

Whose Values?

A workbook for values-based practice in mental health care

Kim Woodbridge
Bill (K.W.M.) Fulford

People's values differ enormously – what may be important to one individual may be of little significance to another. Mental health workers face conflicting pressures every day in meeting the demands of diverse values in their practice. This new workbook is designed to help practitioners to recognise the influence of different values on their work, and apply these insights to resolve conflicts and develop 'capable practice'. It is an essential resource for continuing professional development and for working with the National Institute for Mental Health in England's 'Framework of Values for Mental Health'.

The following is an extract from the workbook which includes:

- Background on the authors
- Contents page
- Foreword by Rosie Winterton MP, Minister of State, Department of Health
- Introduction
- Diagram showing Ten Key Pointers to Values-based Practice
- Sample chapter on 'Developing Awareness of Values in Practice' with example activities.

Copies of the workbook can be purchased from The Sainsbury Centre for £20 plus p&p or online with credit card from our website www.scmh.org.uk

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The Sainsbury Centre for Mental Health (SCMH) is a charity that works to improve the quality of life for people with severe mental health problems. It carries out research, development and training work to influence policy and practice in health and social care. SCMH was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which it receives core funding. SCMH is affiliated to the Institute of Psychiatry at King's College, London.

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Foreword

Rosie Winterton MP

Minister of State, Department of Health

‘When I lost my baby her spirit came to me and I was singing to God but they said I was crazy ...’

(Bereaved African-Caribbean mother)

‘They teach us what values we should have ... but we never have space to talk about our own values ... and so we don’t think about our clients’ values’

(Student social worker)

‘The doc asked me what I wanted to call him, Doctor Smith, or Alan, or just ‘doc’ ... he’s the first person I’ve been able to talk to’

(User of services in Medium Secure Unit)

‘I’m caught between the psychiatrist who’s only interested in injecting people and the social worker who’s only interested in counselling ... who’s right? ... what’s my role?’

(Community mental health nurse)

‘They ask me if everything’s ‘OK’ and I say it is ... but my psychiatrist and social worker are both women so how can I tell them that the injections are making me impotent?’

(Young male service user in long-term community care)



It is the hundreds of messages like these, posted on the National Institute for Mental Health in England (NIMHE) pre-launch website, that explain why the Government has put values and the skills for working with diverse values right at the heart of our policies for developing modern mental health services.

This is why I am delighted to welcome this workbook in values-based practice. As the first of its kind in the world, and the product of a unique collaboration between the Sainsbury Centre for Mental Health and Warwick University’s Department of Philosophy and Medical School, the workbook will bring an exciting and innovative resource to support training in a range of skills essential for working effectively with values, alongside evidence, in all areas of mental health.

I am grateful to all those involved in this important project and to the many individuals and organisations, in both statutory and voluntary sectors, who have contributed to making the workbook a practical and effective training tool.

Values are about individuals and the workbook has been designed for individual study. There will also be support for training in values-based practice through the NIMHE Workforce Programme and the NIMHE/Sainsbury Centre Joint Workforce Support Unit, working in collaboration with the regional development centres and voluntary organisations.

Values are also about partnership, about a shared understanding of the different needs, expectations and hopes of those involved in mental health care. Mental health is above all an area in which effective care depends on partnership between stakeholders – between those who use services, as service users or as informal carers, and those who provide them, as clinical professionals or in management roles, in health and social care, and in allied services such as education and housing.

This workbook, and the training that it will support, will make a tremendous contribution to delivering mental health services, focused on the values of each individual user and family, and delivered through genuine partnership between all stakeholders.

‘ Looking back I’m glad they made me accept treatment ... but if I needed to go to hospital why did they call the police to take me and not an ambulance ... I still can’t face my neighbours ... ’
(Head teacher with bipolar illness)

‘ Now we have better mutual understanding with our clinical teams, our resources go much further ... our patients get to be seen more quickly and everyone has more job satisfaction ... so everyone’s a winner! ’
(Health services manager)

‘ I love Dad to bits ... but it’s great that the social worker now understands my needs ... a few days to myself occasionally will make all the difference. ’
(Carer)

Introduction

People's values differ enormously – what may be important to one individual may be of little significance to another. In order to work towards good practice in mental health care it is necessary to understand the importance of the role of values. The aim of this workbook is to provide a framework for the analysis of values in practice. It is intended to raise awareness of how diverse values relate, interact and impact on experiences, actions and relationships in mental health care.

