Exploring exclusion:

Focus groups and social groupwork promote diversity and human rights in an organization

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Abstract: Listening to the voices of exclusion can heighten our awareness of the crucial nature of equity in any organization. This paper describes qualitative focus group research that utilized social group work skills and techniques to deepen the understanding of diversity and human rights in a hospital workplace, and helped lead to change in its culture. Groupwork skills and activities that encouraged participants to share their authentic stories will be illustrated. In addition, the paper will outline the background to the research, summarize the outcomes, and document the process in which the group research itself became a social action intervention in the organization.

Keywords: diversity; social groupwork; focus group; workplace; discrimination; human rights; diversity; equal opportunities.

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Introduction

Social groupwork is shaped by a history of pioneers in settlement houses, informal education, scouting, camping and labour movements (Breton, 1990; Middleman, 1980). In each group encounter, our history carries the values of social justice (Lee, 1993, 2001; McNicoll, 2003), mutual aid (Steinberg, 2004, 2010), a focus on strengths and resiliency (Kelly, Berman-Rossi, & Palombo, 2001; Lietz, 2007; Malekoff, 2004), respect for diverse voices (Marsiglia, 2003), free interaction and common goals (Lang, 1979a, 2010), and building community during each group session (Breton, 2010). This paper describes a qualitative focus group research project based on social groupwork practice and values that examined diversity and human rights in the workplace. The paper argues that social groupwork process and activities were integral to the authenticity of the data and the outcomes.

The utility of focus groups is well-established in market and social opinion research, program design, needs assessment and in-depth exploration of quantitative outcomes (Dreachslin, 1998; Morgan, Krueger, & King, 1998; Stewart, Shamdasani, & Rook, 2007). Increasingly, focus groups are being employed by social scientists and social work researchers to gather qualitative information (Cohen, Sandel, Thomas, & Barton, 2004; Davis, Darby, Likes, & Bell, 2009; Gibbons & Plath, 2006; Kitzinger, 1995; Manalo, 2008), but how do focus groups relate to social groupwork? Although social groupwork has much to offer focus group research, the literature that examines focus group methodology from a social groupwork perspective is limited (Cohen & Garrett, 1999; Sulman, Kanee, Stewart, & Savage, 2007). In their article, *Breaking the rules: A group work perspective on focus group research*, Cohen and Garrett (1999) note that 'the potential for obtaining rich and meaningful data through the medium of group process is increased when group work and research skills are integrated and researcher and research subject's needs are not dichotomized' (p.371).

Focus groups are, in fact, single session groups (Sulman, 2006; Muskat & Sulman, 2011). The effectiveness of a given focus group depends upon the many factors that can influence the nature and quality of data that is generated, including the population for recruitment, group composition, the skill of the facilitator and incentives such as remuneration, refreshments, transportation and baby-sitting costs.

However, even if these elements work like a well-tuned orchestra, focus groups that are rigidly manualized, that have cut-off time limits for each question, or that depend completely on left-brain verbal discussion have serious limitations in the quality of information that they can produce (Sulman, 2006). Group participants whose only interaction is question-and- answer can not only become bored, providing scant learning, but can more easily fall into the predictable manoeuvres of beginning stages of groups such as jockeying for position and hiding true opinions under the deceptive consensus of the majority. Focus group research literature rarely utilizes social work knowledge of group dynamics or group facilitation skills (Cohen and Garrett, 1999).

How does the incorporation of social groupwork activities and value-based practice help to generate a rich array of data in qualitative focus group research? By bringing to the focus group a climate of acceptance and openness, the worker creates an environment that encourages trust, disclosure and interaction. The use of right-brain, non-deliberative activity which is, by definition, spontaneous, intuitive, inventive, holistic, creative and actional (N.C. Lang, personal communication, August 15, 2011), cuts through group resistance and injects a spirit of play into the most serious of topics. By allowing perceptions to emerge that are initially outside of awareness, the worker can elicit from participants their authentic knowledge, opinions, feelings, motivations, values and needs. For sensitive topics such as oppression, diversity and human rights, social groupwork activities and value-based practice are essential.

Another aspect of social groupwork is its potential for anti-oppressive practice and systems intervention (Breton, 2010; Brown & Mistry, 2006). Philipson (1992) and Brown and Mistry (2006) describe anti-oppressive practice as practice which 'works to a model of empowerment and liberation and requires a fundamental rethinking of values, institutions and relationships' (Philipson, 1992, p. 15, quoted in Brown & Mistry, 2006, p. 134). In this paper we will describe the impact of the research as an anti-oppressive systems intervention within the study community.

