Values informed practice
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## Acknowledgements

In addition to the literature referenced in this document, we acknowledge the influence of Macduff et al. (2010); Robb et al. (2012) and Woodbridge-Dodd (2012) in informing the development of this paper.
Kindness Matters
Introduction

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata

What is the most important thing in the world? It is people, it is people, it is people.

There has been increasing recognition worldwide of the significance of values in the provision of healthcare, and in particular in mental health and addiction services. We are living with and working with people from a wide range of cultures whose life experiences and values may be quite different from our own. Values have significant influence and impact, both for people accessing health services, as well as those working within services.

Healthcare is based on relationships between people and groups: health practitioners, people accessing services, families and whānau, multi-disciplinary teams, wider health and social services, communities and advocates. Working in ways that acknowledge values enables the creation of strong relationships, as the values of all of those involved can be understood and responded to.

Prioritising people’s values also enables services to be more fully ‘person-centred’, with people who access services at the centre of the picture (Fulford, 2010). In these ways, values have a direct influence on the effectiveness and responsiveness (or otherwise) of mental health and addiction services.

This resource is for everyone working in mental health and addiction services as values are central to all aspects of this work. It intended to support individuals to recognise and reflect on the impact of values in their work, as well as stimulate dialogue within teams, organisations and of course with people using services.

What are values?

Many people describe their values as what they believe in: morals, ideals, principles and ethics. These terms do encompass values, however values are also wider than ethics or moral values. Values include people’s needs, wishes and preferences and the variety of ways in which people express value judgements, both positive and negative (Fulford, 2011).

‘Preferences’ have been highlighted as a key component of values (Godbold and Lees, 2015). For example, “a value is a human preference for a thing, a state or a process” (Seedhouse, 2005, p.xxiii). Put simply, a value is something we personally or collectively have a preference for. It may be a principle like compassion or honesty, or other things like family and education. Values underpin all the decisions we make such as how we spend our free time, how we bring up our children or treat family members.

To work effectively with values, we need to understand:

1. values informed practice and why it is important – this includes acknowledging diversity of values and how cultural competence is an important part of working in a values informed way
2. ‘shared values’ – which refers to wider frameworks of values influencing us – this includes how the values articulated in the Let’s get real framework can operate as collective values for people working in mental health and addiction, as well as disability services.
3. how to work with and embed values informed practice at both practice and service level – this is about ‘bringing it all together’.

Let’s get real | Values informed practice
What is values informed practice?

Defining values informed practice

Values informed practice involves two things.

1. Recognising the impact of values – including the values of people accessing services, practitioners and organisations.
2. Understanding how to work with values more effectively for better outcomes.

Simply put, values informed practice is about recognising values and understanding how to work with them. The ultimate aim of bringing values to the fore is to enable better ways of working and better outcomes for people accessing services, their whānau - and for people working in services.

We have used the term ‘values informed practice’, as although values influence all practice (whether we acknowledge it or not), working in a ‘values informed’ way is intended to convey a sense of being intentional in how we do this.

Values informed practice could be used interchangeably with ‘values-based practice’. The term ‘values-based practice’ has become strongly associated with a particular approach used in the UK health system, originally devised by Bill Fulford and Kim Woodbridge (Woodbridge & Fulford, 2004). The UK work is referenced in this resource, however the discussion is also shaped by our New Zealand context, including the Let’s get real framework and examples from our mental health and addiction services.

A feature of values is they are ‘action-guiding’, which means they underpin all decisions and are therefore highly relevant to decision-making in a health context (Fulford, 2008). Evidence-based practice (awareness and incorporation of the latest knowledge made available from research) provides a process for working with complex and possibly conflicting situations in health. Values informed practice complements working in an evidence-based way, as values are key factors that influence the outcomes of a person’s treatment. For example, values influence how a person engages with services or what they prioritise in their life and their vision for recovery. Sometimes a person’s preferences are obvious in the shared aspects of health decision-making, but often they are not, so we need to work with values in a conscious way.

Why is values informed practice important?

Working in a values informed way means practitioners are more likely to effectively respond to and work in partnership with people accessing services (Hewitt, 2009).

Policy and strategy shaping New Zealand mental health and addiction services emphasises the importance of responding to each person accessing services (and their family and whānau) in a way that recognises their uniqueness. One of the guiding principles of Rising to the Challenge (Ministry of Health, 2012) is personalising services.

