

Module 4

Values-based practice

Welcome to Module 4

Values-based practice is a new way of working positively with diversity and differences of values. This module looks at key issues in developing and delivering values-based practice.

Learning outcomes

After completing the module, you will be able to:

- explain what values-based practice (VBP) means in mental health and social care;
- describe the 10 pointers to good process in VBP;
- explain the relationship of VBP to The 10 Essential Shared Capabilities (ESCs);
- begin to apply VBP in your work.

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Estimated time to complete learning activities

4 hours

SCQF level 8

Module 4

1. What are values?

Before exploring values-based practice, it is useful to clarify what we are referring to when we use the word 'values'.

Activity 4.1

Please answer the following questions. This activity will help you to identify what values mean to you. There are no 'right' or 'wrong' answers.

What are values?

Compare your answers with what other people said in Box 1 – do you match with a particular group, or have you said something new or different?

BOX 1 What are values?		
LIST 1 Delegates at a recovery conference	LIST 2 Managers/chief executives	LIST 3 Trainee psychiatrists
Core beliefs Principles – cultural, individual Anything that's valued Quality of life Right to be heard Social values Self respect Valuing neighbours Your perspective on the world	Right and wrong Belief systems Ideals and priorities Things that govern behaviour and decisions Morals Principles Standards Conscience Fluid/changeable	What you believe in Self esteem Principles Integrity Openness/honesty Personal motivating force Primary reference points Ethics Virtues

You will have thought about what you mean by values in completing this activity. You will also be aware that the word may mean different things to different people.

2. The importance of values

Values have a key role in today's mental health services, in the experiences of people who use services, and in the experiences of their families/carers. Here's an account from Pete, someone who has used services for most of his life. We will revisit Pete's story later in this module.

Pete's account (1)

My name is Pete. I'm 44 and I live in a room in a house that I share with four other people who have mental health problems. I live in one of the rooms on the top floor. My friend Colin lives in the other one. I should have a key to lock my room but the key's broken. The light bulb's gone on the stairs so it's very dark in the hall.

I shake a lot and sometimes dribble. I try to wipe my mouth before I dribble but I'm not always quick enough. I wish I didn't dribble, it's embarrassing when I talk to people. My right arm is hot and swollen. I've seen the GP, but he says there's nothing he can do about it. I wonder if the chemicals I use cause it?

My brother John visited today. He was really upset when he saw me. He'd come to take me and Colin out for lunch. I had someone else's trousers on and I had to hold them up as they were too big for me. I told my brother I didn't wear underpants – I do, but I didn't have any and he was already upset. All my clothes go into the laundry and get lost. I just have to wear what I can find.

John, me and Colin went to Tesco. We bought some new clothes, then we went for lunch. I can't chew, so I had the soup. I think it's my tablets that make it difficult for me to chew. I take procycladine and olanzepine.

On the way back in the car I was teasing John. He has satellite navigation. Colin was teasing him as well, I don't think he minds – we all laughed. I like photography. I go to a course at college and develop my own pictures. I want to take landscape photographs. I showed my brother my photos, and he wants to frame them they're so good.

It's my birthday tomorrow. John left me some presents, some tobacco and a bottle of lager. Colin told him we can't have alcohol in the house. I know my brother cries sometimes after he visits me.

Activity 4.2

Think about Pete's account and reflect on these questions.

What is your initial reaction to Pete's account? How does it make you feel?

What do you see as the main issues in Pete's account that need to be addressed?

What do your responses to the above questions say about what you value?

Drawing on the above, list some of the values you bring to your work.

Common answers to this question include: honesty; reliability; humanity; caring about other people; tolerance; enthusiasm. Sometimes answering this question reminds people why they chose to do the work they do.

It would be useful to discuss your responses in this learning activity with others who have also completed it.

3. Professional value statements

We will explore in this section many statements of values that should determine mental health workers' actions. The Principles underpinning the Mental Health (Care and Treatment) (Scotland) Act 2003 could be seen as defining in law some of the values that should underpin mental health practice (see Module 2). The Mental Welfare Commission for Scotland has developed a 'Principles into Practice Network' that aims to promote care and treatment complementary to the principles of Scottish mental health law. The network provides opportunities to share practical tools, opinions and experience of what works in the delivery of principles-based care.