Why do we have to work with values?

Why not just agree what the 'good' and 'right' values are and work towards achieving them in practice? In real life situations, it is rarely that simple:

‘I’m constantly working in an environment of lots of people’s different values and trying to make some sense of that. For example, I’m working with a service user who has very different values to me; not only that, but his values are very different to his parents’. I’m juggling with these values, struggling to tease out the issues and bring some clarity to my own thinking.

I try bringing issues to the CMHT [community mental health team] but sometimes their anxieties get in the way. I work in a fragmented way; I see a service user, I see a carer, I see the team. It would be useful to have an arena where I could bring out these values safely, where I could bring clarity to my own thoughts and see other people’s perspectives. ’

(Community psychiatric nurse)

This is what values-based practice aims to do – to provide a framework and skills to enable people to work in a respectful and sensitive way with the different values and perspectives present in practice.

Who is this workbook for?

It is designed for anyone working in mental health services including professionally qualified and non-professionally qualified staff, those with a background as a service user or carer, and voluntary staff, who may be working in a variety of roles, for example as managers, as team leaders or in front-line services.

Capable practice

The skills and knowledge described in this workbook are designed to support capable practice in mental health care.

The workbook will provide you with a framework and skills for responding to the varied and changing situations and relationships you may experience at work. The activities and information it contains facilitate and deepen the reflective process and will help you to develop key capabilities for mental health practice.

Competence and capability

In today's complex world we need not only competence but capability. We need to have the capabilities for working effectively with unfamiliar situations in unfamiliar contexts.

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)

How should the workbook be used?

This workbook is not a textbook on values. It is based on practical activities that will increase your understanding, knowledge and skills in relation to working with values.

Two main themes run through the workbook – one of reflection, the other of application. Each section takes you through a series of reflective activities aimed at building understanding and skills, and then finishes with ideas and activities for applying what you have learned to your practice.

You should complete the sections in sequence so that you build up your experience as you go along. When working on the activities it is important that you find somewhere comfortable where you will not be disturbed. Always write down your answers for your own reference as you work through the book.

The activities can be used in many different ways and we include information on running a values-based practice (VBP) training session in Part 3, and an illustrative workshop schedule and tips for running a workshop in Part 4.

Do I need peer support?

Before starting it may be helpful to find a colleague, friend or mentor who is willing to share your experiences with you as you go through the workbook. If at any time you find an activity unsettling, please discontinue it and talk to someone from whom you usually gain support.

Should I work on my own or with others?

The workbook has been designed so that it can be used by an individual working on their own. However, in many of the activities you will get extra benefit from sharing them with others, for example in supervision or as a team-building exercise.

If you are working with others, make sure that you are in an environment where everyone feels safe to share their experiences. It is important that you work with trusted colleagues and peers who are willing to give their time and ensure privacy in discussing any issues that may arise.

How long does it take to complete the workbook?

There are rarely set time limits for the activities in the workbook, though there are often guidelines. Where there are no guidelines, the activities should be completed in your own time – they will probably take from ten minutes to one hour.

You should try to find a balance between:

- leaving enough time between completing parts of the workbook to ‘process’ what you have learned, particularly by thinking about it in the context of your day-to-day work; and
- leaving it so long that you lose continuity.

One way of working is to find a morning or afternoon each week when you can focus on one section of the workbook. There are nine main sections. On this timetable, with extra reading and so on, you should be able to complete the whole workbook comfortably in three months.

Are the activities hard work?

In piloting the activities in training sessions, we have found that most people find them liberating and fun to do. Here are some of our students’ reactions:

“Challenging and difficult subject but the activities really helped me to think. Very enjoyable day.”

“I felt that something had been missing from my work – thinking about values brought back the meaning to my practice. Thank you.”