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Methodology

Context and setting of study

In 2000, the administration of a university teaching hospital in a large, highly diverse, central Canadian city embarked on a program to provide a respectful environment, free of discrimination and harassment for its employees, patients and visitors. Following the creation of an office of diversity and human rights (D&HR), the hospital also established a D&HR committee, with representation from unions, key departments, members of religious and ethnic minorities and people with disabilities. The committee was designed as an oversight body to review the diversity and human rights processes throughout the organization and bring forward issues from various constituents for the committee's attention.

Objectives

The objectives for the research were to understand staff perceptions of diversity and human rights issues in the hospital; to assess effectiveness of current policies and practices, and to outline opportunities for improvement. The investigators were particularly interested in the perceptions of members of specific identity groups identified under the Ontario Human Rights Code (2000) who might be more likely to experience human rights and diversity-related problems in the workplace (Agocs, 1997; Agocs, Burr, & Somerset, 1992; Agocs & Burr, 1996; Agocs & Jain, 2001).

Design

The research project, Diversity and Human Rights in the Work Environment, used an exploratory, non-experimental qualitative focus group design. In qualitative social science research, focus groups are used to generate in-depth conversation and learning about complex, sensitive topics. However, to address sensitive topics within an organization, the study needed careful design and an appreciation of the potential for the research itself to become an intervention from both a community and groupwork perspective. For the development of the discussion guide and detailed study plans, the D&HR committee created a subcommittee consisting of three social workers, a clinical

nurse specialist and the hospital's patient relations facilitator. The subcommittee made a point of bringing each section of work back to the D&HR committee's monthly meetings for their approval. One of the important decisions taken was to move the study beyond the realm of quality assurance and to submit it for ethics review to the hospital's research ethics board. The subcommittee, including a social groupworker, designed a focus group discussion guide that utilized social groupwork activities to capture the voices of staff and the richness of their day-to-day experiences. The study consisted of a series of one-time focus group interviews modeled on single-session social groupwork practice, and used a theoretical sampling model in which participants were recruited to reflect a range of the total study population and to test particular hypotheses (Kitzinger, 1995).

Participants

Ninety-seven full or part-time permanent staff members were recruited through advertisement within the hospital. Following a telephone screening, prospective participants were enrolled on a 'first come' basis, once they understood and consented to the nature of the study, the timing of the groups, the limitations regarding confidentiality and ground rules for the discussion. These parameters were outlined in the consent form, an information letter and a 'what to expect' information sheet. Participants were told that if they wished to withdraw at any time before or during the focus group interview they might do so without any consequences to themselves or to their jobs.

Group composition.

Staff members elected to participate in either self-selected identity focus groups, or in general staff groups. There were 20 focus groups of 4-8 participants each. The 13 identity groups in the study were related to race, gender, sexual orientation, disability, status/role, ethnicity/religion, and managers of colour. The 7 remaining groups were general staff groups.

Format

The focus groups were held in a typical focus group setting: a room with chairs around tables that served as workspaces, with paper, pens and crayons, and a flip-chart and boards to display materials produced by participants. All groups used the same discussion guide and a series of activities matched to stages of single-session group development (Kosoff, 2003). Beginning phases featured introductions, typical ground rules and warm-ups. The middle phase included activities that promoted group cohesion and productivity, such as associative techniques (e.g. personification), and full-group or sub-group activities such as choice ordering / card sort. In this activity, the group as a whole ranks the importance of issues that are described on a set of cards illustrated with pictures and statements. Purposeful endings allowed participants to share perspectives on their experience in the group (Birnbaum & Cicchetti, 2001).

Groups lasted for 2 hours and refreshments (lunch or snacks) were offered as an incentive. Often participants used their lunch-hour as part of their allotted time away from their job. Each group had two group leaders: one of the principal investigators and a member of the Diversity and Human Rights Committee who had been trained to co-facilitate the focus group. For the identity groups the committee co-facilitator was a member of the identity group being assessed. This was a particularly important feature of anti-oppressive practice that influenced the ability of participants to freely share their thoughts and feelings about their own experiences of discrimination (Brown & Mistry, 2006). Participants also engaged in non-deliberative group activities ('do and then think', N.C. Lang, personal communication, Aug. 15, 2011). Discussion was recorded and transcribed.

