Research Evidence for Action to Create Smoke Free Homes (REACH) 10 Point Summary

1. **Clear and consistent guidance across health and social services:** Advice, information and support needs to be consistent between health and social care providers, as any inconsistencies cause confusion and erode confidence, and so may support continued indoor smoking. The giving of 'clear, unambiguous and accurate' advice and offering support should not be left to a few people, but become part of the role of all health and social care professionals working with people and communities (NICE 2018: 1.4).

2. **Improved understandings of SHS and health:** Evidence suggests that people are still unaware of the specific risks of secondhand smoke exposure to children's and adults' health. This 'Knowledge Gap' needs to be addressed with successive generations of parents and carers and the adult population more generally. Once specific harms are understood, research has found that many people (particularly parents of young children) are motivated to create and maintain a smoke free home in the longer term, and may go on to quit smoking.

3. **Practical guidance on making a smoke free home:** People may lack knowledge about *how* to make and maintain a smoke free home. They may need clear advice, guidelines and practical assistance as to the steps they need to take, for example that any smoking should always be outside the house with doors and windows closed. This should improve clarity about the definition of a smoke free home.

4. **Recognition of opportunities to deliver messages:** Positive changes to home smoking behaviours can be triggered by events such as an adverse health event or diagnosis of illness, pregnancy, the birth of a baby, house-move or desire to improve their home environment. These should be identified as key intervention points for smoke free homes by health and social care providers.

5. **Education and training of wide range of health and social care providers:** Education and training of professionals should provide them with the knowledge, confidence and skills to support individuals/ households to create and maintain smoke free homes in the long term. Situations where smoke free rules are broken include bad weather and when people visit the home. In addition, rules often can relax over time, for example rules may be strict at the birth of a baby but relax once the baby begins to move around. Therefore, providers should anticipate or respond to potential challenges in the longer term and continue to reinforce the importance of keeping a home smoke free.

6. **Support for a strengths-based approach:** Advice need to be positive, enabling and supportive to effect change. Approaches that build on the positive changes people may have already made in the home are likely to be more effective in the longer

term. For example, if people (parents, grandparents, relatives, friends) make their home smoke free for a new baby, they should be supported and encouraged to make this change permanent as a lasting protection for themselves and others, and to support future quit attempts. This strengths-based approach applies to both health and social care professionals and to the people they work with.

7. **Awareness of household composition:** Our research suggests that specifically targeting interventions at smoking carers who live alone with children, or who live with a mix of smokers and non-smokers may be effective as lone householders can act autonomously and those living with non-smokers may gain additional support. However, positive and sustained support for the household member trying to create and maintain a smoke free home (and/ or for the smoker/s trying to comply with the rules) is important, as is the involvement of the households' "decision maker(s)" in the process.

8. **Awareness of cultural norms:** The recognition of cultural norms in terms of smoking and associated social and decision-making practices within homes is essential to effect changes in many households. Some family members may find it challenging to ask others to comply with smoke free rules and this requires the development of new strategies and may require additional support.

9. **Developing wider support for SFH across communities:** Opportunities for delivering messages to households and communities include mass media campaigns, written resources and guidelines directed at ALL adults and households. This will help to support individuals trying to make their home smoke free and interactions between smoking households and health and social care providers working towards smoke free households.

10. **Recognising complexity and supporting change:** Within any discussions, professionals need to respect and recognise the complexity and challenging circumstances faced by households trying to create and maintain smoke free homes, and should aim to prevent further stigmatisation of people living in smoking households, who are often doing their best in difficult circumstances.

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