“I love that my psychiatrist talks about spirituality with me and how she supports me. She has her own beliefs too, I respect that. It’s not just about medication with her. When we discuss medications she really listens to my experience of them and sometimes we look for better options to try. I feel like we are a team and she is on my side.”

Anne
to the particular needs of the person and their whānau. The New Zealand Health Strategy (Ministry of Health, 2016) describes the direction of all health services as people-powered and people-centred. Health providers need to understand peoples’ needs and preferences and partner with them to meet these. There have also been changes in peoples’ expectations of services. People expect they will have more influence and control over their own health and the services they access.

To effectively work with someone, a practitioner must establish a relationship with them. A crucial part of establishing a working partnership is understanding values or preferences. The other side to establishing an effective relationship is practitioners being aware of their own values. Every person working in services has their own ‘preferences’ which will influence how they work. An example is a practitioner who prefers to avoid discussions about medication, believing it is ‘bad’. If the practitioner is unaware they hold this value, this will likely impact their practice and shape the type of approach to their work. In contrast, another practitioner who believes it is always best to use medication, preferring a more medical approach, will likely focus on this type of approach in their work. Values informed practice therefore includes understanding your own values, related assumptions and how this might influence relationships and work.

Diversity of values and cultural competence

Working in a values informed way requires working with a diversity of values and understanding and respecting differences in individual, social and cultural perspectives. It is about explicitly acknowledging the cultural and social context in which an individual’s values originate and develop so the person’s specific preferences can be acknowledged.

At an individual level, there are differences between values held by individual people. Each person’s values may also change over time, including our own, so they are ‘alive’ and should be part of an ongoing dialogue between practitioners and people they are working with.

Values also differ between people of different ethnic or cultural groups. Working in a culturally competent way means being aware of cultural diversity and being able to work effectively and respectfully with people of different cultural backgrounds. This is an important element of ensuring health services are responsive to Māori and Pasifika people, as well as other ethnic groups, such as Asian populations – and identified cultures and communities like LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex). However, it should also be acknowledged that there may be differences of values within ethnic or cultural groups. Assuming that all people within that group have the same values may lead to stereotyping.

Most of the services we provide aren’t very different to general clinics, except for kaupapa Māori services. The main difference here is that all the staff are LGBTI informed and sensitive. We value diversity and having open conversations. It’s about the people—that’s what matters.

Richard (youth worker)
Cultural competence is an important component of healthcare, as culture has an impact on the availability, accessibility and quality of service provision (George, Dogra & Fulford, 2015). When cultural factors are ignored, people’s satisfaction and health outcomes can be compromised, therefore the significance of culture must be acknowledged in relation to values (George et al, 2015).

The need to recognise, acknowledge and respect the diversity of cultural values is highlighted in Let’s get real, a framework of knowledge, skills, attitudes and values for the mental health and addiction sector (Ministry of Health, 2008) – and also in the Let’s get real: Disability framework (Te Pou o te Whakaaro Nui, 2014). For example, the Working with Māori Real Skill includes recognising the diversity of cultural beliefs held about family and whānau, and having an open attitude to indigenous and other spiritual values that may be considered essential to recovery.

This awareness and active acknowledgement of cultural values relating to family and whānau, spirituality and other dimensions of people’s lives should also be applied when working with other population and cultural groups. In addition to Let’s get real, Real Skills plus Seitapu (Le Va, 2009) is designed to increase understanding around Pasifika perspectives and beliefs and the Takarangi Competency Framework (Matua Raki, 2010) provides shared values of significance when working with Māori.
Shared values

Peoples’ values vary depending on a number of factors (culture being an important one), so this variety and uniqueness must be acknowledged by practitioners in order to work in a person-centred way.

It is important to recognise there are also ‘shared’ values operating in healthcare systems. Values-based practice acknowledges that individuals’ and practitioners’ values operate within and are constrained by these shared values (Fulford, 2011). These ‘shared’ values include organisational values and ethical codes and guidelines — and they provide a vital framework that shapes practice.

Like many organisations, health providers often have stated values which function as an ethical anchor and guidance for how they work and deliver services. These are usually outlined in relation to an organisational vision and/or mission statement; examples from New Zealand district health boards (DHBs) include values such as compassion, respect and working together. Alongside this many practitioners belong to professions or occupational groups where there are codes of conduct or ethical guidelines that are intended to guide their practice. For example, the Nursing Council of New Zealand’s code of conduct is framed around four core values — respect, trust, partnership and integrity.