Group activities

Consistent with the mainstream model of social groupwork practice (Lang, 1979b; Papell & Rothman, 1980), the rationale for using several different activity forms was to engage participants in the creative exploration of issues. Groupwork activities allow participants to find ways to share difficult experiences that, in focus group research, generates qualitative research data on socially sensitive issues such as diversity and human rights in the workplace. The activities that were

ultimately selected were *associations to concept*, *personality profiles of current and ideal work environments* (guided written and hand-drawn descriptions of the participants' work life), a *group card sort* (a form of group choice ordering), and *brainstorming*. We had intended to include a magazine photo sort and group collage (e.g., depicting human rights and diversity themes) but eliminated the activity because of time limitations. The selected activities were designed to facilitate stages of single-session group development in order to maximize productive interaction among participants, including the elaboration of divergent perspectives on topics.

For the personality profiles, participants were given printed templates and initially asked to imagine that their current work environments were persons (at a later point in the group they were asked to do the same with their ideal work environments), and to describe attributes such as gender, age, marital and family status, job, urban/rural location and preferences in clothing and music. Then they were asked to circle several adjectives from a list of ~20, or to add their own descriptors. Once they had completed those tasks, participants were then asked to draw a picture that portrayed their description. The group-building aspect of the activity was engaged when group members shared their productions and responses to each others' work.

For the card sort, the groups were shown 8 cards with captioned pictograms describing human rights and diversity aspects of the work environment. One of the facilitators read out the captions on the cards and then asked the group to come to a consensus on their seriousness or importance. The cards depicted power balance, respect, belonging, behaviours, sexual harassment, communication, bullying and conflict resolution. The cards were scattered either on a table or on the floor so that this exercise gave people a chance to get up and move around. They also had to interact with each other and the set of cards in order to experiment with them in different orders. The purpose was not to arrive at any particular consensus, although that was of interest, but to capture the discussion amongst participants and their reasons for selecting a particular scenario (Kitzinger, 1995).

Prior to a brainstorming activity or open discussion of a topic, participants were asked to jot down their own thoughts before they exchanged ideas. This ensured that the responses were the participant's own, and not simply a product of group pressure. Facilitators encouraged

each member to contribute to the work of the group on each of the issues. Unlike nominal group discussions where consensus decision-making is the goal, differences of opinion were encouraged.

Analysis

Data were analyzed using QSR NVivo 2, a qualitative analysis software package (QSR International Pty Ltd, Doncaster, Australia). Two of the investigators worked on the data analysis independently and compared notes. A third read all of the transcripts, and the complete subcommittee, two of whom had been co-leaders, came to consensus on the development of themes. The original report to the hospital was written collaboratively by the subcommittee.

Results

This section summarizes the results of our study. We hope to demonstrate that social groupwork can provide important qualitative research outcomes and add more depth and authenticity to learning than focus groups without this perspective. As Cohen and Garret (1999) point out, 'Knowledge of group development and dynamics coupled with the skills of: clarifying purpose, tuning in, focusing, and maintaining simultaneous focus on the individual and the group constitute potent tools for effective focus group research' p.371).

The roster of groups included people of colour (4); gender (4); ethnicity/religion (1); persons with disability (1); sexual orientation (1); status/role, such as service assistant, kitchen staff or ward clerk (1); managers of colour (1), and general groups (7). In order to preserve confidentiality, the use of the more general term, *identity group*, is used in reporting results from the following groups: disability, LGBTT, service, and ethnic and religious minorities. For a similar reason, the responses from the *managers of colour* group were included with the responses from *people of colour* groups.

The results of the qualitative data analysis were grouped into several broad thematic categories: experience of working at the hospital; unfair and inequitable work environments, barriers to doing one's best work, barriers to communication and decision-making, ethno-racial

discrimination and harassment, behaviours witnessed by staff that were discriminatory or harassing, actions that the organization was taking to promote a fair and respectful work environment, and opportunities for improvement. Other papers reporting on the research will describe the detailed results of themes found in this project. This paper will provide a brief overview of the findings and will also discuss the impact of social groupwork activities on the research process and outcomes.