Some professional groups have also articulated statements of common values. *Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland* (SEHD, 2006) produced the following values statement. The statement was written jointly by mental health nurses, people from other agencies, service users and family/carers' representatives.

The values base for mental health nursing.	
Relationships	<p>Putting positive working relationships supported by good communication skills at the heart of practice.</p> <p>Maximising time to build relationships and challenging systems that detract from this.</p> <p>Recognising when relationships are unhelpful and taking steps to address this.</p>
Rights	<p>Based on principles in legislation, safeguards and codes of conduct.</p>
Respect	<p>For diversity of values and placing the values of individual users at the centre of practice.</p> <p>Listening to what people say and not basing practice on assumptions about what people need.</p> <p>Seeing the whole person and not just his or her symptoms.</p> <p>Seeing the person as the 'expert' in his or her experience. For the contribution of families and carers.</p> <p>For the contribution of other professionals and agencies. For the social context of people's lives.</p>
Recovery	<p>Promoting recovery and inspiring hope – building on people's strengths and aspirations.</p> <p>Increasing capacity and capability to maximise choice.</p>
Reaching out	<p>To make best use of resources available in the wider community.</p> <p>To other agencies involved in mental health care.</p> <p>Being proactive about opportunities for change and mobilising opportunities to work with others to bring about change.</p>
Responsibility	<p>At corporate, individual and shared levels to translate the vision and values into practice by evolving current frameworks for practice and challenging and shaping institutional systems and procedures to accommodate this.</p>

The 21st Century Social Work Review in Scotland was commissioned to examine how social work services can adapt to meet present and future needs. A new direction for social work services in Scotland is set out in the report *Changing Lives* (Scottish Executive, 2006), which aims to reinvigorate social work's core values.

Changing Lives (SEHD, 2006)

Core values of social work in Scotland include

- respecting the right to self determination;
- promoting participation;
- taking a whole-person approach;
- understanding each individual in the context of family and community;
- identifying and building on strengths.

We can see that there are areas of similarity and difference in the two professional values statements outlined above. You may want to discuss them with others. You may also want to look back at Pete's account in (page 72) and consider how applying these values statements could determine how mental health nurses and social workers should support Pete.

Whatever stakeholder group we believe we belong to, we all need to recognise and understand others' values. Mental health work involves a range of different disciplines, agencies and organisations. Differing values held by groups (as well as those held by individuals) will influence how we work together and relate to each other.

Activity 4.3

Ask a person you work with about the values statement for their discipline, agency or organisation. Complete this activity in a learning group or in the team in which you work, if possible.

Be creative when thinking about who you might ask. Consider your own role and define which person you would benefit most from learning more about. He or she could be a psychiatrist, an occupational therapist, an advocacy worker, a psychologist, someone from a service-user or carer group – the list of potential candidates is very long.

It will be interesting to note if people are able to easily answer your question.

What are the areas of similarity and difference between what the person told you and the values **you** hold as an individual?

What are the areas of similarity and difference between what he or she told you and the values **your discipline, agency or organisation** holds?

What opportunities or challenges might this create for working together?

You will appreciate that we hold common and different values as individuals and as groups.

Not all professions, agencies or organisations will have values statements. Sometimes looking at things like the 'purpose', 'mission', 'vision' or 'aims' of organisations/agencies can give us an idea of the values that might underpin their work and purpose.

Additionally, many professions have 'codes of conduct'. These 'codes' are statements about the values and (more importantly, some would argue) behaviours expected from a particular profession, providing practitioners, professionals from other disciplines and the public with solid indicators of how they should behave in certain situations.

Activity 4.4

If applicable, look at the code that applies to your profession; alternatively, you could look at your organisation's/agency's 'purpose', 'mission', 'vision' or 'aims'.

Look at Pete's account again. If you were involved in supporting him, how should you respond to ensure you comply with your professional code or organisation's/agency's 'purpose', 'mission', 'vision' or 'aims'?

Having done this, look again at your responses to Learning Activity 4.2. Is there any conflict between your own values and what is expected of you under the code or organisation's/agency's 'purpose', 'mission', 'vision' or 'aims'?

4. Values-based practice

Just as it is difficult to agree on one definition of the word 'values', so values-based practice (VBP) can be defined in different ways.