Let’s get real is another shared value framework that is important in the New Zealand context. The Let’s get real values were devised collaboratively by the New Zealand mental health and addiction sector, including people who experience mental health and addiction issues and their families/whānau, as well as people working in services. The Let’s get real statement of values was not intended to replace organisational values, but to express the fundamental shared values across all mental health and addiction services. Therefore they are important for all people working in these services — they are values by and for the sector.

Many of the Let’s get real values are reflected in organisational or service values. Those organisations without values statements may find it useful to draw on them, given that they were developed by and for the sector.

Let’s get real and the vision of core shared values across the sector is still seen as highly relevant for people working in mental health and addiction. For example, the most frequent suggestion given for developing workforce capability during consultation for the On Track: Knowing where we are going (Platform Trust & Te Pou o te Whakaaro Nui, 2015, p. 43) report was to “amplify the core values and attitudes required to work in mental health services”. These ‘core’ values are seen as benefitting people accessing services by providing the conditions for productive relationships.

Values-based practice starts from the idea that while shared values provide an important framework to guide practice, the complex and (sometimes) conflicted nature of values means practitioners need good skills in coming to balanced judgements in individual cases (Fulford, 2011). How do these shared values interact with a practitioner’s own values or the values of a person accessing services? Do they align or are they at odds — and how do people reconcile it if there is some conflict?


— Jo (clinician)
Let's *get real* values

**Respect**

Service users are the focus of our practice. We respect the diversity of values of service users. The values of each service user and of their community are the starting point for all of our work.

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<th>Practice example:</th>
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<tr>
<td>People’s values and goals shape their treatment plans.</td>
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**Human rights**

We strive to uphold the human rights of service users and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent, and the right to receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user.

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<td>People are given full information and choice about the treatment options they are offered in a way that is accessible/understandable for them.</td>
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**Service**

We are committed to delivering an excellent service for all service users. This includes service user partnerships at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.

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<td>People have full access to a multi-disciplinary team including peer support workers and consumer advisors, where there is choice available, people are aware of what is offered by other service providers.</td>
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<tr>
<td>Recovery</td>
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<td>We believe and hope that every service user can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.</td>
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<td>We value communities—the many places in which we all live, move and have our being—as pivotal resources for the effective delivery of services and support for service users and their families/whānau.</td>
<td>Local community activities and social networks (where these have meaning for the person) are incorporated into care plans and resilience tools.</td>
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<td>We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities, and service users and their families/whānau.</td>
<td>Families and whānau and other significant people identified by a person accessing a service are actively encouraged to engage in care planning where the person is comfortable with them doing so.</td>
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Embedding values informed practice

This section explores how working in a values informed way can be put into action and embedded both at an individual level and at a collective level—team, service, and organisation. It draws on some useful learning that has come out from the research and evaluation of the UK values-based practice work.

Values, and how they are shaped, have a very real impact within health services. An investigation of Mid Staffordshire National Health Service (NHS) Trust in the late 2000s found that people experienced serious harm within an organisation that apparently prioritised financial targets over people’s care (Godbold & Lees, 2015). The report identified values that drove the organisational culture and behaviours, for example, secrecy and acceptance of poor standards. The subsequent recommendations called for a re-prioritisation of core, shared values by all those involved in people’s care, such as compassion, putting people first, transparency and honesty (Godbold & Lees, 2015).

Focusing on the individual level it is clear that values have a real impact. When a person’s values or preferences are not acknowledged they may disengage from a relationship with a practitioner or even the service.

The challenge at a collective level is whether agreed shared values—such as putting people first and respect—are actually put into practice so that mental health and addiction services function well for people using them. How are shared values that have been devised by organisations, professional bodies or the wider sector actually enacted or ‘made real’ by people in their work? Do people ‘own’ them or are they just a list on a website that no one really thinks about?

The challenge at an individual practitioner level is how to work in a way that reflects agreed shared values, while also being aware of their own values, as well as conscious of and responsive to the values of the individual they are working with. Key factors in meeting these challenges are: awareness, communication and partnership (Fulford, 2011). These are explored further below.

Overall— at an organisational or service level—values informed practice is most likely to occur if there is both a people-centred and a team approach. This means the values of people accessing services are prioritised, there is recognition of different value perspectives and working towards a balance of these in a multidisciplinary team environment is supported. (Fulford, 2011). Services or organisations taking a values informed approach can also incorporate values into their recruitment process, as this will help bring insight to how potential employees will work with the service’s collective values.

