The 5 dysfunctions of a t

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Think for a moment about your organisational setting. Consider the team you work in, the team-based dynamics that occur between colleagues, how decisions are made and whether you and your colleagues are working well together. Now ask yourself these questions.

- Is there trust between all colleagues, managers and leaders in my team?
- Does everyone in my team feel able to speak openly and honestly?
- Are all my team happy, engaged and enthusiastic at work?
- Do all my colleagues and I hold ourselves and each other accountable for our actions?
- Does my team focus on achieving meaningful service-level performance targets?

If you answered 'no' to one or more of these questions, you are likely experiencing one or more of Patrick Lencioni's (2002) 5 dysfunctions of a team. Team dysfunction can be the precursor to, or the result of, a problematic organisational culture that can lead to high rates of employee disengagement, low morale, high rates of staff sickness and low rates of staff retention.

According to the Kings Fund (2024) more than 50% of NHS leavers are voluntary resignations. The top two reasons for leaving are to improve work-life balance or because of health issues. The number of staff leaving for these reasons has more than tripled since 2013/14. We can infer from this statistic that many NHS services are experiencing significant dysfunction, which potentially is the result of an organisational culture that does not support innovation or high performance.

Although the NHS is facing complex pressures leading to underperformance, these problems are not only limited to public sector services. The nature of team and organisational dysfunction; namely interactions, relationships, methods of communication, and a misalignment within and between teams, means that most organisations will experience at least one of the 5 dysfunctions of a team at some point in their existence. The 5 dysfunctions of a team (figure 1) can significantly limit how an organisation performs and together will establish an organisational culture that will lead to high rates of employee disengagement and low levels of workplace satisfaction.

Case study: Save the Family, UK

Save the Family, UK is a charity that provides temporary accommodation and 24/7 wrap-around support to homeless and at-risk families in the north-west of England. Founded in 1976, Save the Family have supported low-income and at-risk families for over 46 years, though over the years, the charity has had to overcome significant challenges operationally and reputationally.

These challenges resulted in other organisations in the locality adopting an 'arms-length' relationship with the

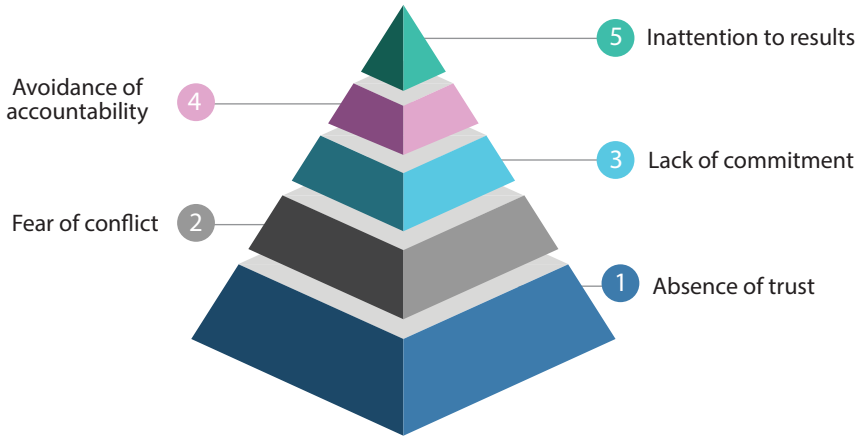

Figure 1

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charity which significantly impacted residential occupancy levels in the service. Additionally, the charity had long experienced high levels of staff-turnover and low morale, which undermined the provision of a consistent therapeutic mentoring support service to the families who were residing on site.

In 2019, the board of trustees for Save the Family underwent a refresh, and it became clear the charity did not have clear key performance indicators, clear safeguarding pathways or strong working relationships with referring agencies. The absence of these essential frameworks meant it was difficult for the charity to identify how vulnerable families were impacted by Save the Family, which increased organisational disconnections with the statutory services involved with the same resident population. The board of trustees was not immediately aware that the organisation was affected by the 5 dysfunctions of a team, especially as a new, forward-thinking CEO had recently been appointed and was beginning to identify areas requiring growth. In 2022, the CEO and the board of trustees agreed a 5-year business plan that would generate financial security and operational sustainability over the next 5 years.

