

# Tackling Tobacco Post-Project Report and Audit

## About this report

There are three parts to this report:

- Part 1 is a report on your Tackling Tobacco project.
- Part 2 (the post-project audit) is a set of questions about how your service deals with smoking in a number of areas. It will help us evaluate the Tackling Tobacco program.
- Part 3 asks you to evaluate the Tackling Tobacco program and the support received from Cancer Council NSW.

Cancer Council NSW thanks you for working to reduce smoking-related harm among disadvantaged people. We hope to work with you again in the future.

## About your organisation

Name of organisation:

Name of service/site:

Address:

Suburb/Town:  Postcode:

## Staff member completing this audit

Name:

Position:

Office phone:  Mobile:

Email:

## Part 1: Your Tackling Tobacco project

Please note your progress in each area of your project plan.

Tackling Tobacco Intervention Elements	Project Deliverables	Progress
1 Committed Leadership		
2 Comprehensive Smoking Policies		
3 Supportive Systems		
4 Consistent Quit Supports		
5 Training and Follow-up		
6 Systematic Monitoring and Data Collection		
7 Other		

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**1** How did your service spend the \$3000 Tackling Tobacco grant?

**2** What do you feel were the most important changes achieved during your project?

**3** What challenges did you face and how did you deal with them? Is there anything you would do differently next time?

**4** Please give one or two examples of the impact the project has had (for example, can you describe the experience of a client or a staff member who has changed their smoking habits, or become more confident to do so?)

**5** Were there any unexpected impacts, either positive or negative?

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## Part 2: Post-project organisational audit

**6** Have all programs/teams in your service taken part in this Tackling Tobacco project? (tick one)

- No, only some programs/teams (please specify below)
- Yes, all programs/teams
- We haven't decided yet

If 'No' to above

If only some programs/teams, please say which ones (e.g. Personal Helpers and Mentors, HASI, Brighter Futures).

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**7** Is this the first time your service has taken part in Tackling Tobacco with Cancer Council NSW?

- Yes **Go to Question 9**
- No
- Not sure **Go to Question 9**

**8** When did your service finish your most recent Tackling Tobacco project?

Please specify the year

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### Service Details

**9** How many paid staff took part in Tackling Tobacco?

**10** Which of the following best describes the culture of your service in relation to smoking?

- A place where clients and/or staff smoke when they gather around
- The organisation is neutral towards smoking and merely facilitates peoples' usual routine
- A place where people tend to avoid smoking, or leave the premises to smoke
- The organisation actively discourages smoking on the premises and supports clients and staff to quit

Comments

**11** Does your organisation have a written policy about smoking?

- No **Go to Question 14**
- Yes, in draft form
- Yes, an approved policy
- Don't know **Go to Question 14**
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**12** Does the policy say that your service will provide clients and/or staff with support to quit smoking?

- No
- Yes, support for clients
- Yes, support for staff
- Don't know

Comments

**13** Is there a usual process for informing clients and staff (including new clients and staff) about your smoking policies?

- No usual process
- We have a process to inform clients but not staff
- We have a process to inform staff but not clients
- Yes, there is a process for informing both clients and staff
- Don't know

If you have a process, please describe it

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## Smoking at your service

**14** Where is smoking allowed? (tick all that apply)

	Allowed	Not allowed	Not sure
Inside in certain areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside (all areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside (designated smoking areas only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____			

**15** Is smoking allowed in work vehicles?

- No
- Yes
- Don't know
- We don't have any work vehicles

Comments

**16** Are staff members allowed to smoke with clients? (tick one)

- No
- Yes
- Don't know
- Only under certain circumstances (please describe below)

Under what circumstances are staff allowed to smoke with clients?

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**17** Are staff allowed to smoke while on home visits to clients?

- No
- Yes
- Don't know
- We don't do home visits

Comments

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**18** Is staff smoking restricted to designated break times?

- No, staff can take a smoking break at any time
- Yes, staff smoking is restricted to break times only
- Don't know

Comments

**19** Do you have signs on the premises showing where smoking is not allowed?

- No signs because we don't have any smoking restrictions
- No signs, though we do have some smoking restrictions
- At least 1 sign, but not in all areas where smoking is allowed
- Clearly displayed signs in all areas where smoking is not allowed

Comments

**20** How often do staff comply with your service's smoking policies?

- Rarely/never
- Sometimes
- Most of the time
- Always

Comments

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**21** How often do clients comply with your service's smoking policies?

- Rarely/never
- Sometimes
- Most of the time
- Always

Comments

**22** Is there a usual process for what happens when staff or clients do not comply?

- No
- Yes
- Don't know

Comments

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## Staff training and follow-up

**23** Apart from the one-day Tackling Tobacco training, does your service offer and smoking cessation training to staff?

- No  **Go to Question 25**
- One-off training smoking cessation training has been offered every now and then
- Smoking cessation training is part of our usual training schedule
- Smoking cessation training is part of our usual training schedule **and** so is regular refresher training

**24** About what percentage of your staff have attended any kind of smoking cessation training (including Tackling Tobacco training) during the past 2 years?

- 20% or less
- 21%-50%
- 51%-80%
- 81% or more
- Don't Know

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**25** Do you have at least one staff member whose role includes providing smoking cessation advice and/or refresher training to other staff?

- No  
 Don't know  
 Yes (please give job title below)

Job title of staff member

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**26** Does the staff performance management process in your service include any smoking-related objectives or rewards?

