

Module 4: Values-based practice

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Values-based practice is a new way of working positively with diversity and differences of values. This module is based on the ten key pointers to good process in values based practice underpinned by the National Institute for Mental Health in England (NIMHE) Values Framework, described on page 4.

After completing this module you will be able to:

1. Explain what values-based practice (VBP) means in mental health and social care.
2. Describe the 10 pointers to good process in VBP.
3. Explain the relationship of VBP to The Ten Essential Shared Capabilities (ESC)
4. Access resources for further learning in VBP.

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1. The importance of values

Values have a key role in today's mental health services and the experiences of those using them and their relatives. Here's an account from Pete, someone who has used services for most of his life.

Pete's account

"My name is Pete. I'm 44 and I live in a room in a house that I share with 4 other people who have mental 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 bulbs gone on the stairs so it's very dark in the hall. Elsie is on duty today.

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, he says there's nothing he can do about it. I wonder if the chemicals I use that causes it.

My brother visited today. He was really upset when he saw me. He'd come to take me and Colin out for lunch. I had some one 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.

My brother, 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 my tablets, Procykladine and Olanzepine.

On the way back in the car I was teasing my brother, 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, he wants to frame them they're so good.

It's my birthday tomorrow, my brother 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 cry's sometimes after he visits me."

► Activity 4.1

Think about Pete's account and answer these questions:

Is there a problem here? If so, what is the nature of the problem?

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.....

Do you think services have a role here? If so, what would be their purpose?

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Who should be involved in providing services? (identify roles / organisations)

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.....

How should these people work together?

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.....

Who should hold overall responsibility?

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.....
.....

You will return to this activity towards the end of this module.

2. The National Institute for Mental Health: Framework of Values for Mental Health

The National Institute for Mental Health in England has developed a National Framework of Values for Mental Health. This work is guided by three key principles of values-based practice:

1. Recognition – NIMHE recognises the role of values alongside evidence in all areas of mental health policy and practice.
2. Raising Awareness – NIMHE is committed to raising awareness of the values involved in different contexts, the role/s they play and their impact on practice in mental health.
3. Respect for diversity – NIMHE believes that the values of individual service users and their communities should be the starting point and key deciding factor in all actions by mental health workers. Respect for diversity is addressed in a range of policies and principles concerned with equality. It is unacceptable (and sometimes unlawful) to discriminate on grounds such as gender, sexual orientation, age, disability, religion, race, ethnicity or culture.

Values underpin our priorities, influence our decisions and guide our actions. In respecting diversity services need to be:

- service user-centred – so that individual values are at the centre of policy and practice
- recovery focused – so that strengths, resources and cultural characteristics of service users are built on to support different routes to recovery;
- multidisciplinary – so that mutual respect develops between:
 - * service users, carers/relatives, friends, communities and mental health providers
 - * different groups of workers (nurses, psychologists, psychiatrists, social workers)
 - * different types of service (health, social care, housing, voluntary organisations)
- dynamic – so that they are willing and able to change
- reflective – so that they are able to look at their own practice
- balanced – so that they are aware of positive as well as negative values;
- relationship-focused – so that they recognize the importance of positive relationships and good communication skills

3. Values and values-based practice

What are values? What is VBP?

Before exploring VBP further it is useful to clarify what we are referring to when we use the term 'values'.

► Activity 4.2

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?

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.....

.....

.....

Compare your answers with what other people said:

What are values?		
LIST 1 Delegates at a recovery conference	LIST 2 Managers / Chief Executives	LIST 3 Trainee Psychiatrists
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Right and wrong• Belief systems• Ideals and priorities• Things that govern behaviour and decisions• Morals• Principles• Standards• Conscience• Fluid / changeable	<ul style="list-style-type: none">• What you believe in• Self esteem• Principles• Integrity• Openness/honesty• Personal motivating force• Primary reference points• Ethics• Virtues

In completing this activity you have thought about what you mean by values. You are also aware that other people may mean something different.

Name some of the values that you bring to your work:

.....

.....

.....

.....

Common answers to this question include: honesty, reliability, tolerance and enthusiasm. Sometimes answering this question reminds people why they chose to do the work they do.

What is VBP and how is it linked to the 10 ESCs?

The 10 ESCs are both practice-based and values-based. To be practice-based means basing your practice on practical experience (of users and carers as well as practitioners). But what does basing your practice on values mean?

Just as it is difficult to decide on one definition of the term 'values', so Values-based practice can be defined in different ways.