What is the 5 x 5 model®?

The 5 x 5 model® is a performance development framework designed to simplify organisational dynamics and processes. It is a multi-modal approach that can be used to both address the 5 dysfunctions of a team and inform transformational organisational change by embedding 5 key team-based processes that will lead to innovation and high performance in any team or organisation.

Relationships, communication, alignment towards a shared purpose and thinking space are at the heart of the 5 x 5 model, because teams that think together will grow together, ultimately shaping an intentional organisational culture together. This way of working is multi-modal because each of the 5 essential team functions naturally incorporate the other four essential functions within it, making it easy to address the 5 dysfunctions of a team no matter which essential team function is focused on initially.

The 5 essential team functions

Many organisations focus on arbitrary targets that are aligned to strategic goals intended to meet organisational objectives. The problem with taking this approach, is that the most valuable attribute of an organisation or team, namely relationships, is often overlooked or considered irrelevant to how a service or team performs. This implied assertion could not be further from the truth.

The 5 x 5 model was shaped through systemic analysis of the relational process that occur within teams and organisations and lead to the development of the 5 dysfunctions of a team. Through that analysis, the 5 essential team functions (figure 2) were devised to address complex organisational dynamics and processes that undermine performance. The essential team functions are:

1. Intentional culture – Intentionally and deliberately creating a culture that supports innovation, collaboration addresses the 5 dysfunctions of a team.

2. Psychological safety – Learning to trust, respect and appreciate colleagues leads to open and honest communication that is without fear of conflict.

3. Team alignment – Creating connections with colleagues and re-establishing a shared purpose and commitment to each other and the work creates engagement and motivation to achieve goals and objectives together.

4. Defined structure – Learning to address complex relational dynamics, whilst breaking down organisational silos helps teams and organisations to become flexible and agile, increasing efficiency and effectiveness.

5. Goal setting – Actively engaging in collaborative goal-setting maximises individual and team efforts to achieve goals and objectives.

Undertaking an organisational health check

In late 2022, following discussion with the board of trustees, Save the Family, UK expressed interest in using the 5 x 5 model to improve their organisational performance with an aim to deliver the key objectives outlined in their 5-year business plan, specifically:

- Achieving greater integration with local social and health care services and other charity sector organisations
- Delivering a more effective service with clear outcomes

Obstacles to achieving these organisational objectives were defined as:

- Having clearly defined objectives but little coordination between teams
- High staff turnover rates that compromised delivery of services
- An 'inherited organisational culture'

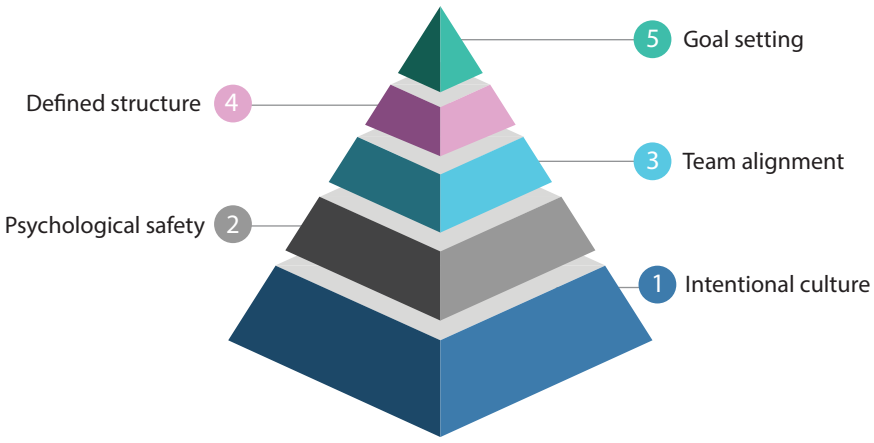

Figure 2

that undermined cross-team working and psychological safety
- Limited trust leading to a 'heads-down' approach to projects and conflicts between teams.

