



1. Attitudes, values and style of interaction embodied by practitioners and the whole team



1.1. Attitudes, values and style of interaction

Attitudes towards children/young people and their families/carers

- An ability to work from a position that recognises that children/young people have human rights, and that decisions about their care should balance their safety (and possibly restriction) with autonomy, independence and agency in their life

- An ability to take a compassionate and respectful attitude that conveys a sense:
 - that behaviour that challenges is often a reflection of understandable ways of coping as a result of life experiences, including high levels of distress, exposure to trauma, ways of relating to people and self as a consequence of early experience, or adverse experiences within the healthcare system
 - that the child/young person’s experience of distress is real
 - that psychological support and interventions should be offered, on the basis that there is evidence for their potential effectiveness

- An ability to work from a position that assumes that the difficulties experienced and expressed by children/young people can usually be understood in the context of:
 - their life experiences
 - their relational and attachment-related experiences
 - their cultural background, and experiences of stigma and difference
 - their beliefs, attitudes and values, and the way that these influence how they feel and interact with people

- An ability to work from a position that assumes that helping children/young people (and their families/carers) is best done by:
 - developing a shared understanding of their difficulties
 - developing a collaborative and participative working relationship that (as far as is possible) includes joint decision-making
 - ensuring that the person has as much sense of direction and control over their treatment as possible



■	An ability to work from a position that assumes it is important to develop a shared language that captures the way children/young people understand their problems and concerns, e.g.:
■	holding in mind the fact that medical terms and diagnostic labels may be experienced as stigmatising if they are not congruent with the child/young person’s own sense of what is happening to them
■	openly discussing any differences in the language used by the child/young person and by professionals involved in their care
■	recognising the ways that power imbalances between staff, children/young people and their families/carers might skew the language being used
■	recognising that children/young people and their families/carers bring expertise in their own lives and care

Practitioner values

■	An ability to hold in mind the whole person, their context, their aspirations and values, and their individual cultural and spiritual preferences (not just focusing on their immediate presentation), and:
■	an ability to respect and value the diversity of each child/young person’s experience and their background and cultural context
■	An ability to recognise and value the strengths, resources and assets of the child/young person and their family/carers
■	An ability for the practitioner to reflect on their beliefs, attributions and assumptions about the factors that contribute to reducing distress
■	An ability for the practitioner to reflect on their reactions to the child/young person, and manage them in a way that delivers compassionate care, e.g. by reflecting on:
■	their emotional reactions
■	their beliefs about the person’s difficulties
■	their beliefs about how much they can help the person

Style of interaction

■	An ability to be yourself in interactions, as well as offering clinical expertise and holding professional boundaries, and:
■	an ability to form a connection by being honest, reliable, open, approachable, and by engaging in ‘normal’ activities and conversation
■	An ability to interact in a way that the child/young person and their family/carers experience as their being understood, and which demonstrates that their perspective is being taken seriously
■	An ability to hold in mind the risk of the child/young person feeling that they have no choice or control over the ways services intervene, and to address this by conveying a sense that all parties can respect and learn from each other’s experience and expertise, assuming that:



	<ul style="list-style-type: none"> ■ practitioners can learn from the experience of children/young people and their families/carers ■ children/young people and their families/carers can learn from the expertise of practitioners (based on their training and experience)
■	An ability to convey a sense of hope and optimism
■	An ability to maintain a style that is likely to be experienced as helpful by being consistently open, responsive and receptive, e.g.:
	<ul style="list-style-type: none"> ■ actively listening, to understand the child/young person’s perspective and concerns ■ acknowledging when something has been misunderstood or when an error has been made ■ being willing to explain and discuss why an intervention or a course of action has been suggested ■ being flexible (across time and people) in approach, yet persistent (even in the face of rejection) and reliable
■	An ability to maintain a professional and reflective relationship in the face of threats to its integrity or challenges to its boundaries, e.g. by:
	<ul style="list-style-type: none"> ■ taking care not to jump to premature conclusions about the meaning of behaviour that challenges ■ avoiding being drawn into an unhelpful, rejecting or punitive relationship, and maintaining a thoughtful perspective ■ recognising when the response of practitioners might unintentionally perpetuate or worsen difficulties, understanding why this is occurring, and developing plans to respond in more helpful ways