'Values-based practice' might mean following a code of values; we explored what this means for some people in the preceding section. As we saw, it might be a national framework of professional values, such as those developed in nursing and social work in Scotland, or a local values framework developed by a housing association or voluntary organisation.

In fact, values-based practice means something quite different:

- it is about working in a positive and constructive way with differences and diversity of values;
- it means putting the values, views and understandings of individual service users and carers at the centre of everything we do;
- it means understanding and using our own values and beliefs in a positive way;
- it is about respecting the values of the other people we work with and being open and receptive to their views.

In this module, values-based practice is defined as:

"the theory and capabilities for effective decision making in health and social care that builds in a positive way on differences and diversity of values."

This is quite a difficult definition. In practice, it means that working in a positive way with differences and diversity of values depends on good process – in other words, good ways of engaging with others on an equal basis, rather than telling people the values they should have.

Woodbridge and Fulford (2004) have identified 10 'pointers' to good process in values-based practice. We will look briefly at these 'pointers' in the next section and start to identify some of the ways in which they contribute to the 10 ESCs.

5. Values-based practice and evidence-based practice

The 10 pointers to good process in values-based practice are summarised in Box 1. The 'pointers' cover:

- key practice skills;
- a model of service delivery that is user centred and multidisciplinary;
- strong links with evidence-based practice;
- partnership in all areas of health and social care.

The term evidence-based practice, incidentally, has different meanings, just like the term 'values-based practice'. Here is one example: *"Evidence-based practice (EBP) means being aware of the evidence that relates to your practice and how strong that evidence is."*

BOX 1

The 10 Pointers to Good Process in VBP

Practice skills

- **AWARENESS:** being aware of the values in a given situation
- **REASONING:** thinking about values when making decisions
- **KNOWLEDGE:** knowing about values and facts that are relevant to a situation
- **COMMUNICATION:** using communication to resolve conflicts/complexity

Models of service delivery

- **USER CENTRED:** considering the service user's values as the first priority
- **MULTIDISCIPLINARY:** using a balance of perspectives to resolve conflicts

Values-based practice and evidence-based practice

- **THE 'TWO FEET' PRINCIPLE:** all decisions are based on facts and values; evidence-based practice and values-based practice therefore work together
- **THE 'SQUEAKY WHEEL' PRINCIPLE:** values shouldn't just be noticed if there's a problem
- **SCIENCE AND VALUES:** increasing scientific knowledge creates choices in health care; this can lead to wider differences in values

Partnership

- **PARTNERSHIP:** in values-based practice, decisions are taken by service users working in partnership with providers of care

6. Using values-based practice

It is easier to understand and remember the '10 pointers to good process' if you apply them and link them with the 10 ESCs. The next activity will help you to do this. But first, read the second part of Pete's account.

Pete's account (2)

Things are looking up for me now and I am getting on better. My new key worker is really nice and put me in touch with Bob, who is an advocacy worker, and between the three of us we have been getting some stuff that was worrying me sorted out.

I am moving into a new flat and will be sharing with my pal Colin. It's really nice and is provided by an organisation that is about helping folk get back on their feet. There are staff who give you help and support when you need it and you can contact them when you want.

My course at college is going really well and they are putting on an exhibition of my landscape photographs as my tutor says they are really good – I feel really proud about this. I have also got friendly with a woman called Jane from my class and we have been out after class for a coffee a couple of times.

Big downside is my shaking and I am still dribbling and having problems with my swallowing – it's embarrassing and I am worried it will put Jane off going out with me. I know this is about my tablets, because when I went to my GP he said it was 'side effects'. I think I would like to stop them, but Dr Brown, my psychiatrist, says they are important and keep me well. I told my brother John as well and I know he is worried and reminded me that when I have stopped taking them before, I have ended up in hospital.

Activity 4.5

Pete appears to be going through a period of positive change in his life, but there are concerns about his wish to stop his medication.

In this activity, you need to imagine that you are Pete's key worker.

John has been in touch with Dr Brown as he is very worried that Pete is going to stop taking his medication. Dr Brown has scheduled a meeting for all the people involved in Pete's care and treatment including Pete, yourself, Dr Brown, John and Pete's social worker. Pete has requested that Bob, the advocacy worker, come with him to the meeting.

Using the 10 pointers to good process in values-based practice (see p.79), use the table overleaf to show which pointers will be particularly important in the team working with Pete. Note your reasons for these choices and see if you can make a link between the pointers you identify and one or more of the ESCs.

