the usual support they provide ▪ facilitate policy development and system and practice changes within the organisation (with the support of relevant staff such as a Policy Officer and/or senior staff) ▪ participate in training for Smoking Care |

Establish a Project Steering Group

In addition to the Project Leader, it is a good idea to establish a Project Steering Group that is made up of up to eight staff **from a variety of levels and roles and clients and/or carers**. The purpose of a Project Steering Group is to support the Project Leader by helping to drive and implement the project.

Membership of the Project Steering Group should be representative of the organisation; the following is an outline of what is expected of a Project Steering Group Member.

TIP:

For some Community Services it may be more practical to simply discuss the Tackling Tobacco project during regular staff meetings.

The project can be added to the agenda as a regular agenda item to make sure that the project stays on track and tasks and responsibilities are shared by staff.

| PROJECT STEERING GROUP MEMBER | |
|---|--|
| Qualities and criteria | Tasks to perform |
| <ul style="list-style-type: none"> ▪ passionate and can advocate about the need to address smoking ▪ a good communicator ▪ well-known to staff and easily builds a good rapport ▪ able to lead and support others ▪ resilient and able to problem-solve ▪ empathy | <ul style="list-style-type: none"> ▪ support the Project Leader by: <ul style="list-style-type: none"> – communicating the project within networks/service/department such as meetings or through informal discussion – undertaking tasks as needed for the project – assisting with preparing and planning for the project as required ▪ attending regular Project Steering Group meetings ▪ supporting policy development and system and practice changes within the organisation ▪ participate in training for Smoking Care |

Conduct an audit and plan the project

The Project Leader with the Project Steering Group should conduct an audit to determine priority policy, systems and practice changes for the project and to assist with creating a project plan with clear milestones and timelines.

The audit is a simple set of questions designed to explore how your organisation currently addresses smoking and to provide you with baseline information about your organisation that can be used to compare and track the changes that have been achieved.

Communicate and build the case for change

Clear and consistent communication and consultation should start from the very beginning of the project and should also occur during and after the project has finished; this will help to maintain and sustain any new changes. It is important to present a solid and well-argued case for change and to discuss questions such as the importance of the project, the costs, and the benefits.

Establishing committed leadership is vital to get your project up and running but it is equally important that **leadership is ongoing throughout the project and even once the project has finished**. Leadership should be reviewed in regard to communication strategies, problem-solving and collaboration between the Project Steering Group and senior staff to maintain a high profile of the project.

Element 2: Comprehensive smoking policies

Purpose: To address smoking at multiple levels within the organisation and ensure there are clear policies to guide and support action

Addressing smoking at multiple levels within the organisation not only involves offering more active quit support for clients and staff but also looking at wider policies about smoking. This includes looking at:

- where and when people smoke
- how smoking is perceived
- how to reduce people's exposure to smoke
- attitudes towards tobacco company funding, etc.

Guidance in each of these areas should be provided by your organisational policy. Policies on smoking need to be well thought out, clearly articulated and widely known within your organisation. And all those who will be affected by the policies – clients, carers, staff and volunteers – should have some input into the development of the policies.

Developing a new policy involves:

1. reviewing any existing smoking policies or any policies that mention smoking
2. consulting with staff, clients and carers about what to include
3. drafting a new or revised policy
4. collecting feedback from staff, clients and carers
5. developing a plan to implement the policy
6. finalising, implementing and widely promoting the policy
7. reviewing the policy after a period of time, for example after the first six months then annually after that.

This process takes some time to complete as it is important to obtain and incorporate feedback from everyone who will be affected by the revised policy to increase the likelihood that it is accepted and observed. Each of the steps above is described in more detail below.

WHAT TO PUT IN YOUR ORGANISATION'S POLICY

Smoke-free environments

Service environments should be as smoke-free as possible. For some organisations this will mean having a complete ban on smoking on the premises, while for others it might mean setting aside a space for smokers to use.

If designated smoking areas are provided, they should:

- be located outdoors and be well ventilated to ensure no smoke will drift indoors
- be located away from public areas so there is no impact on either the service or visitors.

If possible, designated smoking areas should be out of view of group and social areas. This helps reduce modelling of smoking and lessens visual cues for those trying to quit. Designated smoking areas should be safe and functional but not provided with recreational amenities so that they become places to socialise.

Smoking breaks

It is recommended that if staff smoke they do so during their own time or within designated break periods.

They should do this in the designated smoking areas only or, if smoking is banned, beyond service buildings and grounds.

Smoking with service users

Staff have a duty of care to safeguard the health and safety of clients. They are also often in a position of being role models for clients, particularly children and young people.

While staff should be open and honest about their own tobacco use, they should:

- not smoke in the presence of clients
- refrain from using tobacco as a means of engaging with clients
- not purchase tobacco products for clients or supply tobacco products to them.