In consultation with the CEO, it was agreed that a baseline position against the 5 essential team functions was required, and each member of the senior leadership team (SLT) completed an organisational health check assessment. This short, 45-item Likert scale questionnaire focuses on each essential team function, exploring experiences of the workplace within each domain. Modal scores for each section are produced to map both individual and team-based positions, indicating areas of strength, areas for growth, and priority areas for development.

The baseline organisational health check for Save the Family, UK indicated strengths in team alignment and goal setting, with areas for growth in intentional culture, psychological safety and defined structure. Upon completion, the SLT then undertook a two-day training programme in the 5 x 5 model with added emphasis on the three essential team functions identified as areas for growth.

Application of the 5 x 5 model in organisational settings

When an organisation or team is under pressure to deliver results, often the first casualty of this pressure is time to reflect and think together as a team. Ironically, being able to work more effectively, efficiently and collaboratively requires being able to think together about what is happening both at relational and operational levels, so when thinking space is taken up by being 'too busy' it often leads to team or organisational underperformance.

The 5 x 5 model prioritises creating space to think with a clear rationale as to why it is important. If you want to improve workplace relationships, shape your organisational culture, become more aligned together with a shared purpose and intention and deliver high performance, then make the space to think together, innovate together and achieve together.

Using The 5 x 5 model as a framework for conversation, discussion, analysis and planning, teams can begin to explore how to introduce transformational change through the power or dialogue to generate understanding and meaning. Many of the systemic concepts so familiar to systemic practitioners, like the secure base (Byng-Hall, 1995a, 1995b; Mikulincer *et al*., 2004; Bowlby, 1998), CMM (Cronen, 1994), systems structure (Minuchin, 1974), relational risk-taking (Mason, 2005), relational reflexivity (Burnham, 2005), social constructionism (McNamee & Gergen, 1992), intersectionality (Crenshaw, 1991), hypothesising, circularity and curiosity, (Cecchin, 1987), and narrative therapy (White & Epston, 1990) are important in the practical application of the 5 x 5 model. Using the organisational health check as the starting point for exploration, organisational leaders can begin to explore the aspects of organisational function or dysfunction that constrain development and innovation.

Focused discussions and consultations

Following the 2-day training in the 5 x 5 model in November 2022, the SLT of Save the Family were offered 4 half-day follow up sessions from January 2023 to April 2023, scheduled monthly. The SLT were instructed to work through the 5 x 5 model and to progress the work identified by the team during training and follow-up sessions.

Consultation session 1

The first follow up session was scheduled two months after the initial training due to Christmas and complications with COVID on-site, and in the time between this meeting, one member of the SLT had resigned and was due to leave the organisation that week. Despite this, the SLT managed to hold two '5 x 5 meetings' which focused on 'goal setting' and progressing the action plans that were developed immediately after the two-day training.

The action plans developed by the team focused on the following key issues:
- Role induction
- Resident engagement
- Reviewing the existing marketplace offers

Upon review the SLT identified that 'making change manageable' and breaking goals down into 'small steps' helped to move from an overwhelming global experience of what needed to be done to a more manageable, sequential process that delivered small gains leading to an overall change.

Consultation session 2

In the second follow-up meeting the SLT provided an update on progress towards improving role induction and training. The team noted that:

1. Recruiting staff to be 'shift ready' was too fast and not supportive enough.
2. The existing induction process was fragmented and missing key training modules.
3. They had a clearer idea about gaps in knowledge.
4. Difficulties existed because key members of the wider team were 'too reactive'.

The team reported that once this was identified, they altered working practices to increase flow between roles and responsibilities by enabling staff to complete necessary training modules, which was supported by flexibility across operational services.