Pete's account 2			
Ten pointers to good practice	Does this apply?	Why is this important?	Number/s of relevant ESCs
1. Awareness			
2. Reasoning			
3. Knowledge			
4. Communication			
5. User-centred			
6. Multi-disciplinary			
7. 'Two-feet'			
8. 'Squeaky wheel'			
9. Science and values			
10. Partnership			

When you have completed this activity, you may like to look at the example below which illustrates how the 10 pointers could have been applied.

Pete's account 2 – example			
Ten pointers to good practice	Does this apply?	Why is this important?	Number/s of relevant ESCs
1. Awareness	✓	We need to understand and respect why Pete is making this decision and recognise what values are informing his choices.	1, 3, 4, 5, 6, 7, 8, 9
2. Reasoning	✓	We need to look at the values held by all involved in this scenario and how this will impact on how they feel about Pete's decision. This could involve values being influenced by a particular model of understanding mental health problems, or a particular personal stance on issues like people's rights. There is need for open discussion about how these influence decisions.	
3. Knowledge	✓	As above.	
4. Communication	✓	This is a complex situation and everyone will need time to discuss issues and reflect on their values.	
5. User-centred	✓	Pete's values are the first priority.	
6. Multi-disciplinary	✓	There needs to be a balance of perspectives while valuing different standpoints.	
7. 'Two-feet'	✓	Knowledge of medication effects vs. distress and embarrassment being experienced by Pete.	
8. 'Squeaky Wheel'	✓	Meeting has been called because of Pete wanting to come off his medication and this is being perceived by others as a problem.	
9. Science and values	✓	The key here is Pete's choice. His current medication is not acceptable and he feels his only option is to stop it. Offering information about evidence related to the pros and cons of changing or stopping medication, or exploring different therapies, will assist him in making informed choices.	
10. Partnership	✓	In values-based practice, decisions are taken by service users working in partnership with providers of care.	

All the ESCs could be seen as relevant, but we have selected only those that are particularly pertinent.

There is an obvious connection between the VBP pointers of service user-centred care and partnership and ESC 1 (Working in Partnership) and ESC 7 (Providing Service User-Centred Care). The relationship between the pointers to VBP and the ESCs identified in the table can be further explained by seeing values-based practice as the process that can help achieve the ESCs.

Values awareness, reasoning, knowledge of values and communication are all skills that can be used to promote equality and recovery, identify people's needs and strengths and promote safety and positive risk taking.

7. Conclusion

Now that you have completed this module, you should have an understanding of values-based practice and should have considered how to start to apply the 10 pointers to good process. You have also had the opportunity to think about how these link with the ESCs.

Activity 4.6

Apply the 10 pointers to good process to a person you are working with or a situation that might be challenging you or the team. This would be best achieved either in your supervision session or through discussion with your team.

We hope that you will continue to think about values-based practice as you work through the rest of the ESC learning materials.

Resources for further learning

Key websites

<http://www.connects.org.uk/conferences>

All the papers from two recent conferences on values are available online. You will need to register to access the papers.

<http://www.principlesintopractice.net/web/site/principlesintopractice/Home/principlesnethome.asp>

The Mental Welfare Commission 'Principles into Practice Network' aims to promote care and treatment that is in line with **the principles of Scottish mental health law**. Here you can share practical tools, opinion and experience of what works in the delivery of principles based care.

Professional and regulatory organisations

British Association of Social Workers

<http://www.basw.co.uk>

The Royal College of Psychiatry

<http://www.rcpsych.ac.uk>

The British Psychological Society website.

<http://www.bps.org.uk>

The British Association of Occupational Therapists and the College of Occupational Therapists

<http://www.cot.co.uk>

The Nursing and Midwifery Council – the regulatory body for all nurses and midwives.

<http://www.nmc-uk.org>

Chartered Society of Physiotherapists

<http://www.csp.org.uk>

References

SEHD (2006) **Rights, Relationships and Recovery**. Edinburgh: SEHD.

Scottish Executive (2006) **Changing Lives**. Edinburgh: Scottish Executive.

Woodbridge K, Fulford. KW (2004) **Whose Values? A Workbook for Values-based Practice in Mental Health Care**. London: The Sainsbury Centre for Mental Health.