Home visits and other settings

Community organisations are required to provide a safe working environment for staff during home visits and in other service settings. This can be a problem when clients smoke.

To respond to this, organisations can:

- give information to clients about the dangers of passive smoking and the need to safeguard the health and safety of staff
- request that clients not smoke during home visits or other meetings; alternatively, staff and clients could meet outside or have breaks so the client can smoke outside
- provide management support in the event that clients do not cooperate with the policy
- negotiate arrangements for playgroups, group work programs, leisure activities and excursions along the same lines.

Data collection

Collecting and recording information about a client's smoking status at intake or on other occasions signals to the client and staff that it is an issue worthy of attention. Sometimes simply asking people if they smoke prompts a request for assistance to quit.

Results to do with smoking – such as smoking fewer cigarettes or being more motivated and confident to quit or making a quit attempt – could be included in outcomes reporting.

Collecting this data would also help develop more accurate knowledge about smoking in a client group and would help your organisation to identify the benefits of having a smoking policy.

Assistance for smokers to quit

Assistance comes in many forms and can be given to clients, staff and volunteers. It may include:

- Providing information about smoking and tips on how to quit. Information could include impacts on health and financial wellbeing, the effects of passive smoking, the nature of nicotine dependence and the benefits of quitting. Information could be provided to staff in induction or training programs.
- Asking clients about their smoking as part of routine casework and goal-setting and providing support and encouragement to quit.
- Providing information and referrals to help people quit smoking, such as Quitline or a local GP or pharmacist. Staff could be allowed to talk to Quitline during work time.
 - *Dial 13 7848 (13 Quit) to call Quitline or refer clients to receive a call from Quitline via the website's e-referral form at <http://www.quit.org.au/resource-centre/resources/smoking-cessation-referral>*

Additional support could include:

- providing staff with training to support clients to quit smoking as a part of everyday support work
- providing access for staff and/or clients to free or subsidised Nicotine Replacement Therapy (NRT) (e.g. patches or gum)
- developing new, or modifying existing, casework tools and resources that could be used to explore smoking issues with clients, such as using a motivational interviewing approach.

More substantial support might involve:

- providing funding for some staff to receive more intensive quit smoking training
- developing or accessing group or individual quit smoking programs and offering them to interested staff and clients
- providing free or subsidised NRT to all staff and clients who request it as a routine part of agency practice.

Element 3: Supportive systems

Purpose: To link policies to action by changing systems and protocols to address smoking

Policies provide guidance on how smoking should be addressed and your organisation also needs to look at how it can implement systems and practice changes to **link policies to action**.

Supportive systems to address smoking are about creating supportive environments that can:

- help to share the responsibility of smoking care throughout the organisation
- de-normalise smoking and increase quit attempts by smokers
- ensure clients have equal access to support to quit smoking
- provide a framework of accountability and act as prompts for managers and staff to take action.

Once a new smoking policy has been developed, create supportive systems by:

1. Identifying the protocols and systems needed to put policy into practice – these are likely to include changes to the physical service environment, restructuring breaks, recording smoking status of clients and providing support, communication pathways, induction to the organisation
2. Consulting with staff, clients, carers and volunteers – gather ideas and deal with questions about making systems changes, particularly around what would be useful and practical
3. Developing, trialling and implementing new systems – before implementing a whole new system or procedure try it out to make sure that it will achieve the desired outcome
4. Communicating the new changes – communication about the new systems should be two-way; let people know about the new changes and provide opportunities for people to ask questions, raise concerns and give their feedback.

With supportive systems, smoking care can be integrated in to everyday practice so that support is consistent and comprehensive; without supportive systems smoking care becomes partial and ad hoc.

Element 4: Training and follow-up

Purpose: To build the capacity, knowledge and skills of staff to address smoking as part of everyday support with clients

Training for staff and ongoing professional development is an essential component of increasing your organisation's capacity to address smoking and build the confidence and skills of staff to support clients.

As part of supporting you to implement a Tackling Tobacco project, Quit can provide your organisation with free in-house training. Alternatively, online training is also available via the Quit Learning Hub once registering to the website. Access the Quit Learning hub at <http://www.quit.org.au/learning-hub/>

The components of the training course may include:

- psychosocial approaches (brief intervention/motivational interviewing)
- information about pharmacotherapies – NRT and prescription medications Zyban and Champix
- opportunities to practise skills and receive coaching and reflect on issues that arise when training is applied in practice.

Training in smoking cessation is about developing new skills and developing a positive attitude to addressing smoking.

As part of a Tackling Tobacco project, staff should be provided with training, particularly staff who are in direct care roles, before offering clients support to quit or reduce smoking.