The team were asked *"What is different about how you are working now this has been changed?"* The team replied that they were better coordinated than they had ever been. As a result, it was easier for all staff working directly with the residents to focus on key operational and safeguarding modules quickly, whilst enabling them to understand the vision and priorities of the organisation within a timescale that was easier to achieve. The team were then asked *"What difference do you think this will make within the next 6 months?"* The reflections from the SLT included,
- *"Being part of the team and feeling able to contribute safely without feeling judged."*
- *"Having the freedom to work."*
- *"Feeling more empowered and clearer in our roles."*
- *"Owning the way forward and believing we can make the change."*
- *"Being given permission to make decisions."*

Consultation session 3

In the third follow-up meeting, the SLT decided to focus on intentional culture. The team expressed the view that they were feeling more connected with each other and that while this might be a difficult conversation, they knew it was important. The session began with a review of progress to date, where the team noted:
- *"The changes were establishing psychological safety."*
- *"The effect of not establishing a coherent and*

robust induction process meant a disruption in safety of residents and staff."

- *"The more empowered the team feels to make decisions without asking others increases confidence in decision-making and autonomy."*

The module on intentional culture was reviewed with particular emphasis placed on Schein's (2004) and Hatch and Cunliffe's (2006) models of organisational culture and this led a discussion about the workplace having a 'culture of blame versus a culture of accountability'.

The team were asked questions about the existing organisational culture and were invited to speak openly about some of the issues that existed. This helped the team to say difficult things that might have otherwise been experienced as conflict or an attack. The team acknowledged over the last three months they had established psychological safety in their team and as such, these conversations were heard as they were intended helping them address the issues that were being noticed, notably a defensiveness and a blame culture between colleagues and teams.

The team were then asked, *"What basic assumptions exist that promote an avoidance of accountability and vulnerability?"* and the team noted:

- *"Team leaders know everything."*
- *"The workplace is a dangerous place to make mistakes."*
- *"Safeguarding is frightening."*
- *"Uncertainty is the status quo."*

Reflections on these basic assumptions focused on a lack of empowerment, experiences of feeling deskilled and being unaware of the vulnerabilities of the team. as the team spoke about designing an intentional culture, they focused on how they could create an experience of the workplace as 'safe and supportive' and they explored ideas related to coaching and supervision of staff and establishing an enablement process that would lead to empowerment and autonomy within the teams. The CEO noted that *"The model enables an articulation and an expression of our thinking in a way that we haven't achieved before"*.

Consultation session 4

The fourth follow-up meeting began noticeably different from the previous meetings. There was laughter, light-hearted discussions and a sense of ease amongst the whole SLT. When this difference was observed the group acknowledged it felt 'easy' despite the last four weeks being extremely stressful due to a complex case on-site that had resulted in an extremely serious safeguarding issue that required an immediate response. The team noted they had been better coordinated and supportive of each other.

The team gave a 'sense check' on how the 5 essential team functions. The SLT spoke about how they had developed a clear team structure which meant they could plan whole organisational meetings. The SLT linked the individual team functions together and remarked that *"having a clearer induction"* meant there was *"better communication across the team"*. The CEO noted the recent safeguarding events required an agile response because the situation changed hourly and this meant there had been *"collective responsibility"* because everyone *"was aware of what their contribution"* was.

The team were asked, *"What difference has this made to the organisation as a whole?"* and the SLT expressed that colleagues were feeling supported by the SLT, there was now greater awareness of the mood and experiences of staff, and there was now space for conflicting ideas without resentment or hostility. Overall, the SLT noticed that: *"we are making ourselves available to listen"* and were *"being more open to new ideas from the bottom-up"*. The safeguarding lead stated that *"Adversity is creating stronger working practices"*, which seemed especially pertinent in terms of alignment to the organisation's vision and their ability to work effectively with complexity.

The SLT acknowledged that whilst there was more work to be done, they now experienced high levels of trust and high levels of orientation and this was being witnessed throughout the organisation. The team were invited to share examples of this, and they noted:

- There is a more thorough information-gathering process than we have had before.
- Alignment and orientation to organisational culture was visible at the start of recruitment.
- They were increasing their inter-organisational credibility.
- Staff and residents have gone from *"having no voice to being listened to and respected"*.