Awareness

The first step of working in a values informed way is awareness. This involves developing an understanding of what values are and how they drive and inform behaviour and decisions. Without this, it is difficult at both an individual and collective level to work with values in a conscious way.

“When the team that was working with me didn’t support me to try living independently I felt disrespected, unheard and misunderstood. I don’t like what’s happened and wonder if I am being treated like this because they don’t believe in me. I feel so disempowered.”

Sarah
Awareness involves making values explicit—moving from something that is not questioned or is assumed, to really engaging with how our preferences can shape practice and interactions. Fulford describes a training workshop exercise where participants were asked to bring written material that they might use in day-to-day work, such as a letter to another practitioner. When asked to describe the values in the text, many at first denied it was about values. But discussion and paying real attention to language led them to understand that values were reflected and expressed throughout the text (Fulford, 2008).

Paying attention to language is one way of identifying values at play. Evaluations of values-based training describe other factors that help make values explicit. Important among these are practitioners considering real-life examples, as well as examining their values together with others so that their assumptions are tested through discussion. Godbold and Lees (2015) found that for practitioners using the Values Exchange (a web-based community for health that aims to make values transparent), seeing other practitioners’ responses to a situation showed there were many different responses to one set of circumstances. Not only do different values lead people to make different decisions, but people can reach different conclusions despite saying they hold the same values. This challenged the assumption that everyone would have the same response to one case and that their values were the same (Godbold & Lees, 2015).

When organisations enable people to reflect on, challenge and have a dialogue around values, it is more likely they will see any gaps between what they think is a value they hold and their behaviour and actions. This is crucial in relation to ‘shared’ values, as there is a risk that people may see them as ‘corporate mission statements’ with little resonance in day-to-day practice (and therefore little impact). Reflecting on values in a team is a good way of encouraging people to consider collective values. Differences of opinion within teams over values should not be seen as problematic. It reveals the diversity of values and actually encourages people to more actively think about their own, others’ and collective values.

In terms of practice, awareness of values is crucial to navigating differences.

For example, a person accessing services may put material gain and objects ahead of loyalty to friends and family, in direct contrast to the practitioner’s values (or vice versa). Or a person accessing services may be deeply religious, and the practitioner is a non-believer who avoids organised religion (or vice versa). Can a practitioner develop a good working relationship and support someone to solve a problem when their values and goals are so different?

It is useful to understand that our own values and beliefs are deeply personal to us, evolve over time, are shaped by our culture, and are ‘alive’. That is, they will continue to evolve and change as we grow and develop. Self-awareness requires that we understand the values, beliefs and preferences that

Let’s get real Human resource tool and ask our job applicants to use three short phrases or words to describe people who access mental health or addiction services. Up until then it had been hard to decide who the preferred applicant was, but then this question proved to be the tipping point and quickly highlighted if their values matched ours through the language they used.

Joanne
guide our behaviour, and that others’ behaviour will be guided by their preferences. It is helpful to understand our own values and realise they are not necessarily always right or right for others.

**Communication**

Communication skills are an essential tool for working in a values informed way as they enable us to bring evidence and values together in individual situations. The first source of information on values in a situation should be the perspective of the person accessing services – and this information must be gathered through effective communication. Practitioners need to enable a dialogue with people in a way that allows them to express their unique preferences for treatment and recovery planning.

For teams, open communication allows for more effective working. It is often assumed that everyone is working from the same perspective, but as the Values Exchange example describes, there can be many different responses to one situation. These are often shaped by practitioners’ values or preferences. Fulford (2008) describes a multidisciplinary team who thought they all had the same shared values, but in practice were driven by very different values. Some were more concerned about medication, others about risk. These underlying differences of values were a source of poor communication and of difficulties in teamwork and shared decision-making. Once team members became aware of these differences through open communication, their ability to work together and with people accessing services improved (Fulford, 2008).

Understanding the range of values within a team means practitioners’ skills and approaches can potentially be matched with the different preferences of individuals accessing services.

**Partnership**

At a system level, health services in New Zealand are increasingly moving to a partnership or ‘co-production’ approach. The theme of a ‘people-powered’ health system in the New Zealand Health Strategy (Ministry of Health, 2016) includes partnering with people to design care that better meets their needs and wants. A guiding principle of Rising to the Challenge (Ministry of Health, 2012) is forming authentic partnerships with people using services at all levels and phases of service delivery.

