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| Institution: University of Hertfordshire |
| Unit of Assessment: Panel A (4): Psychology, Psychiatry and Neuroscience |
| Title of case study: Transforming Behaviour Change: Do Something Different (DSD) |
| <p>1. Summary of the impact (indicative maximum 100 words)</p> <p><i>'The best thing I've ever done', 'It has changed my life'</i> – just two comments from users of Do Something Different, a behaviour-change technique developed by Professor Fletcher and colleagues at the university's Psychology Department. Do Something Different is having significant commercial impact in companies and communities worldwide. Health professionals in deprived communities report that it has successfully tackled unhealthy behaviours such as overeating, stress or smoking. It has also been used in large organisations, including professional services companies, law firms and health insurance bodies, where it has demonstrably improved workplace welfare in connection with bias, wellbeing and stress.</p> |
| <p>2. Underpinning research (indicative maximum 500 words)</p> <p>Behaviour change is a huge challenge for anyone wanting to improve people's wellbeing. Even when individuals know what is good for them they often persist with unhealthy behaviours that cause stress or health problems. In the 1980s, Professor Fletcher's research in the Psychology Department began to unearth the reasons why many interventions fail. He found that an individual's behaviour, rather than their environment, causes them to feel stressed. He argued for interventions that address the way that people interact with their world. Yet most existing interventions focused on changing the environment, e.g. the workplace, rather than the person.</p> <p>Fletcher's research in the 1990s, including that with PhD student Fiona Jones, continued to question traditional ways of tackling stress. They showed, for example, that marital partners' behaviour caused them to transmit stress to one another. Fletcher's ongoing work led to an alternative approach, which involved altering the person rather than the environment. He set this out in his Framework for Internal Transformation (FIT) Science, published in 2003. A spin-out company took FIT Science into organisations, where it helped tackle employee issues such as stress, leadership, coping with organisational change, and the threat of redundancy. In 2008 the University of Hertfordshire adopted FIT as the basis of a personal development programme for its own students, called FIT Student, embedding it into many of its degree courses.</p> <p>Consistently recognising the value of Fletcher's work to its research strategy, the university's Psychology Department supported it with a solid research infrastructure, numerous PhD students such as Jill Hanson and Elizabeth Jenner, and research assistants including Nadine Page. Fletcher's research evolved from FIT Science towards a simple behaviour-change tool useable by all – individuals as well as organisations. This was called Do Something Different (DSD). DSD encouraged people to change the everyday habits that led to many unhealthy behaviours – including stress – literally by doing something different. Professor Fletcher has continued to research and apply DSD since 2003, publishing several popular books on the method. Selected examples from the research are given below:</p> <ul style="list-style-type: none"> • In handwashing research in hospitals, conducted with PhD student Jenner, Fletcher highlighted the gap between desirable and actual behaviour. Again this supported his theory that people behave habitually and without awareness, as staff often failed to observe handwashing guidelines, even when well aware of the desired behaviour. • Further research with doctoral student Jill Hanson discovered a link between people's habits and their Body Mass Index (BMI). Analyses of the BMI and habits of over 1,000 people confirmed that slimmer people are less habitual. This led to the first clinical trial of DSD, showing that people could lose weight by dealing with their everyday habits. |

Impact case study (REF3b)

- Other research with colleague Professor Karen Pine supported Fletcher's claim that eating, like many unhealthy behaviours, was habit-driven and that taking control of wider habits was key to bringing about behaviour change and improving wellbeing.

The empirical research demonstrated the limitations of traditional approaches to change, and the effectiveness of DSD.

3. References to the research (indicative maximum of six references)**Key Publications**

Ben (C) Fletcher, Jill Hanson, Karen J. Pine and Nadine Page. 'FIT-Do Something Different: A new behavioral program for sustained weight loss', *Swiss Journal of Psychology* (2011), 70 (1), 25–34. doi: 10.1024/1421-0185/a000035

Ben (C) Fletcher, Karen J. Pine, Zoe Woodbridge and Avril Nash. 'How visual images of chocolate affect the craving and guilt of female dieters', *Appetite* (2007), 48 (2), 211–17. doi:10.1016/j.appet.2006.09.002

E. A. Jenner, B. (C) Fletcher, P. Watson, F. Jones, L. Millar and G.M. Scott. 'Discrepancy between self-reported and observed hand hygiene behaviour in healthcare professionals', *Journal of Hospital Infection*, 2006, 63 (4), 418–22. doi: 10.1016/j.jhin.2006.03.012

Ben (C) Fletcher. 'A FIT approach to work stress and health'. In M.J. Schabracq et al. (eds), *Handbook of Work & Health Psychology* (John Wiley, second edn, 2003), 549–68. doi: 10.1002/0470013400.ch26 Print ISBN 9780471892762 Online ISBN 9780470013403

Ben (C) Fletcher and Fiona Jones. 'A refutation of Karasek's demand – discretion model of occupational stress with a range of dependent measures', *Journal of Organizational Behavior* (1993), 14 (4), 319–30. doi: 10.1002/job.4030140404

Key Research Awards:

1. ESRC funded Knowledge Transfer Programme (KTP), £114,000 (with Dr Nick Troop), 2009–11, Heales Medical Ltd.
2. ESRC funded Knowledge Transfer Programme (KTP), £99,000 (with Professor Karen Pine), 2008–10, Heales Medical Ltd.
3. EEDA/ERDF Competitive Operational Programme, £311,000 (with Dr Mike Page), 2007–13, for behaviour change using FIT {green}.