For some people, 'values-based practice' means following someone else's code of values. This might be a national framework of professional values for nursing, or a local values framework developed by a housing association.

Values-based practice as suggested in the NIMHE Framework for Values for Mental Health means something quite different. It is about working in a positive and constructive way with differences and diversity of values.

The NIMHE Framework stresses that values based practice means putting the values of individual service users and carers at the centre of everything we do. It also means understanding and using our own values and beliefs in a positive way, and respecting the values of the other people we work with.

This is why the 10 ESCs are both practice-based and also values-based.

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. But what it means in practice is that working in a positive way with differences and diversity of values depends on good process – in other words good ways of doing things rather than telling other people the values they should have.

In a training workbook, Woodbridge and Fulford (2004) identified 10 "pointers" to good process in values-based practice.

In the next section we look briefly at these "pointers" and start to identify some of the ways in which they contribute to the Ten ESC.'

4. Values-based practice and the Ten ESC

As summarised in the list below, the ten pointers to good process in values-based practice cover key practice skills, a model of service delivery that is user-centred and multidisciplinary, strong links with evidence based practice, and partnership in all areas of health and social care.

The term evidence-based practice, by the way, like the term values-based practice, is used with different meanings. 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.”

Practice skills

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

Models of service delivery

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

Values Based Practice and Evidence Based Practice

7. THE 'TWO FEET' PRINCIPLE: all decisions are based on facts and values. Evidence Based Practice and Values Based Practice therefore work together
8. THE 'SQUEAKY WHEEL' PRINCIPLE: values shouldn't just be noticed if there's a problem
9. SCIENCE AND VALUES: increasing scientific knowledge creates choices in health care. This can lead to wider differences in values.

Partnership

10. PARTNERSHIP: In Values Based Practice decisions are taken by service users working in partnership with providers of care

Using Values Based Practice

It is easier to understand and remember the ten pointers to good process if you apply them to a real situation. And they can be linked with The Ten Essential Shared Capabilities. The next activity will help you to do this.

Read this account carefully and then complete the activity that follows.

When you have completed this activity you may like to look at the example below in the table “Mila’s account – example feedback”.

Mila’s account

“Basically I’ve had a shit life. I had a hell of a childhood with abuse, racism and foster care. I came into services when I was 11 years old. I think it must have been because I was harming myself pretty badly by then. Being part of child mental health services wasn’t too bad – they pissed me off sometimes but I generally got the feeling they wanted to help me, it was just so difficult. But when I was 18 years old they moved me into adult services and I had my first admission on an adult ward. My god, what a shock – they looked at me as if I was a criminal. I felt they hated me, saw me as a time waster stopping all the people who were really ill from getting help. I know I was difficult; I was just all over the place, my moods seemed so extreme. I felt wretched all the time and nobody seemed to understand. They kept telling me to stop being so attention-seeking and take some responsibility for myself. But I just felt like exploding all the time and the more they didn’t like me and ignored me the more I wanted to hurt myself and the more they said I was attention-seeking. No one told me I had been diagnosed as having a personality disorder – I don’t know if they treated me the way they did because of how I behaved or because they had been told my diagnosis. I just know it was a shit time and no one seemed happy, me or them.”

The Ten Essential Shared Capabilities

► Activity 4.3

Tick to show which pointers to good process are particularly important in working with Mila. Note why this is. See if you can make a link between the pointers you identify and one or more of the Essential Shared Capabilities.

Mila's account			
Ten pointers to good practice	Tick if it applies ✓	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			

Here are the ESC for you to refer to:

1. **Working in Partnership.** Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.
2. **Respecting Diversity.** Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.
3. **Practising Ethically.** Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.
4. **Challenging Inequality.** Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.
5. **Promoting Recovery.** Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.
6. **Identifying People's Needs and Strengths.** Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.
7. **Providing Service User Centred Care.** Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.
8. **Making a Difference.** Facilitating access to and delivering the best quality, evidence-based, values based health and social care interventions to meet the needs and aspirations of service users and their families and carers.
9. **Promoting Safety and Positive Risk Taking.** Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.
10. **Personal Development and Learning.** Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

The Ten Essential Shared Capabilities

Values-based practice is designed to support capable practice and underpins all of The Ten Essential Shared Capabilities. Remember that capable practice requires both 'competence' and 'capability':

Capable Practice

- Competence – what individuals know or are able to do in terms of knowledge, skills and attitudes.
- Capability – the extent to which individuals can adapt to change, generate new knowledge and continue to improve their practice.