There may be many new ideas here, so the activities will work best for you if you are able to give them your full attention. This is why it is so important to have ‘quality time’ to use the workbook. We hope that you find the experience of completing this workbook worthwhile and beneficial to your practice.

Figure 3: Ten Key Pointers to good process in values-based practice

Practice skills

- 1 **AWARENESS:** of the values present in a given situation. Careful attention to language is one way of raising awareness of values.
- 2 **REASONING:** using a clear reasoning process to explore the values present when making decisions.
- 3 **KNOWLEDGE:** of the values and facts relevant to the specific situation.
- 4 **COMMUNICATION:** combined with the previous three skills, this is central to the resolution of conflicts and the decision making process.

Models of service delivery

- 5 **USER-CENTRED:** The first source for information on values in any situation is the perspective of the service user concerned.
- 6 **MULTIDISCIPLINARY:** Conflicts of values are resolved in VBP not by applying a 'pre-prescribed rule' but by working towards a balance of different perspectives (e.g. multidisciplinary team working).

VBP and EBP

- 7 **THE 'TWO-FEET' PRINCIPLE:** All decisions are based on facts and values (EBP and VBP thus work together).
- 8 **THE 'SQUEAKYWHEEL' PRINCIPLE:** We only notice values when there is a problem.
- 9 **SCIENCE AND VALUES:** Increasing scientific knowledge creates choices in health care, which introduces wide differences in values.

Partnership

- 10 **PARTNERSHIP:** In VBP decisions are taken by service users and the providers of care working in partnership.

SECTION 3

Awareness

Aim

This section aims to develop the skill of becoming more aware of values in mental health care through a series of activities. These activities include applying this skill in your own practice.

Learning outcomes

When you have completed this section you will have:

- understood the need for the skill of awareness of values;
- used this skill in the activities provided;
- used it in activities in your practice;
- become more aware of the values underpinning policies.

Topics covered in this section

- Raising awareness of values in your own practice
- Policy values and personal values
- Raising awareness of policy values
- Raising awareness of personal values
- Shared values and differences of values
- Applying values awareness in practice

Raising awareness of values in your own practice

To understand how the need for raising awareness of values relates to your own practice, please take some time to complete Activity 6 (overleaf) – it should take about 30 minutes.

Activity 6: Putting awareness of values into your own context

Think of a time at work when you felt uncomfortable about a decision that you had to make.

Question 1

What was most important about the decision?

For example: getting it right, protecting myself, or avoiding conflict.

Question 2

What did you base your decision on?

For example: guidelines set by employer or professional body, colleague's advice, or it just felt the right thing to do.

Question 3

What was the most difficult part about making the decision?

For example: not having enough information, upsetting other people, or the responsibility.

You may have found the questions in this activity quite difficult to answer and it is unlikely they were questions you asked yourself at the time. You may have found that just trying to answer the questions has increased your understanding of what was happening.

We will be coming back to the answers you gave to these questions at the end of this section. For the moment, we are going to concentrate on the difficulty you may have encountered in answering them, and what this tells us about the need for raising awareness as a first step to working more effectively with values in our everyday practice.

There are many important aspects of our daily lives that, so long as they don't cause problems, usually go unnoticed. For example, breathing: it is unlikely that you could give a detailed account of your breathing for yesterday, yet your continued existence depends on it. We may only become conscious of such things when something goes wrong or when our routine experience is changed in some way. We notice our breathing when it becomes difficult. The same is true of our emotions and feelings. We may become more aware of how we are feeling through major life events such as a serious illness, the loss of a loved one or of a job. You may have noticed this in yourself or in a colleague, friend or family member, or, in your working life, in a service user or client.

All of us 'run on automatic' most of the time, particularly if the activity engaged in is familiar and routine, and values are no exception. However, there are times when it is necessary to take deliberate steps to raise our awareness as part of increasing our understanding and informing our decisions and actions. Becoming more aware of values is particularly important when working with people such as service users, other significant people in the service user's life, colleagues, other professionals and the general public.

Raising awareness is what Pointer 1 of values-based practice is all about. At the heart of many problems with values in practice is what might be called 'values blindness'. Problems arise not so much from direct conflicts as from a failure to recognise values for what they are. This is why a key skill underpinning VBP is a greater awareness of where, what and how values come into practice.