4. Details of the impact (indicative maximum 750 words)

Through Rilkes Room Ltd (www.dsd.me), Do Something Different (DSD) is widely used to address health and wellbeing issues, and to change behaviour. We provide two representative examples, one community and one corporate.

Health and Wellbeing: West Norfolk

In 2009 the West Norfolk (WN) Partnership engaged Ben Fletcher and Karen Pine to introduce DSD into communities of around 10,000 people with alarming rates of health and wellbeing problems. Along with project manager Ronel Erasmus, they DSD-trained almost 200 local health professionals, including community mental health workers, health visitors, school and GP staff, nurses, nutritionists, Stroke Prevention and Children's Centres staff.

These professionals used DSD in their work settings or ran DSD groups in the community. Many reported successes where previous methods had failed, such as with truanting teenagers or

sedentary patients (see section 5, Video Testimonials). While adult obesity rates increased in other areas, Ffirstead region (the target area in WN) was one of very few showing a decrease.

Testimonials poured in as DSD transformed the community's health. Fletcher's and Pine's team collected data to measure the effects. Obese people lost weight and kept it off (average reduction 10.5 lbs), smokers quit (success rate 88%), families functioned better, and chronically ill people adopted healthier lifestyles (exercise frequency, for example, more than doubled). Life satisfaction ratings shot up and depression rates fell significantly.

Carmel Austin, a Stroke Association DSD coach, said of one service user: 'The programme has changed her life, and that's really brilliant'. A Stroke Association newsletter article, 'Eastern Angles', quotes two others as saying: 'We firmly believe that DSD is only a starting point for the rest of our lives . . . The DSD course has made me so much more aware of the extent of things that we can do to help prevent stroke.'

Delighted with these results, Ian Burbidge, WN's Policy/Partnerships Manager responsible for health and wellbeing, commented that DSD led to 'people being happier, achieving more . . . to go on to volunteer to be more active in their community, to develop a wider network of friends. And we've even had people ending up in work . . . it just ticks all the boxes . . . it's helping people make the changes in their own lives that are necessary.'

West Norfolk now invests £64,000 a year in DSD and, says councillor Elizabeth Nockolds, who holds the Health and Wellbeing portfolio: 'We are seeing tangible results . . . with over 400 local people making sustainable improvements to their lifestyles.' As such, it is proving cost-effective in reducing future demand on public services.

Thousands of service users now have improved health and wellbeing thanks to DSD. The model is being adopted in other communities, including one in the Heerlen Region, Netherlands.

Commercial: PwC

DSD has proven effective for changing workplace behaviour. In 2010 PricewaterhouseCoopers (PwC) approached Fletcher and Pine to help their 16,000+ UK staff address bias and diversity issues. The researchers designed project Open Mind, using digital technology to deliver habit-breaking tasks to staff, encouraging more inclusive interactions and creating sustained behaviour change. A *Times* article reported that, six months after finishing the programme, '83% of those who had changed their behaviour said they felt more open-minded'. Also offered to the company's clients and its overseas firms, the project won PwC's 'Chairman's Prize' in 2011 and the prestigious Opportunity Now Inclusive Culture Award 2012.

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Subsequently, fully digitised DSD programmes were created, enabling unlimited numbers of people to receive tasks via SMS or email. DSD has been introduced to many organisations, including Ernst & Young, food conglomerate Mondalèz International, the Brighton Youth Offending Service, and Action for Happiness. Internationally, DSD was used for creativity in the 2012 Istanbul Design Biennale, while Netherlands-based MedicInfo acquired the Dutch rights and implemented it in Heijmans N.V (construction) and CZ and VGZ, two health insurers serving over 4 million customers.

In 2012 Do Something Different was a European Diversity Award runner-up, in the Outstanding Use of Technology in the Field of Diversity category.

5. Sources to corroborate the impact (indicative maximum of 10 references)

Video Testimonials

A selection of testimonials by DSD partners and service users can be supplied digitally, or viewed online at <www.dsd.me>, including:

1. 'What you say' page, <<http://www.dsd.me/what-you-say/>> (Carmel Austin quote, section 4).
2. 'Community programmes' page, <<http://www.dsd.me/our-programmes/communities/>> (Ian Burbidge quote).

West Norfolk Partnership

Copies of the following are available on request:

3. West Norfolk Partnership Annual Report, 2009/10, pp. 2; 15–16.
4. Borough Council of King's Lynn and West Norfolk, Community and Culture Panel Minutes, 17 November 2009, pp. 621, 624.
5. 'Eastern Angles' (Stroke Association newsletter), Summer 2012, page 4.
6. *Lynn News*, 4 January 2013, page 12. (Elizabeth Nockolds quote.)
7. 'Norfolk women say "Doing Different" changed their lives', *EDP 24* [online news], 11 Feb 2011: <www.edp24.co.uk/news/health/norfolk_women_mandy_and_nola_say_doing_different_changed_their_lives_1_799352>
8. 'Ladies did something different in race for life', *Lynn News*, 29 July 2011, p. 29.

PwC

9. [text removed for publication]
10. Fay Schopen, 'Think small to achieve the bigger picture', *Times*, 19 April 2012, p. 10.

Institutional Corroboration

Names and contact details of staff at three institutions who have agreed to corroborate details of DSD usage and impact have been provided separately.