

**NICE PUBLIC HEALTH PROGRAMME GUIDANCE  
BEHAVIOUR CHANGE**

**3rd meeting of the Programme Development Group  
Wednesday 4<sup>th</sup> October 2006, Strand Palace Hotel, London.**

**MINUTES**

<b>Attendees:</b>	<p><i>Members</i> Charles Abraham, Mildred Blaxter (Chair), Vicky Cattell, Vimla Dodd, Christine Godfrey, Karen Jochelson, Terence Lewis, Jennie Popay, Martin White, Wendy Stainton Rogers, David Woodhead, Ann Williams.</p> <p>Co-opted members: None</p> <p><i>NICE</i> Chris Carmona, Alastair Fischer, Jane Huntley, Mike Kelly, Lesley Owen, Catherine Swann, Emma Stewart</p> <p><i>NICE observers</i> None</p> <p><i>Review Team:</i> Gareth Williams, Emily Harrop, Eva Elliott,</p> <p>A stenographer was present.</p>
<b>Apologies:</b>	<p>Miranda Lewis, Julia Fox-Rushby, Roisin Pill, Miranda Mugford, Ray Pawson, Stephen Sutton</p> <p>Clare Wohlgemuth</p>
<b>Audience:</b>	None

Agenda Item	Minutes	Action:
<p><b>1. Welcome and introductions</b>  (Mildred Blaxter)</p>	<p>Mildred Blaxter welcomed the group.</p>	
<p><b>2. Declaration of interest</b>  (Mildred</p>	<p>A roundtable of previously undeclared declarations took place:  Martin White declared an authored paper of his had been included in</p>	



