322 UXG
Weight Watchers

[FIT FANS]

The value of people centred research

From generating robust evidence….

…to developing powerful insight

esro
revealing reality

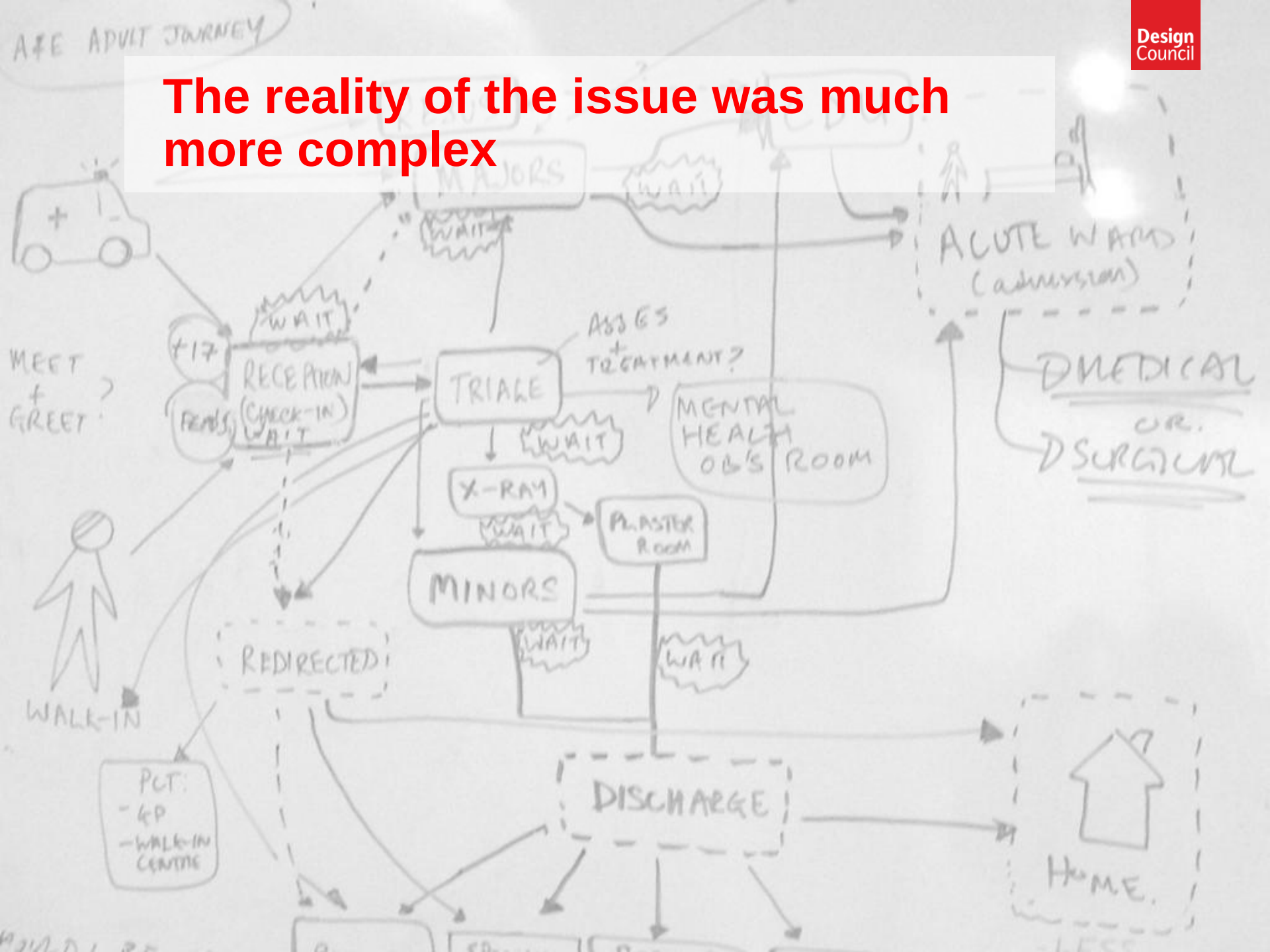
Reducing Violence and Aggression in A&E

- **55,000 recorded incidents**
- Costing over £100m a year
- Current measures often ineffective

Assaults when they do happen are very serious…

Solutions were often reactive or literal…
… increased security, permanent police presence, restraint…

The reality of the issue was much more complex



Design Council

SIX PERPETRATOR PROFILES

	Intoxicated	Clinically Confused	Frustrated	Anti social / Angry	Distressed	Lonely
Impact	Drinking and drug taking lowers people social anxieties and inhibitions . Intoxication can also lead to reduced cognitive ability; perhaps impairing individuals ability to solve problems or make decisions.	Individuals who have a clinical reason or justification for their aggressive behaviour and are judged not to be responsible for their actions (head injury, dementia, mental health issues, unconscious)	Anyone who is frustrated with the 'system' or the perceived quality of care they (or their friend / relative) is receiving.	A person with a history or pre-disposition to being antisocial in a variety of contexts (Not just hospitals)	A person (visitor or patient) who is highly distressed or anxious by the reason they are in hospital.	Indivduals who don't have an acute medical need, come to A&E for company or distraction.
Problem	Could be anyone; from a drunken 'reveller' to a party goer, or even an alcoholic or drug addict	More often found in 'majors' side of A&E, these individuals may be in either be in an unresponsive state or behaving oddly.	There are no easy ways to detect these indivduals beyonds awareness of 'agitated' or 'frustrated' body language. (frowning, staring fidget, pace around, wide eyed, muttering under voice)	No easy ways to detect 'anti-social' people. May take an aggressive stance, swear a lot or speak in a loud voice.	Often appear frantic or agitated. May be physically shaking, flushed or in a visibly panicked state.	Often regular attenders at A&E, these individuals may look unkempt, unstable or have poor personal hygiene
Appearance	May make inappropriate gestures or say inappropriate things.	For whatever reason, these individuals may not be in control of their behaviour or their reaction to stimulus	Anger and frustration has gradually built up over time and pushed them to the point where they behave in a way that is unusual for them	Little respect for any kind of authority or rules, these individuals are less likely to be afraid of the consequences of behaving badly.	As emotions run high, individuals can be difficult to reason with and may be unable to listen to or understand even the most basic instructions. Frustrations can build as staff are perceived to	Whilst often harmless, sometimes these individuals can be manipulative or threatening.
Origin	May negatively engage other people in the waiting area or simply annoy them by being loud or boistrous	Behaviour is most likely to be directed to nurses or other clinicians who are trying to manage the individuals behaviour or condition.	Frustration and unrest can spread through A&E waiting rooms like contagion.	Can threaten or intimidate other patients. Can set a precendent for 'bad behaviour' resulting in faster treatment.	Any perceived injustice or 'uncaring' treatment can add as an escalator of violence or aggression for other A&E users.	Can create an unpleasant atmosphere in the waiting room or manipulate other patients into acting on their behalf.

… 6 perpetrator types

Majority of hostility towards staff was caused by…

Poor customer experience.

People centred research.

1. Define the problem

2. Identify desired outcomes

3. Map behaviours

4. Identify insights

Be the undercover boss.

Thank You.

People Centred Research

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