Table 1.
Group Composition[1]

Number of Groups	20
Open	7
Women	4
Women of colour	4[2]
Service role	1
Ethnic & religious minorities	1
Managers of colour	1
Lesbian, Gay, Bisexual, Transgender, Transsexual	1
Disability	1

1. Number of participants = 97 (approx 4/5ths). Proportion of male employees at hospital = ~10%
2. (1 was serendipitous, not self-selected)

Experience of working at the hospital

As a warm-up at the beginning of each group, participants were asked the following question: 'Today we're going to talk about your experience working at the hospital. When you think about your work here, what comes to mind?' Each person had writing materials and was asked to jot down the first thing that came to mind (associations to concept). This initial sharing of experience helped participants introduce themselves to each other. Then the work of becoming a group started as group members discussed their impressions. Many of the initial comments were identical to what participants had noted on their worksheets, but additional content flowed from the group discussion. The elaboration of data through group interaction is one of the benefits of using groupwork

in qualitative research. The most frequent comments in all groups had to do with the tempo or climate of the work environment. While a number of participants characterized their experience of working at the hospital as 'hectic, busy, fun, exciting and changing', participants in identity groups comprised of women or racialized people were more likely to report their experience as 'challenging, stressful or pressured'.

I like to have time to do quality work, but that's not the highest priority any more… you get worn down and you can't do as good of a job as you really want to do.

[And from another participant:] *So much of what I have to do is fighting fires!*

The rapid turnover of patients in acute care was the defining characteristic of experience, but whether that was perceived positively or negatively tended to depend upon membership in specific identity groups. This was an important finding that differentiated group members in general groups from identity group participants who were more likely to feel marginalized and disempowered.

What makes a work environment unfair?

Following the warm-up and the personality profile of the current work environment described earlier in the group activity section, the topic of inequity in the workplace was explored through a brainstorming exercise using a flip chart. The warm-up and personality profile activities injected a spirit of creativity and free interaction into the process, and fostered connection, belonging and mutual aid, all of which quickly established group cohesion. Although mutual aid is not a purpose of focus groups, when it arises in interaction, social groupworkers see it as an added benefit not only to the participants, but also to group process and the quality and depth of the research data (Cohen & Garrett, 1999). Moreover, several of the processes that Shulman (1986, 2006) and Steinberg (2004) described as a framework for mutual aid regularly emerge in focus groups that deal with socially sensitive issues: sharing data, the dialectical process, discussing taboo topics, common concerns or an 'all in the same boat' phenomenon, mutual support, mutual demand, and strength in numbers. Individual problem-solving and rehearsal that may occur in focus group sessions

can also be beneficial to participants.

Thus, as they moved to a deeper level of work in the first half-hour of the session, participants shared their perceptions of fairness or lack of equity in a work environment. The brainstorming exercises asked participants to produce a lot of ideas quickly; to use 'blue-sky thinking' with no limits or 'realistic' preconceptions; to build on another person's ideas using the word 'and', to refrain from using 'but', and from criticizing others' ideas. These perceptions were based on the participants' experiences throughout their work life, not just in their current job.

Participants cited a lack of demonstrable equity in an organization, especially where the face of authority is almost exclusively that of the dominant culture, as a key feature of an unfair work environment. Another feature that group members pointed to was inconsistency in implementing standards of equity throughout the organization. Unresolved conflict exacerbated inequity: 'turf wars', 'dirty stares', 'not feeling comfortable enough to talk to my manager about problems'. The subjective climate of the workspace also added to the burden; e.g., chronic overload, power differentials, politically-driven decisions and lack of fun.

Nor were participants simply interested in airing complaints or 'blowing off steam' about problematic issues. Focus group members had no difficulty articulating those elements of a work environment that promoted equity. Responses fell into three thematic categories: respectful structure and accountability, respectful process, and fostering a culture of diversity. Participants said that differences must be valued, actively accommodated and celebrated in a spirit of respect and sharing. Leadership and education were perceived as critical elements in creating an organizational culture that was proactive and diverse at all levels. Features of *respectful process* were cited often by staff in both general and identity groups. These included inclusiveness, staff involvement in decision-making or consensus decision-making; respectful, non-punitive leadership with no favouritism; and each individual valued for her or his skill.