<p><b>Question and Answer Session</b></p>	<p>The PDG congratulated the review on an excellent piece of work.</p> <p>It was agreed that it is very difficult to extract specifics from a review such as this. But it is hoped that information from this review will help to sensitise policy makers towards considering the broader implication of policy. For example the material that looks at salutogenesis, resilience and coping frames ways of thinking about the relationship between environment and behaviour in ways which policy makers habitually do not..</p> <p>It was acknowledged that there is a gap between the theoretical information and empirical evidence: it was noted that tis was in part a function of the review methods and the state of the field itself.</p> <p>The need for Government departments and policies to ‘join up’ and evaluate their impact across a broad spectrum of outcomes that includes health was noted.</p> <p>It was suggested that any intervention in this area should be very clear about the mechanisms through which change is expected to occur.</p> <p>The issue of potential bias in the review was discussed. Search methods may have missed some key literature, equally some of the literature generally considered to be important in resilience, salutogenesis and coping may be labelled differently and not identified using formal search techniques. Social capital was identified as an area that has not been picked up through this searching strategy.</p> <p>Access to socio-economic resources could be discussed in more detail. Martin White offered to circulate a paper on this issue.</p> <p>It was acknowledged that looking only at reviews of reviews will produce a bias according to the original reviewer’s interests.</p> <p>Literature on human agency, much of which is qualitative, had not been picked up in the review, It was suggested that work in this area, which challenges traditional public health assumptions of individuals as passive recipients of knowledge, would be relevant. The language of intervention may not be appropriate here, as it can pathologise behaviours and individuals – an ‘asset based’ approach to health may be more useful.</p> <p>A failure to take ideas about relationships between the economic and physical structures that people inhabit and their behaviour seriously in aspects of policy was noted. It was also noted that apparently maladaptive behaviours may serve useful functions. The relationship between areas of political and scientific activity was considered.</p> <p>There was discussion between the committee and review team about the concepts of self esteem, self efficacy and locus of control (LoC). Literature identified by the review found self esteem to be associated with resilient outcomes, yet other work discussed suggests that self esteem (&amp; LoC) are generalised aspects of the self and do not predict behaviour. LoC was suggested to be a biased construct not useful to thinking about behaviour change.</p> <p>Summary points: It is a fact that work produced by NICE operates in an environment where science (including social science) meets policy making and the</p>	
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<p><b>5. Review of evidence: Drafting recommendations</b></p>	<p>political processes. NICE is also at a relatively early stage in the development of its methods to produce public health guidance. It is helpful for the group to highlight methodological issues as they arise.</p> <p>This review is of good quality, and the breadth of coverage of is outstanding. The key ideas of resilience, its link to agency, coping and skills, and of moving away from approaches that pathologises behaviour are important and provide clarity for a way forward. It is hoped that the guidance will help to bring about a subtle shift in emphasis in the language of policy makers.</p> <p>It is possible that we could use this review to shape future work and / or provide a framework / preamble to all the recommendations in the final guidance.</p> <p><b>Recommendation 18</b></p> <p>Discussion focused on the following issues:</p> <p>Where we have made recommendations we should be robust. Where we are making statements we should be unequivocal: 'warm and supportive' not specific enough.</p> <p>Policies and practices that undermine existing strengths of families should be avoided: The evidence supports the notion of building assets and agency – people are consciously and rationally acting in their environments. Policies do not recognise this.</p> <p>Recommendations that can be interpreted in many different ways are a concern. The PDG should be critical of any terms which do not give clear guidance on the particular type of intervention. It may be helpful to describe the skills necessary to implement a recommendation.</p> <p>The review team advised that there is insufficient evidence to further advise on the type of intervention covered by Recommendation 18.</p> <p>The Life Stages Approach – and focusing on 'teachable moments' and opportunities for intervention - could be particularly useful,</p> <p>It was noted that the tabled recommendations focus on part two of the review, it was also important to focus on recommendations from part one of the review.</p> <p>Cultural aspects are essential and must be considered. Practitioners should be encouraged to identify positive, supportive and competent behaviours that exist already in their client groups and build on them., and move away from approaches that pathologies behaviours. Recommendations must not assume that policy makers and practitioners know what an appropriate environment is. Cultural competency training for practitioners could be a recommendation. Some 'maladaptive' behaviours may actually serve an adaptive function, when culture and context are taken into account.</p> <p>The term practitioner can refer to a vast array of people it is important that recommendations are explicit.</p> <p>Focusing exclusively on the family will exclude many vulnerable groups eg. Those in clinical institutions, boarding schools and looked after</p>	<p><b>Martin White</b></p>
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<p><b>6. Issues raised at PDG 2</b></p>	<p>and plan ways of changing / intervening with them that take account of the environment / structural context.</p> <p>There is a vast literature on the physical environment and health – so far the PDG have not considered it.</p> <p><b>Recommendation 19:</b></p> <p>Discussion focused on the following issues:</p> <p>If people have social networks and intimate relationships they are likely to do better. Opportunities for casual interaction are incredibly important and can have very positive effects on wellbeing. Opportunities for interaction are also linked to leisure time and income.</p> <p>It was suggested that there could be an additional recommendation about training for practitioners that includes concepts such as social capital that can inform their practice.</p> <p>NICE team to circulate HDA work on social capital.</p> <p><b>Developing a typology of interventions:</b></p> <p>Charles and Martin were invited to progress this work.</p> <p><b>Typology of explicit theories about behaviour change:</b></p> <p>Some of this will be addressed in one of the next reviews to be considered. NICE will provide additional information on social cognitive approaches, goal theories and self regulatory approaches. Reviews by Fishbein et al (2001), Baumeister et al (2004), Bandura (1997 &amp; 1998) and Conner &amp; Norman (mentioned previously) may be helpful in providing this information.</p> <p>It was agreed that the additional information would be presented in the form of a short 'need-to-know' summary paper for the committee.</p> <p>It was suggested that it would be useful to consider more sociological theories such as the work of Anthony Giddens, &amp; Bourdieu, around structuration theory and other social theories. Jennie Popay kindly offered to prepare a brief summary.</p> <p><b>Review of implicit programme theories</b></p> <p>The PDG agreed that Ray Pawson should be approached to undertake this work. Legislation would be a good case study for this work.</p> <p><b>Impact of interventions on health inequalities – positive and negative consequences.</b></p> <p>The PDG discussed a number of useful sources of information, including a recent systematic review by Mark Petticrew &amp; colleagues, a PhD thesis currently in preparation, work by the Cochrane &amp; Campbell Collaborations and work by Hilary Graham.</p>	<p>NICE</p> <p>NICE</p> <p>NICE</p> <p>Charles Abraham</p> <p>Jennie Popay</p> <p>Charles Abraham/ Martin White</p> <p>NICE</p> <p>Ray Pawson</p> <p>Jennie Popay</p>
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	<p>The group discussed the NICE methodology. NICE would welcome suggestions from the group.</p> <p>It was agreed that NICE methodology would be an agenda item for a future meeting.</p>		

**DATE OF NEXT MEETING: *Wednesday 18 October 2006, Derwent Room NICE, London***

**MEETING PAPERS TO BE MAILED: *4 October 2006***