To use the skill of values awareness in practice we need to start by mapping out some basic ideas about values.

Policy values and personal values

We have already explored the issue of diversity of values. In the next activity, we want to concentrate on an aspect of that diversity that is central to us in mental health care – how our personal values connect up with (or may disconnect from) the values that we have to work with in practice, as defined by policies, professional codes, and so on.

Activity 7: Policy values and personal values

For the next 15 minutes think back to the first two activities you completed in Section 1 of this workbook that asked: 'What are values?'

Then consider the following questions and note down the answers that come to mind. Don't worry about 'getting them right' as there is no one right answer. The aim of this activity is to raise awareness of your own values.

Question 1

What do you think are the current values in mental health care, in such areas as policy, service delivery, and professional practice?

Question 2

What values do you bring to your professional work?

It may be helpful, in answering this question, to come back to the concept of defining the term 'values', even if this is a difficult and subjective process. We give a few examples of definitions in Figure 9. You may want to add others that you come across, or work out your own. As you will see, although different in style and detail, there are common themes, for instance about values guiding decisions, helping us to make choices and driving actions. This is why Pointer 7 of VBP emphasises that all decisions are guided by values as well as by evidence.

Figure 9: Definitions of 'values'

Standard of behaviour

(Oxford Dictionary Thesaurus, 2001)

Persons are not indifferent to the world... they are continually regarding things as good or bad, pleasant or unpleasant, beautiful or ugly, appropriate or inappropriate, true or false, virtues or vices. Values serve as criteria for action; they become criteria for judgement, preference and choice.

(Rokeach, 1979)

Values are a term used in different ways. One is relating to a thing's fitness for purpose, for example a 'good' pen or a 'good' computer.

(Sharpe, 1997)

By patient values we mean the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient.

(Sackett *et al.*, 2000)

The questions in Activity 7 concentrate on the policy values of mental health care and the values that guide our own decisions, choices and actions in mental health care.

Figure 10 gives an example of values underpinning policy and services. You may have given some of the same values when you answered Question 1 of Activity 7.

Figure 10: The value base that underpins the National Service Framework for Mental Health (NSF)

- The centrality of the service users and those who support them
- A proper focus on the diversity of need amongst those who use mental health services
- A full acknowledgement of the importance of our workforce in all its diversity – people taking forward excellent and essential work in not only the statutory provider sector but also in the voluntary and independent sectors, the service user movement, primary care, and indeed all areas of the ‘whole system’
- The need to value the lessons we learn from each other and the need wherever possible to avoid the blight of the ‘not invented here’ syndrome.

(DoH, 1999)

There are several other sources for finding the values underpinning services. Your employers are likely to have a mission statement which includes a statement of values. The particular team you work with may have a list of values in their operational policy.

You may have found Question 2 in Activity 7, about your own values, easier. However, many people need quite some time to be really clear about what their own values are before they can write them down for the exercise. Again there is no right answer but we have listed some of the values that people often give in answer to this question. These are:



Raising awareness of policy values

Are policy values and personal values the same or different? What do any differences mean for us in practice?

For most of us the answer is that policy values are partly the same as our own, but that there are also important differences. The NSF values (Figure 10) may seem important but remote and prescriptive, whereas our personal values are familiar to us – we feel a sense of ownership and we are aware of their personal relevance to us in relation to our upbringing and experiences.

Values guide our decisions, choices and actions. So, if there are differences between policy values and personal values, does that mean that our decisions, choices and actions will always be in conflict?

The answer from values-based practice is that differences of values certainly lie behind many difficulties in practice. We will be looking in detail at these differences in multidisciplinary teamworking in Section 5, on knowledge of values. But much of the difficulty, according to values-based practice, comes from the differences of values *not being fully recognised for what they are*.

The following activity will help you to become more aware of the diversity of values in a policy context.