'Adapted from Fraser & Greenhalgh, 2001'.

Mila's account example feedback			
Ten pointers to good practice	Tick if it applies ✓	Why is this important?	Number/s of relevant ESCs
1. Awareness	✓	Besides Pointer 4 (communication), we have identified: 1 and 2 (because of the need to understand Mila's values, unusual as they may be); 5 (because Mila's extreme behaviour, which is very challenging, makes it even more important to retain a user-centred focus); and 10 (because no progress can be made here without building a therapeutic alliance).	All the ESCs could be seen as relevant but we have picked out those that are particularly pertinent. No. 1 working in partnership. No.3. Practicing ethically No.4 Challenging inequality No. 7 Providing service user centred care No. 9 Promoting safety and positive risk
2. Reasoning	✓		
3. Knowledge			
4. Communication	✓		
5. User-centred	✓		
6. Multi-disciplinary			
7. 'Two-Feet'			
8. 'Squeaky Wheel'			
9. Science and values			
10. Partnership	✓		

The Ten Essential Shared Capabilities

There is an obvious connection between the VBP pointers of service user centered care and partnership, with ESCs no 1 and no 7. However the relationship between the pointers to VBP and the essential shared capabilities identified in the table can be further explained by seeing values-based practice as the process which can help achieve the ESCs. Values awareness, reasoning, knowledge of values, and communication, are all skills that can be used to achieve challenging equality, promoting safety and risk taking, etc.

5. Conclusion / Key resources

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

Return to Pete's account at the beginning of this module and read it through again. Is there more to this than you originally thought? Look at the answers you gave when you first completed the activity. Would you make any changes now? Do you see your own values any differently?

We hope that you will continue to think about values-based practice as you work through the rest of the ESC learning materials. Here are some questions that will help you to link Values Based Practice with your own role:

Three key questions:

1. What are the values of the team/network/group you work with?
2. How are differences in values resolved in your team/network/group?
3. How do the 10 pointers to good process relate to your everyday work?

Three key readings:

- Woodbridge K and Fulford. (2004) *Whose Values? A workbook for values-based practice in mental health care*. London. The Sainsbury Centre for Mental Health
- Fulford, K.W.M. (2004) *Ten Principles of Values-Based Medicine*. Ch 14 In Radden, J. (Ed) *The Philosophy of Psychiatry: A Companion*, pps 205–234. New York: Oxford University Press.
- Colombo, A., Bendelow, G., Fulford, K.W.M. & Williams, S. (2003a) Evaluating the influence of implicit models of mental disorder on processes of shared decision making within community-based multidisciplinary teams. *Social Science & Medicine*, 56: 1557–1570.

Three 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://www2.warwick.ac.uk/fac/med/meded/study/pemh/vbp_introduction/
An introduction to Values Based Practice on the Warwick University website.
- <http://www.scmh.org.uk>
(this website has links to relevant information)

6. Links to further reading

Allott, P., Loganathan, L and Fulford, K.W.M. (Bill), (2002) Discovering Hope For Recovery. In: Innovation in Community Mental Health: International Perspectives. Special issue of the Canadian Journal of Community Mental Health, 21(2), pps 13-33.

Colombo, A., Bendelow, G., Fulford, K.W.M., and Williams, S. (2003) Model behaviour. *Openmind* 125: 10-12

Fulford, K.W.M. (2004) Ten Principles of Values-Based Medicine. Ch 14 In Radden, J. (Ed) *The Philosophy of Psychiatry: A Companion*, pps 205-234. New York: Oxford University Press.

Fulford, K.W.M., Williamson, T. and Woodbridge, K. (2002) Values-Added Practice (a Values-Awareness Workshop). *Mental Health Today*, October, pps 25-27

West Midlands Mental Health Partnership (2003) *Values in Action: Developing a Values Based Practice in Mental Health* (available from West Midlands Mental Health Partnership)

Woodbridge, K. and Fulford, K.W.M. (2003) Good Practice? Values-based practice in mental health. *Mental Health Practice*, 7, 2, 30-34

Woodbridge, K., and Fulford, K.W.M. (2004) *Whose Values? A workbook for values-based practice in mental health care*. London: Sainsbury Centre for Mental Health.

Woodbridge, K., and Fulford, K.W.M. (2004) Right, wrong and respect. *Mental Health Today*, Sept 2004: 28-30.