Training can help with encouraging support for new practices. It is beneficial for as many people in the organisation as possible to be trained; this includes team leaders, program managers and senior staff. A better understanding and awareness about the importance of addressing smoking increases the support for implementing new skills and knowledge into everyday practice.

Element 5: Consistent Quit Supports

Purpose: To provide active and consistent smoking care for clients

A core goal of a Tackling Tobacco project is to provide clients, and where possible staff, active and consistent support to quit smoking.

Positive and consistent support is crucial, as it is common for people to make several attempts at quitting before being successful. People who receive support from family, friends or others are more likely to be ready to quit, and are around 50% more likely to successfully give up smoking than those who receive no support.⁸

Disadvantaged groups are just as interested in quitting as other groups in the community and, when given appropriate support, can also be as successful in quitting.⁹

The following principles are useful to guide how your organisation can provide support for clients and staff:

| | |
|---|---|
| Doing something is more effective than doing nothing | Build confidence in quit ability |
| Increase the number of quit attempts | Make interventions accessible |
| Make support part of routine care | Create a positive environment |
| Small actions and support can make a difference | Adapt best practice approaches |
| Recognise the importance of culture | Involve group members as 'leaders' |
| Have realistic expectations, celebrate the small success and persist | |

Providing quit support

There are simple things that staff can do to help clients quit smoking. Approaches to support clients to quit are similar to the approaches that your organisation may already use to support other positive life changes with clients. Staff can help clients develop self-confidence by setting goals, identifying improvements and celebrating successes, both small and large.

The form of quit support for clients will vary depending on past practice, organisational capacity, type of service, and the nature of contact with clients.

⁸ Fiore MC, Bailie RS, Cohen SJ et al. (2000). *Treating tobacco use and dependence: clinical practice guideline*. Rockville MD: US Department of Health and Human Services, Public Health Service.

⁹ Wise M, Hickey K, Palmer J. (2008). *Taking action: A review of the literature on smoking cessation interventions among six special populations*. Tackling Tobacco Program Research Series Number 2. Sydney: Cancer Council NSW.

At a minimum, staff who work directly with clients should provide the following:



Other strategies that can be considered by your organisation include:

- offering free or subsidised NRT¹⁰
- offering more intensive forms of support, for example individual counselling or smoking support groups.

What is a brief intervention?

A brief intervention is a quick two to five minute conversation you can have with a client to provide advice and information about stopping smoking.

Staff in your organisation may initially feel uncertain and reluctant about discussing smoking with clients because they lack the skills and knowledge to do so; however, they can become more confident and skilled if they are trained to offer support.

The Smoking Care Conversation also provides further guidance for staff to talk to and encourage clients to make a quit attempt.

SMOKING CARE CONVERSATION: USING THE AAH BRIEF INTERVENTION MODEL.

The AAH (**A**sk, **A**dvice and **H**elp) brief intervention model is straightforward, practical and takes only 3-5 minutes.

Brief advice about smoking delivered by health professionals triggers a quit attempt 22 percent of the time, hence managers and staff have expressed interest in using this form of support. The benefit of delivering brief advice is that it allows staff to address clients smoking without interrupting or overriding other support needs.

The brief intervention model involves undertaking the following steps:

ASK – all clients about their smoking

- It is the responsibility of all staff to start the conversation about smoking, as it is uncommon for clients to raise the topic.
- Asking at each visit reinforces the importance of stopping smoking and boosts smokers motivation to stop.
- People won't be upset about you asking.
- Not asking sends the message that stopping smoking isn't important.
- Don't give up, everyone has the potential for change, even if it may seem unlikely at the

time.

ADVISE – all smokers to quit and ex-smokers to stay quit

- Encourage, motivate and build the smokers confidence to quit smoking
- Advise the best way to quit
 - Behavioural support + Nicotine Replacement Therapy or stop smoking medications (if nicotine dependent)

HELP – by offering information, support and referral

- If you ask about smoking and offer no help, research has shown that's it's worse than not asking at all.
- Offering help involves providing the client with the resources or supports that will assist with their quit attempt. This might include:
 - Referring the client to call Quitline (13 7848) or using Quit's online referral form at <http://www.quit.org.au/resource-centre/resources/smoking-cessation-referral>
 - Offer tailored NRT support or recommend the client to access subsidised NRT via their local GP
 - Encourage the use of behavioural strategies to deal with cravings and avoid smoking triggers. Visit www.quit.org.au for handouts, resources and more information.

Supporting staff to address their smoking

A comprehensive support program, that includes support for staff as well as clients, is an effective way of reducing smoking-related harms within your organisation and to maximise benefits for everyone more broadly. Smoking is a significant issue for many staff in Community Services and they stand to gain many positive outcomes from stopping smoking.