- No  
 Yes  
 Don't know

Comments

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## Support for clients to quit smoking

**27** If clients are smokers, does your service offer support to quit smoking or cut down?

- No **➡ Go to Question 31**  
 Only if the client asks for it  
 Sometimes, if the support worker thinks the client would be interested  
 Yes, we routinely ask all clients who smoke if they are interested in support to quit or cut down

**28** What kinds of quit supports does your organisation provide to clients? (tick all that apply)

- Verbal support / encouragement to quit smoking (e.g. help to set a quit date)  
 Information or advice about nicotine replacement therapy (e.g. patches)  
 Free or subsidised nicotine replacement therapy (e.g. patches) available at the service  
 Group program for smokers  
 Referral to a GP or health service  
 Referral to telephone Quitline  
 Referral to website (e.g. iCanQuit) or smartphone app (e.g. My QuitBuddy)  
 Financial counselling or referral to a financial counsellor  
 Pamphlets, DVDs or other information about quitting  
 Follow-up to check on quit smoking progress  
 Other, please specify
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**29** Is up-to-date quit-smoking information on display (e.g. pamphlets, posters) in the areas of your service that clients visit?

- No
- Yes
- Don't know

Comments

**30** Does your service provide any of the following information to clients about the harms of second hand smoke?

- Verbal advice or encouragement to make their home smoke free
  - Advice to clients with children that smoking in cars is banned when children under 16 are present
  - Pamphlets, DVDs or other information about the harms of second hand smoke
  - No, we do not provide any information about the harms of second hand smoke
  - Other, please specify
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## Support for staff to quit smoking

**31** Does your service offer staff support to quit smoking or cut down?

- No  **Go to Question 33**
- Only if the staff member asks for it
- Sometimes, if the manager thinks the staff member would be interested
- Yes, we routinely ask all staff who smoke if they are interested in support to quit or cut down
- We don't have any staff that smoke

**32** What kinds of quit supports does your organisation provide to staff? (tick all that apply)

- Verbal support / encouragement to quit smoking (e.g. help to set a quit date)
  - Information or advice about nicotine replacement therapy (e.g. patches)
  - Free or subsidised nicotine replacement therapy (e.g. patches) available at the service
  - Group program for smokers
  - Referral to a GP or health service
  - Referral to telephone Quitline
  - Referral to website (e.g. iCanQuit) or smartphone app (e.g. My QuitBuddy)
  - Financial counselling or referral to a financial counsellor
  - Pamphlets, DVDs or other information about quitting
  - Follow-up to check on quit smoking progress
  - Other, please specify
-

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## Leadership for organisational change

**33** Which of the following best describes the role of senior managers in planning organisational changes to address smoking in your service?

- Senior manager/s are aware of what's happening, but not involved
- At least one senior manager is actively involved
- At least one senior manager has responsibility to address smoking in their job description
- Don't know

Comments

**34** Does your service have an internal steering group (or other leadership group/committee) for addressing smoking?

- No
- We don't have a steering group at the moment, but we have had one in the past
- Yes, we have started a steering group during the last year
- Yes, we have a steering group that has been active for more than a year

Comments

**35** How has your service communicated externally about the work you are doing to address smoking?

- We have communicated with services that refer clients to us
  - We have communicated with other services that we refer clients on to
  - We have shared ideas/resources with other services
  - We have given a talk at a conference or seminar
  - We have written an article in a newsletter or journal
  - We have spoken about it to the media
  - No communication externally
  - Other, please specify
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## Monitoring and data collection

**36** What smoking information does your service include in client records? (Note: ‘smoking status’ means whether the client is a smoker or not)

- Smoking status on intake to our service
  - Smoking status at regular intervals
  - Smoking status on exit from our service
  - Quit support provided (e.g. verbal advice/encouragement, nicotine replacement therapy)
  - Referral external support services (e.g. Quitline, GP, financial counsellor)
  - Date of any quit attempts made by the client
  - Duration of any quit attempts made by the client (i.e. how long they went without smoking)
  - We do not record smoking information in client records
  - Other, please specify
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**37** Using your client records, could your service provide data on the percentage of your clients that are smokers?

- No
- Yes (please specify below)
- Don't know

What percentage of your clients are smokers?

%

**38** What information does your service record about quit support for staff?

- Number of staff using any quit support provided by your service
  - Number of staff referred to external support services (e.g. Quitline, iCanQuit, GP)
  - We do not record smoking information about quit support for staff
  - Other, please specify
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**39** Does your service include smoking-related data in any of your reporting or quality assurance processes? (e.g. Annual reports, program reports, performance indicators?)

- No
- Yes (please describe below)
- Don't know

If yes, provide brief information here

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## Part 3: Evaluation

**40** Overall, how satisfied were you with Cancer Council NSW's Tackling Tobacco program?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

**41** Would you be interested in doing another Tackling Tobacco project with Cancer Council NSW?

- Yes, starting soon
- Yes, in a year or two
- Maybe
- No

**42** How likely would you be to recommend the Tackling Tobacco Program to other community service organisations?

- Very unlikely
- Unlikely
- Maybe
- Likely
- Very likely

**43** Was the Tackling Tobacco Program appropriate for your organisation/service?

- Yes
- Don't know
- No

If no, please provide brief description here

**44** On a scale of 1 to 10, how easy or difficult was the Tackling Tobacco program to implement? (with 1 being very easy and 10 being very difficult)

- 1 (Very easy)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very difficult)

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**45** Did Cancer Council NSW provide you with sufficient support to implement your Tackling Tobacco project?

- Yes
- Don't know
- No (please describe below)

If no, please provide brief description here

**46** How could Cancer Council NSW better support services like yours in addressing smoking?

**END**

**Thank you for completing this post-project report and audit.  
It will help us to evaluate and improve the Tackling Tobacco program.**