Activity 8: Raising awareness through language

Please read through the following extract, which is an example of the sort of text that can be found in many policy documents, and then answer the questions below:

“This Trust is supporting the change and reconfiguration of services to best meet NSF and other guidance for both adult and older mental health service users. There are some common themes for services throughout the Trust. These include:

- Developing effective management structures to lead and support change.
- Developing organisational structures in each area to support clinical governance, risk management and health and safety requirements.
- Implementing financial structures to ensure balanced budgets.
- Establishing cross area development groups to take forward required service developments in adult, older people, CAMHS and drug and alcohol services.
- Ensuring services provide fully integrated health and social care teams.
- Providing single points of access to services to ensure effective referral pathways and to support the targeting of resources.
- Reconfiguring where required to organise adult services to support functional models, to target skills and resources against standard and enhanced CPA levels of care.
- Developing minimum standards for CPA.
- Progressing approaches to provide a workforce fit for purpose, concentrating on training, modernising roles and responsibilities and supporting staff at work (including compliance with NHS Plan and Improving Working Lives standards).
- Influencing workforce planning Trust-wide with direct access of senior Trust representatives into workforce planning decision making, where previously local services have been isolated and with little influence on the mental health agenda.

- Establishing joint commissioning approaches and reaffirming Local Implementation Teams as the key commissioning groups for each area.
- Progressing service developments and/or monitoring arrangements to maximise the repatriation of expensive out-of-area private placements and minimise the use of private sector services.
- An acceptance that resources currently available are significantly insufficient, but a key objective that services will be targeted and arranged to be as effective as possible within those limited resources.
- The argument for additional resources will be best made once services are configured, as far as possible, to match best-practice models, NSF and performance targets.
- Limited resources should mean the targeting of services and not the arrested development of skills, training, roles and support systems.”

Question 1

Underline any value judgements (for example: effective, limited, best).

Question 2

What values are apparent throughout the extract? What is seen as desired, important, a priority?

Question 3

Whose are these overall values? What are the implications for the values identified? Do they conflict in any way?

Question 4

Are there any values missing or that you would like to be emphasised?

When completing Question 1 it is likely that you highlighted the following evaluative words among others: *effective, risk, balanced, required, expensive, limited, best practice*. Each of these words requires someone to make a judgement and evaluation of a situation. These terms, although generally familiar, may mean different things to different people. One person's judgement of 'effective' may be another person's 'average' practice. It is therefore important to be aware of these different interpretations. This is particularly important in a document which aims to communicate with a wide and diverse audience.

In your answers to Questions 2 and 3, you may find that the overall values include the achievement of policy directives such as *NHS Plan* (DoH, 2000), *Improving Working Lives Standards* (DoH, 2000) and the NSF (DoH, 1999). The focus of what is being valued is the achievement of organisational and change agendas. This would suggest that these values are those of managers and those who have an interest in policy implementation.

What is missing is the human perspective: the people that this document relates to – the service users', carers' and staff's values. You may have identified many other missing values.

It often takes some practice to recognise value words and what is being valued in a text. The more time you spend looking for values in different documents, the more obvious they become. If you struggle with Activity 8, discuss it when you are in supervision or with a trusted colleague. Discussing it with some else can improve your understanding and observation. You might like to try the same exercise on some of the policies you have at work, then try to rewrite them, making any improvements you have thought about while completing the exercise.

Raising awareness of personal values

Activity 9: Thinking about personal values

Most people work in a team of some sort, from a loose collection of people that you come into contact with to a well-established and clearly identified team. Before completing this activity, decide who you consider to be in the 'team' that you work in.

Imagine you have just been talking to Errol, a service user that you are working with. He is forty-two years' old and currently living with his parents. He would like to move out and wants your help in finding suitable accommodation and in learning to live more independently.

You have spoken to his parents in the past and they have often raised their concerns about their son moving out. They believe he will be safer living with them. The members of the team that you work with are also concerned about the risks involved and are not optimistic about Errol's ability to cope.

Errol has been well for some time and you have noticed that he is really enjoying his visits to an art studio which has a drop-in for people with mental health problems. His art work is very popular and he has become more confident and hopeful for his future.

You want to help him with his plans but you feel under pressure from his parents and your team. It is possible that Errol could live more independently but it would involve a lot of work in arranging support and developing his skills. You are also aware that he may become unwell and fail.