Conclusion

The 5 x 5 model is a flexible framework that can help leaders in organisations introduce transformational organisational change and overcome the 5 dysfunctions of a team by focusing on the 5 essential team functions. Bringing teams together to discuss and explore how well they are aligned to a shared purpose and each other, creates the context for relational growth, goal attainment and high performance. When used as a method to introduce psychological safety and organisational culture change, The 5 x 5 model becomes a flexible approach to inviting systemic change that strengthens workplace relationships leading to innovation.

Because The 5 x 5 model is both a performance development framework and a consultative approach, it can be used to create culture change and improve workplace relationships. It is supported by a series of assessment and diagnostic tools, and tasks and activities for each essential team function, which can generate targeted conversations that will lead to focused momentum towards achieving clearly defined goals.

Save the Family, UK embarked on a journey towards organisational change and in so doing has managed to achieve the following goals:

- 20% reduction in staff sickness
- 100% increase in staff satisfaction
- 80% increase in service user satisfaction/ experience of service
- Greater inter-organisational coordination
- Improved relationships with external agencies including local authority services
- Improved response times to serious safeguarding events.

If you would like more information or receive The 5 x 5 model guidebooks, email admin@the5x5model.com or visit www.the5x5model.com

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Moving towards listenin for community listening

Eloise Wynter, Ranjyot Panesar, Ruth O'Shaughnessy and

Introduction

Within the Cheshire and Merseyside specialist perinatal service, we have been working towards increasing inclusivity, responsiveness and access to our service for families from minoritised backgrounds. The REACH (Racial Ethnic and Cultural Heritage) workstream was developed to prioritise working towards reducing health inequalities within the specialist perinatal service. Perinatal service staff perspectives highlight the need to consider service users relationship to culture and to consider the role of unconscious bias in working practices (Bains *et al.*, 2023). However, an in-house service evaluation reported varying levels of staff confidence to engage with discussions about ethnicity (Mathurin, *et al.*, 2024). This highlighted the need for the REACH workstream to work with both staff and community groups in our locality, with the aim of improving access to and experience of our service for ethnic minority families.

We believe that it is important for us to learn from the experiences of the ethnic-minority families that are underrepresented in our service, to effectively shape clinical service delivery in response to local population need. How we engage families and promote safe working relationships between families and the NHS service we represent continues to be an area of reflection and learning. Building trust is central to our ethos and work programme.

From the national research we are aware of health inequalities that directly affect ethnic minority families. This exists across both physical and mental health services. In relation to the perinatal period, women from Black African and Caribbean backgrounds are five times more likely to die during childbirth than their White British counterparts (Peter & Wheeler, 2022). Additionally, South Asian women are three times more likely to die in childbirth than White British women (Peter & Wheeler, 2022).

Illustrations by Heather Prescott

Disparities are also seen in inpatient mental health services (Barnett *et al.*, 2019), where patients from minoritised backgrounds are disproportionately represented, whilst community services are underutilised by ethnic-minority individuals when compared to their White British peers (Jankovic *et al.*, 2020). This may be perpetuated by mistrust of NHS institutions, often leaving families feeling misunderstood and unsafe, which are valid and appropriate feelings considering the experience of structural or medical racism which continue to be reported (Weich *et al.*, 2020).

Recent research has reported that ethnic minority women describe that there is a *"complex interplay of factors"* (Connelly *et al.*, 2023) at both individual and societal levels (Pilav *et al.*, 2022) that impact their experience and access to perinatal mental health services. These influences include lack of service visibility or awareness (Bains *et al.*, 2023; Connelly *et al.*, 2023) and mistrust of services (Connelly *et al.*, 2023). Building emotional safety is a pre-requisite to trust. This parallels attachment relationships between infants and caregivers that is fundamental to working perinatally. From our clinical experience and the current research distrust in services from minoritised families is often shaped by both lived and anticipated