From a group process perspective, it appeared that the use of activities for creating engagement, combined with the facilitator's groupwork orientation and the presence of a peer co-facilitator, allowed participants to voice serious work-life concerns relatively early in the work of each

session. In terms of models of group development, this fits with Linda Yael Schiller's relational model (2003, 2007) observed in groups with women and vulnerable populations. She found that in these groups, connection and affiliation through exploration of similarities and differences precede conflict and its productive resolution. Schiller (2003) suggests that the facilitator can proactively influence group development . One way to do this in single session focus groups is through the use of activities that create a climate of connection, affiliation and openness, and encourage the sharing of socially sensitive experiences. The facilitator's promotion of relationship is also consistent with a more active worker role common in single session groups (Sulman, 1987; Muskat & Sulman, 2011).

Barriers to doing best work: Gender and sexual orientation

Subsequent activities designed to occur in the middle and towards the end of the session elicited the most personally relevant data from the participants. In one exercise, participants were asked to jot down and then discuss their own experiences in the work environment that acted as barriers to doing their best work. The question posed to participants was: 'As compared to other people in the hospital with the same role or job as yours, do you experience any barriers to being able to do your best work or to reaching your potential in the workplace?' Even though the question asked about barriers, since free interaction was encouraged (Lang, 2010), respondents also replied by making positive comments about gender-equity in the hospital. In the identity groups, gender was not perceived to be a primary barrier, although some participants felt that their sexual orientation was problematic. The 'male advantage', however, was still perceived by some to be a factor in the culture of the organization: 'A lot of our male nurses get mistaken for doctors right away'.

LGBTT participants had both positive and negative experiences:

I find that I'm out and I'm open.' However, others had the opposite experience.

We're still living in a very homophobic environment.

Despite principles of workplace tolerance promoted by the

organization, for LGBTT staff members the risk of discrimination appeared to depend primarily upon the attitudes and behaviours of their co-workers. Regarding group process, the presence of both positive and negative experiences in the gender and sexual orientation data gave evidence that the facilitators were able to encourage participants to share their own unique and different perceptions.

Barriers to doing best work: Discrimination on the basis of race and ethnicity

The themes discussed in this section had several features unique to identity groups with persons of colour or participants who had come to Canada from non-English-speaking countries. Although the hospital had a clear diversity and human rights complaints process in place, participants indicated that everyday experiences of discrimination occurred and had an impact on their mental and physical health. One of the reasons for this was that, rather than overt racism or religious discrimination, most incidents were examples of microaggressions. Microaggressions are actions or statements that, while appearing innocent or innocuous, are actually derogatory, insulting or hostile towards a marginalized group or person.

The theme, *lack of organizational fit,* describes participants' perceptions that others felt that they did not belong in the workplace and as a result, were not privy to the informal networks where mentoring takes place. Stereotyping and tokenism were sub-themes that clustered under this category. In one example, participants commented that they had been accused of being intimidating. Group interaction highlighted the interplay of these themes:

> *For years I sat in a room where 9 out of 10 people were dominant [white]. How could one [non-dominant] person intimidate the rest of them, and the other 9 have no effect on anybody else? I was told it's because I'm big and can articulate, so I intimidate. 'It's not discrimination; it's because of your presence'.*

> Another group member responded: *That's interesting because I'm small, but I've been told that, too … that I intimidate.*

Another theme, *rendering a person invisible and inaudible,* describes

exclusionary social interaction and organizational process. One participant commented, 'You're not seen. … You are invisible I think because of your colour', and another 'I have seen people being groomed for positions with no qualifications for those positions, and [you have qualifications but] you're never groomed'.

Participants showed courage in talking in the groups, often with great emotion, about how discrimination affected them. The value of these narratives to the research was matched by the impact on participants in hearing issues articulated for the first time in the workplace setting itself. The groupworker's ability to facilitate the expression and meaningful integration of emotionally-charged material within each group is another example of the importance of social groupwork skills in focus group research.

Discussion

As in every group, single-session focus groups have beginnings, middles and endings. Beginnings typically include introductions, a statement of purpose for the group, a description of what to expect, establishment of confidentiality, and a brief introduction of participants. Introductions and warm-ups for the beginning phase move the group quickly through pre-affiliation and positioning issues. These activities begin to answer the question, 'Can this facilitator be trusted with my honest responses?' Associative techniques such as personification ('Imagine that your work environment is a person'), and whole group activities such as card sorts, allow the work of the group to unfold. This is the middle phase, and the facilitator fosters both intimacy and individuation by noting commonality and encouraging difference in participants' responses. More reflective discussions can occur during the latter part of the session, when the group has established a working trust. Focus group discussion guides often have a section called 'wrap-up'. In groupwork, this can be an opportunity for purposeful endings (Birnbaum & Cicchetti, 2001) that allow participants to evaluate their experience in the group and to add further ideas that lend insight to the work of the session.