Question 1

How would you go about clarifying your own thinking and understanding of the perspectives and values of the other people involved?

Question 2

What would you do in this case?

Question 3

How aware are you of the values of the different people you work with?

Write down a list of the values you are aware of for each member of your team.

As you would by now expect, there may be a range of answers to these questions. For some people it may have been quite easy but for many it would have been very difficult. Many situations in everyday practice are similar to the scenario in Activity 9 in that they call for a 'trade-off' between the different values involved in a case. In this scenario one 'trade-off' is between risk and quality of life/wellness. If you found resolving the situation straightforward it may be because you shared the majority view – that is, the view taken by the team and the parents. If your values differed, then it is likely that you found the decision more difficult. As we have mentioned previously, it is easier to be aware of values when they are conflicting rather than when they are in agreement.

You may have found in your everyday practice that it is hard to clarify your own thinking about a situation when you are tired or feeling pressurised to get on with other work. Taking time to reflect can be seen as an optional luxury, but it can also be a good investment for your practice. Once you have thought through a situation, your judgements, decisions and actions may be more positive and successful, saving you time and stress.

How well do you know the values of the people you work with? It is unlikely that you were able to do this easily and without needing to spend some time reflecting and thinking through the question. Once the values in a situation – your own, those of each team member, and those of the other individuals involved – have been openly raised, then it is important to provide equal opportunity and time to discuss all values present, even if they are not representative of a majority view. The activities in Section 4, on reasoning, will further explore these issues.

Shared values and differences of values

Many of the activities so far in this workbook are about diversity of values. However, there are many situations in which people's values, at least within a given group, are really very similar. There is a range, from very diverse to closely shared values. The next activity helps to illustrate this range.

Activity 10: Shared and diverse values

Question 1

List three words or brief phrases that describe for you: a good apple.

For example, red, crisp, sweet.

Question 2

When you have your list, repeat the process for: a good social worker (you can replace this with good nurse, occupational therapist, psychiatrist, psychologist or even team).

For example, team player, accessible, knowledgeable.

Question 3

Now compare your lists: what do you notice about your answers?

Which one was easier to complete? Is one list more evaluative and less factual than the other?

Question 4

If possible ask another person – a colleague or service user – to complete the activity, and compare your lists. What do you notice about your answers? What are the implications?

It is likely that:

- you found it easier to complete the 'good apple' list;
- if you did ask others to do this activity, their lists for 'good apple' were not too dissimilar from your own;
- the phrases or words you used to describe a good social worker were more evaluative and less factual, for example, 'good at engaging clients'. This would make it harder for others to know precisely what you meant by a 'good' social worker;
- if you did ask others to complete the exercise, their list for 'good social worker' may well have been very different from yours. The more people you do this with, the more differences you will notice.

These differences of values are quite natural and all part of being human. However, they do raise difficulties when making shared decisions, especially about what is the right thing to do in certain situations.

We have largely shared values about apples, but many different values about social workers. 'Good apple' is simpler than 'good social worker'. As a team, therefore, it would be easy to make a decision about what apples to buy. But agreeing about what to expect from a social worker (or nurse, or psychiatrist, etc), is likely to be a lot more difficult.

Applying values awareness in practice

You are now ready to start applying the ideas in this section to your own practice. We are going to do this by thinking about a particular mental health worker, Mary, and one of her clients, Jed. But you may want to do a similar activity with someone from your own experience.

The next activity will help you to incorporate your skills regarding awareness of values, with the other Ten Key Pointers. Please start by reading through the brief scenario in Figure 11.

Figure 11: The story of Mary and Jed

Mary is discussing Jed with her colleagues; she is trying to engage him in services. Jed is 35 years' old. Until recently his girlfriend and one-year-old daughter lived with him in his flat, but he now lives alone. He is currently unemployed.

There is concern from the GP about Jed's ability to take care of himself and the possibility that he may cause disturbances in the community. The information Mary has from a GP referral suggests Jed may be experiencing hallucinations and has been demonstrating bizarre behaviour, neither of which is substance induced.