Partnership between health providers and people using health services is very much about customised or personalised approaches that respond to the diversity of people. Partnership also signifies a shift in power dynamics from the mental health and addiction services of the past where there was an expectation that people would be passive recipients of care.

At a practice level partnership is described as the most important element of values-based practice, where decision-making is undertaken by people and practitioners working collaboratively (Fulford, 2011). Values informed practice enables active involvement by people accessing services and shared decision-making. Good decisions in mental health and addiction are based on “purposeful collaboration” between the person accessing services and the practitioner (McConagle, Jackson & Kane, 2014).

---

*Carla*

**I work in mental health. Our team had a workshop on values. It was a really interesting day, I found out stuff about other people I didn’t know even though I’ve known them for ages. We developed some ideas about how we could work better using our agreed values. I really liked this, we all felt more aligned and positive about going forward together.**

Carla
First person accounts of recovery describe the importance of relationships, where values and attitudes are often rated over technical skills. In fact, the effectiveness of practitioners’ technical skills are largely dependent on the pre-establishment of a collaborative alliance where there is trust and support (Hewitt, 2009).

Partnership is important for working through any conflicts in values and reaching a balance of different perspectives. Sometimes there may be no alignment in an area and this is understood and accepted. Partnership between a practitioner and a person accessing services is possible where practitioners are encouraged to both start with the preferences of the person accessing services – but also examine themselves in terms of their values and the consequences of these for others (Hewitt, 2009).

Values informed practice also supports partnership between practitioners working in teams. To establish a collaborative team working environment, an important first step is understanding the perspectives or preferences of practitioners from different disciplines, cultures or backgrounds.

At an organisational level, the key to successful organisational partnerships and collaborations is being explicit about the values on which the partnership is based. New Zealand health services increasingly must work collaboratively to deliver effective services, as emphasised in Rising to the Challenge and other strategic documents.
Let's get real

Values informed practice
Conclusion

Values informed practice aligns with and supports current and future directions in health—and more particularly—mental health and addiction services. This means services that are:

» people-centred
» co-produced
» moving away from one size fits all
» individualised
» integrated across service and sector boundaries
» based around the person and their own goals and vision of wellbeing.

In short, people having control and more influence over their own health and the services they access.

The need for values informed practice is very clear in this context as a person-centred approach requires a responsiveness to the values of others. It is easy to say that people come first, but research has shown that assumptions are often made about people’s preferences, which means that they can be misread (Fulford, 2011). In UK values-based practice, ‘knowledge’ and ‘evidence’ are part of practitioners’ tools in working with values. This means taking heed of evidence about people’s values rather than just relying on guesswork or assumptions, as well as exploring the range of often very different values present in and influencing a situation.

A values informed approach helps practitioners become aware of the fact that values inform all decision-making, whether this is explicitly acknowledged or not. The perspective of the person accessing services is the place to start in terms of any decision-making about treatment or actions to be taken. Values informed practice also works alongside evidence-based practice: a practitioner works from an understanding informed by evidence-based practice and puts it in the context of the particular values of the person accessing services and their family and whānau (Fulford, 2011).

Shared values — whether organisational, professional or other — are a framework within which practitioners work. Let’s get real expresses important shared values that were devised by and for the sector. These are values the sector and people using services agree create the right conditions for recovery and effective, respectful relationships. Awareness of our own values is necessary in order to understand whether you are working in a way that reflects these shared values, and to move towards ‘owning’ them or enacting them.

It could be argued that an important part of ‘continuing professional development’ within organisations is enabling individual workers to examine their own and others’ values. Ethical codes and lists of values don’t encourage proactive interpretation (George et al., 2015). Facilitating dialogue, discussion and transparency within teams around values leads to awareness and informed decision-making.

Relationships are complex. The most significant aspect of values informed practice is that practitioners pay attention to and work with a person’s unique values or preferences through awareness of self and others. Talking about values in teams and in supervision will help to develop awareness and understanding of how the beliefs and attitudes we hold may interfere with, or enhance, the establishment of effective and meaningful relationships.

If we accept that decision-making is a mix of evidence and values, that our individual values drive our behaviours, and that values are an often hidden partner in this process, then education is needed to facilitate values awareness with all those engaged in the delivery of health care.

(Godbold & Lees, 2015, p. 2).
References