Having staff who smoke need not be an obstacle to supporting clients to quit or change their smoking behaviour; they can acknowledge their own difficulty in quitting while reinforcing the importance of clients taking even small steps, such as smoking outside to lessen their children's exposure to smoke.

However, staff who don't smoke are more likely to provide support and encouragement to clients to address their smoking and they are more likely to support smoking policies and systems and practice changes. For some Community Services, addressing staff smoking may be required to help with establishing committed leadership.

As with supporting clients, supporting staff aligns with the values of your organisation of increasing health and wellbeing. It will also support and enhance your organisation's efforts to address smoking more broadly. Your organisation can provide staff with support by:

- offering assistance through an Employment Assistance Programs
- allowing time to call the Quitline (13 78 48), using the iCanQuit website or making an appointment with their GP
- offering free or subsidised NRT
- offering smoking support groups.

Element 6: Systematic monitoring & data collection

Purpose: To ensure clients are routinely offered support and to evaluate how well your organisation is addressing smoking.

Implementing systems and processes that aim to provide consistent and routine quit support for clients is one of the most important strategies Community Services can do to reduce smoking-related harm and to put policies in to action.

There are two main purposes for systematic monitoring and data collection:

1. To ensure that clients are routinely being offered support to address their smoking, and
2. To evaluate how well your organisation is addressing smoking.

Routinely offering clients support

Systematic monitoring and data collection is about routinely screening, assessing and recording the smoking status of clients as part of the normal intake processes or support planning Community Services already provide for clients and personalising support and encouragement to their needs.

Simply asking and offering brief advice for three to five minutes can increase a person's chances of making an attempt to quit smoking.¹¹

In some instances it may be easy to recognise if a client is a smoker, but routinely screening, assessing and recording information about smoking as part of normal assessment processes can:

- acts as a prompt for staff
- help to establish a shared responsibility to address smoking
- highlight smoking as a priority issue within the organisation
- increase opportunities for clients to think about and act on addressing their smoking
- provide clients with more holistic support.

Services can include assessment and recording of smoking in to existing data collection systems or support planning forms.

Using the AAH model approach, an evidence based framework for providing a brief intervention¹², there are three simple questions staff can ask and record in a matter of minutes:

| | | |
|---|------------------------------|-----------------------------|
| Do you smoke? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you interested in quitting smoking? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Would you like a call from Quitline for tips and advice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

¹¹ NSW Ministry of Health (2015). *Managing Nicotine Dependence: A Guide for NSW Health Staff*. North Sydney: NSW Ministry of Health.

¹² NSW Ministry of Health (2015). *Managing Nicotine Dependence: A Guide for NSW Health Staff*. North Sydney: NSW Ministry of Health.

These questions help initiate a conversation and provide clients with an opportunity to reflect on their smoking; for some, it may be the first time they have been asked if they are interested in quitting.

Organisations can also consider including the following two questions which can help to measure nicotine dependence and assist a worker to provide further advice about NRT products.

How many cigarettes do you smoke a day?

How soon after you wake up do you feel like smoking a cigarette?

These two questions can give you a quick indication of a person's nicotine dependence and whether they are likely to experience withdrawal symptoms during a quit attempt; **smoking within 30 minutes of waking and smoking more than 10 cigarettes per day are key indicators of high nicotine dependence.**

Recording as many details and notes as possible will ensure that clients receive consistent support and as many opportunities as possible to make a quit attempt.

Ongoing evaluation of how your organisation addresses smoking

Implementing a system for routine screening and assessment is a useful way to provide better support for clients and to evaluate your organisation more broadly.

The information can be used for:

- organisational performance measurement
- quality assurance / quality improvement processes
- annual reports and strategic planning.

Information collected as part of routine assessment and support planning for clients will enable your organisation to build up a picture of what you are doing, assist with measuring the effectiveness of strategies to address smoking, highlighting areas for improvement and updating funding bodies or applying for funding opportunities.

Collecting the above information can also assist with measuring the success and effectiveness of the Tackling Tobacco project and assist the organisation with ongoing quality improvement.

Post-project audit

The final step of a Tackling Tobacco project is to conduct a post-project audit using the Audit Tool.

The purpose of conducting a post-project audit is to measure the success and effectiveness of your Tackling Tobacco project by comparing the baseline results from the first audit. The results will allow you to review and track what has changed, what has worked well and what more you would like to achieve.

A post-project audit is also a great opportunity to draw out, reflect on and celebrate your organisation's achievements to address smoking and increase the wellbeing and opportunities for clients, carers, staff and the community.

Once you have completed the audit, you can report on the results and overall project to senior staff and the organisation broadly.

To continue improving and building on how your organisation addresses smoking, your organisation can also consider a starting a new cycle of a Tackling Tobacco project.