She has tried to discuss treatment with Jed when she has visited him at his flat, but he gave very few answers and made it clear he was uncomfortable talking to her. Little is known of Jed's history prior to his moving to the area two years ago from his native country of Mauritius.

Mary wants to understand the problems Jed is having and needs to decide what to do next. She asks her colleagues for help. The suggestions are:

Colleague A: "Why don't you talk to the health visitor who looked after his daughter? She might be able to tell you something about his illness."

Colleague B: "Maybe he doesn't want us involved because he doesn't think he's ill, or doesn't understand our service."

Colleague C: "Talking to the health visitor wouldn't help. You know, in the past she and the GP haven't always agreed on things."

Colleague D: "Maybe Jed isn't ill – we don't know if this is his usual behaviour. We don't know much about him at all."

Colleague E: "He isn't taking prescribed medication; he could be taking street drugs."

Colleague F: "We need to know more about him, and it would be best if he could tell us himself. Do you know if he needs an interpreter? It would help if we knew what he makes of the situation – the fact that he split from his girlfriend, how he feels about living here, not working, etc. Do you know if he's very spiritual? Has he any other family here?"

Mary decides to try using an interpreter, and to find out whether Jed has any family here that he finds supportive. She has found out by accident from information volunteered by Jed's neighbours that he is very spiritual and has a spiritual role in the local community.

Now re-read the story of Jed and Mary more slowly, thinking about which VBP Pointers are particularly relevant.

Summary Table 1A shows the Ten Key Pointers to good practice in VBP (for further details of these you may want to refer back to the arrow diagram in Figure 3). When you have made your selection, tick the relevant Pointers in the table. Then write your reasons for choosing the particular Pointers in the Comments section. You might place only one tick on the table, or many, depending on which Pointers you see as most relevant.

Summary Table 1B shows our suggested answers. However, do complete Summary Table 1A before you look at our answers.

Summary Table 1A		
1 Awareness	<input type="checkbox"/>	Comments
2 Reasoning	<input type="checkbox"/>	
3 Knowledge	<input type="checkbox"/>	
4 Communication	<input type="checkbox"/>	
5 User-centred	<input type="checkbox"/>	
6 Multidisciplinary	<input type="checkbox"/>	
7 'Two-Feet'	<input type="checkbox"/>	
8 'Squeaky Wheel'	<input type="checkbox"/>	
9 Science and values	<input type="checkbox"/>	
10 Partnership	<input type="checkbox"/>	

Summary Table 1B		
1 Awareness	<input checked="" type="checkbox"/>	Comments Although many of the Pointers of VBP could be ticked, Pointers 3, 4 and 5 were particularly relevant. It was noticeable in the discussion that there was a lot of information Mary didn't know. She needed this information to make her decision about what to do. Although other colleagues speculated what might be the problem, Mary decided to find ways to understand it from the perspective of Jed's values, and to try to improve the channels of communication by using an interpreter – this brings in Pointers 3 and 4.
2 Reasoning	<input type="checkbox"/>	
3 Knowledge	<input checked="" type="checkbox"/>	
4 Communication	<input checked="" type="checkbox"/>	
5 User-centred	<input checked="" type="checkbox"/>	
6 Multidisciplinary	<input type="checkbox"/>	
7 'Two-Feet'	<input type="checkbox"/>	
8 'Squeaky Wheel'	<input type="checkbox"/>	
9 Science and values	<input type="checkbox"/>	
10 Partnership	<input type="checkbox"/>	

How did your answers compare with ours? Your own answers may be the same or very different – remember that values-based practice is very individual. If they are different, this just means you viewed the scenario from a different perspective.

The key idea here is that raising awareness of values is important. In Mary and Jed's story, Mary realised that the key to helping Jed was to get closer to what really mattered to him. Raising awareness of his values was thus the essential starting point.

However, although we have worked on awareness of values particularly in this section, it is clear that in practice this skill has to work as part of the full package of ideas about values-based practice summarised in the Ten Key Pointers.

We will be coming back to the Ten Key Pointers at the end of each of the next three sections, dealing with reasoning, knowledge and communication respectively, as a way of applying what we have learned about each of these areas of VBP skills in our everyday practice.