Papell (2007), in her reflections on 60 years in social groupwork, says that social action has been an essential element in groupwork

philosophy and that activities have always been a viable and necessary part of social groupwork . Middleman's (1980) classic work in this area provides historical context for non-verbal methods of working with groups . In addition to such mainstream social groupwork influences, we also wanted to locate this work both in an evaluative social groupwork context (Doel & Orchard, 2006) and in an anti-oppressive social work practice and research context (Brown & Mistry, 2006; Dominelli, 2002; Strier, 2007). A primary goal of anti-oppressive social work research is the systemic study of oppression and the development of knowledge that supports people's actions to achieve freedom from oppression (Strier, 2007).

Block (1985) noted that a key to success in single session groups is the establishment of the purpose of the group. Although participants, facilitators, groups and ultimately the organization itself experienced changes through the medium of the focus group research, the purpose was not training or consciousness-raising. The clear purpose of the focus groups in this study was the exploration of issues of diversity and human rights in this hospital workplace. At the outset, the researchers and the hospital's diversity and human rights committee hoped to find a baseline to develop training and, ultimately, organizational change. From a groupwork perspective, the inclusion of a co-facilitator whose additional role was participant-observer assisted the research process. In the identity groups the co-facilitator, who was also a member of that identity group, helped to promote group cohesion. The authenticity and richness of qualitative data from the focus groups was directly linked to the use of activities. Moreover, by mobilizing group process through the use of activity, the research became anti-oppressive as it created immediate support for the sharing of oppressed experience. The impact of opening up taboo subjects for study in a closed system (as opposed to strangers who come together once to be studied) also drove anti-oppressive momentum. These empowering conversations generated social action outcomes that anticipated the objectives of the hospital's diversity and human rights initiative; i.e., well before results were reported, acceptable standards of behaviour in the organization changed, owing to a greater awareness of the nature and consequences of discriminatory actions and comments. This might be analogous to Doel and Orchard's conclusion that a participant observer used to evaluate a group will inevitably become part of the group process itself (2006).

The potential for the research process to become a systems intervention was anticipated by the investigators, and a number of group participants gave evidence supporting this observation: 'People from other hospitals tell me how we place value on human rights and diversity. We talk about it, and other organizations - they just don't'.

After the study, findings were communicated to the hospital community and to the public. Accountability in employment systems was strengthened. 'Leading Equity' sessions for staff and an 'Equity is Good for your Health' campaign were promoted throughout the organization. These programs built upon themselves and gathered momentum from the Diversity and Human Rights Office in the hospital and the work of the D&HR committee. Senior leadership in the organization supported these efforts. As a consequence, the hospital acquired a reputation for championing diversity and human rights and won recognition and awards for doing so.

What role did the study itself play in generating change? In the focus groups, everyone, including the workers, heard people articulating feelings and observations about their own work life that had not been voiced before. Participants left those groups with a changed and shared view of their connections to others' experiences. They also left a sense of isolation behind. With the organization as a partner in the research process, how could this not affect its culture? We suggest that activities based in social groupwork values can encourage unselfconscious responses to research questions, which in turn can stimulate exploration in unanticipated directions that aid the iterative qualitative research process.

Conclusion

The findings from this study of diversity and human rights continue to be relevant to workplace reality including our own. From the thousands of quotes from staff in these focus groups, the strongest themes described the everyday discrimination – racism, homophobia, sexism, ableism that our colleagues face. These are not the types of issue that usually constitute a human rights complaint; rather, they are subtle, usually unconscious behaviours that are experienced as microagressions or discrimination. The focus group research, based

on social groupwork values and methodology, itself became a systems intervention within the organization, with staff demonstrating a change in acceptable standards of behaviour before results were reported. How were groupwork activities able to evoke such powerful interactive responses from participants in single session focus groups? Perhaps part of the answer is the important role that free interaction plays in groups. According to Lang (2010), the 'use of natural, nonsynthetic, spontaneous interaction processes' is one of the essential elements of social groupwork practice (p.122). For Lang, free interaction in a social work group becomes an authentic social reality. The activities used in the focus groups consistently stimulated spontaneous, uncensored interaction. From our experience in this research process, we conclude that social groupwork values, skills and techniques have much to offer the design and richness of data that can flow from qualitative focus group research.

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