5. Team working

5.1. Ability to contribute to team working

Ability to draw on knowledge that a well-functioning inpatient team:	
	can maintain a capacity to be self-reflective in the face of the challenges and intensity of inpatient work
	can maintain a focus on the various tasks associated with inpatient work
	will not be drawn into unhelpful behaviours or attitudes that could adversely impact children/young people or their families/carers
	can respond constructively to negative feedback from children/young people, families/carers and other parts of the statutory system (e.g. other agencies, referrers or commissioners)
	can raise concerns about poor or harmful practice clearly, confidently and responsively
	works to mitigate the impact of discrimination and systemic inequalities for team members and children/young people and their families/carers
	comprises team members who work to support their own and each other's wellbeing (and therefore capacity to help) by setting limits, holding boundaries and fostering compassion to self and others

An ability to sustain a therapeutic culture by ensuring that there is:	
	clarity over the team's organisational structure
	clarity over (and agreement on) the leadership of the team
	clarity over roles (and role diversity)
	mutual communication that is open, respectful and reflective
	mutual valuing of team members

An ability to recognise signs that team working is becoming dysfunctional, e.g. teams that:	
	maintain consistency by applying the same inflexible procedures to all, at the cost of being unable to adapt them to individual need
	have difficulty working together and arriving at a coherent formulation focused on the child/young person, rather than on what can be offered by each professional/viewpoint (and so, the professional organisation taking priority over the child/young person)
	become preoccupied with internal team conflicts that they are unwilling to acknowledge and resolve
	fail to implement a coherent team-based plan, with the result that individual members or subgroups of the team work independently of each other

	■ avoid coming together to arrive at coherent plans because this reduces the likelihood of exposing team conflict
	■ denigrate the input/efficacy of other agencies/systems and become an embattled and isolated unit (along with an uncritical and idealised view of their own success)
	■ become divided within themselves (e.g. different members of the team taking sides with either the child/young person or their parents/carers, or becoming preoccupied with advancing their own ideas)
	■ become focused on professional hierarchies, with separate agendas and chains of management

■	An ability to reflect (individually and as part of a team) on the functioning of the whole team, and individual practice within it
■	An ability to reflect on challenges to team communication and functioning (usually through discussion with a supervisor or peer) to consider how these can be best managed, e.g. by:
	■ identifying when (and when not) to challenge problematic team behaviours
	■ presenting a case calmly and objectively
	■ focusing on the challenges (rather than on personal issues)
	■ focusing on the present and future rather than the past
	■ listening to the point of view of other team members
	■ contributing to problem solving (identifying potential strategies for resolving the issues)

■	An ability to actively contribute to meetings on planning, coordinating, maintaining and evaluating a child/young person's care or care plan
■	An ability to value the contribution of others but also to assert differences of view and to resolve issues or concerns through open dialogue