

# One method, two worlds:

## An exploration of groupwork across two North American contexts

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**Abstract:** Looking at practices in different locations is beneficial since it helps challenge assumptions that we may take for granted. Groupwork, as a method of social work, is specifically interesting to explore in the light of different contexts since, like social work, it may or may not translate well across cultures. This paper draws from data collected in the context of a research project that aimed to describe the current state of social work with groups in Quebec and to explore trends within social work with groups elsewhere in the world. Specifically, it focuses on the exploration of practices in Quebec and discusses them in relationship to those found in the USA, as a counterpoint. Our findings highlight some differences and similarities between Quebec and the USA with regard to groupwork, which leads us to discuss a range of factors that may impact on groupwork in the different contexts. Of these, the differences of organisational context and organisation of services have emerged as particularly noteworthy, which echoes findings in general social work literature with regard to the importance of local contexts on the definition of practice itself.

**Keywords:** group work; group; international; practices; USA; Quebec; comparison; constraints; groupwork

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## **Introduction**

Social work, whether at the level of practice or education, is known to be influenced by local variations related to cultural, legal, spiritual, political or organizational contexts (Al-Krenawi & Graham, 2008; Graham, 2006; Healy, 2004; Spolander et al, 2011). Even in countries that have more similarities than differences, the impact of local context can be felt in practice (McDonald et al, 2003). That said, little research has so far attempted to explore social work with groups as observed in different parts of the world and how local differences may or may not influence the forms social work with groups can take (Rice, 2000). This article therefore investigates social work practice with groups, as observed in the province of Quebec, in Canada, and discusses the data in light of practice in the USA as observed in our survey.

Drawing from data collected in the context of a research project that aimed principally to describe trends in social work with groups in Quebec but also elsewhere in the world, this paper focuses on exploring the state of groupwork in Quebec and the USA. The research was not designed as a straightforward comparative study but more as an exploration of trends in different parts of the world and this article will explore in a number of areas what was discovered in the two regions.

We will begin by setting the context of the research, exploring the question of universality in social work and groupwork practice before highlighting some of the differences and similarities between Quebec and the USA. Next, the research methodology is explained before presenting some of the data collected in the project. Specifically, we will discuss various characteristics of social work with groups (type of groups, duration, target, size, etc), contextualized within some of the practice constraints found in Quebec and the USA. We will then examine the main differences observed and discuss them in light of the possible influence of social work education and of welfare organizations on groupwork practice. A consideration of the implications for social work practice with groups elsewhere in the world will conclude this paper.

## Setting the context

### Is social work a universal profession?

For a number of years now, the social work profession has debated questions around claims to universality as a profession versus contextual influences. The document 'Global Standards for the Training and Education of Social Workers' identifies universal values that propose a consensus around key issues, roles and purposes of social work internationally (International Association of Schools of Social Work [IASSW], 2004). At the same time, it recognises that standardized education and practice cannot be achieved: due to the diversity of spoken languages internationally, the variances in economic and geographical contexts, the regulation of the profession, and the different cultural norms in place. Indeed, as Hugman (2005) and Yip (2004) argue, global standards are not always internationally applicable, which makes their use difficult. Spolander et al (2011) also explain that many differences appear in training in the different countries so that it cannot be expected that all Social Work Schools prepare their students under the same intervention model. Thus, practice is likely to vary from one region to another.

For example, in a cross-national comparative study of social work students in ten countries, Weiss (2005) found similarities in the ideologies of undergraduate social work students with regard to their analysis of the causes of poverty. However, important differences between the students of different countries were also highlighted, such as the ways of dealing with poverty and the goals of social work interventions. In another cross-national study of social work case analysis, Hendriks et al (2008) demonstrate similar findings in so far that students' overall intervention strategies were similar and focused both on the person and the social environment. However, Hendriks et al (2008) also posit that students from different countries show a different interpretation of the same case study depending on their theoretical orientations. While a common emphasis is recognisable, the level to which person-in-environment is integrated into practice varies greatly because social workers are also 'surrounded by colleagues and organizations, policy makers and politicians, and researchers, educators, and the culture and traditions that are influenced by all these, as well as their own talents and knowledge' (Zeira et al, 2008,

p.59). With respect to the organizational contexts of work, in particular, Pullen-Sansfaçon (2011) found that they have an important impact on social workers' practice and tend to influence many aspects of their work, including their ability to uphold the social work value base in practice. Our interest was in how these differences may affect social work practice with groups.

### **How are Quebec and the USA different with regard to education and practice?**

While Quebec and the USA share some similarities with regard to being two westernized part of the world, being increasingly pressured by neoliberal policies (Jetté et Goyette, 2010) and sharing some understandings of social work in general, they also show important differences. The first one is certainly the language; Quebec is a French-speaking province, which is situated in the east of Canada, while English predominates in the USA. There are also some important cultural, historical and economic differences, for example the social care public system in Canada and the free access to weapons in the USA. In this sense, Quebec and the USA share many differences. That said, differences and similarities between Quebec and the USA must be explored with caution. For example, we can observe some important differences with regard to the demographic, political and cultural make up within various parts of Quebec, such as between Quebec City, which is mainly made up of a French Caucasian population and Montréal, the hot hub of immigration and a largely multicultural metropolis. Similarly in the USA, each State is distinctive by cultural, political and legal variations. Thus, we note that both the USA and province of Quebec have significant variation within their respective borders. The two contexts cannot be considered as two distinctly homogenous jurisdictions warranting straightforward comparison. In the case of this article, Quebec and the USA are simply explored side by side to shed light on groupwork practice in different contexts. Indeed, as Toseland & McClive-Reed (2009) state, the cultural, economic and political contexts of social groupwork practice affect how it develops. Thus, it is very interesting to explore the groupwork practices in both regions and to draw some parallels between them.

Although Quebec is a North American and Western society, it has

a unique culture and history. For example, social work in Quebec was influenced by both the French and English models of social assistance (Groulx, 2007; Mayer, 2002). In Quebec, it was not until the 1930s that the first initiatives associated with social work appeared, which progressively distanced themselves from social Catholicism (Groulx, 2007; Mayer, 2002). Although influenced by the English model the development of U.S. programs has been pragmatic and incremental, formulated in response to specific problems, and characterized by a great degree of decentralization (US Social Security Administration, n.d.)

In Quebec, social and health services are considered as providing a universal and global access to all and are funded by public sources. For example, each province or territory is responsible for the management and the delivery of health and social services programs. Thus, while there may be local differences in the way social or health services are delivered, each jurisdiction must ensure universal care to citizens or residents of the home province or territory (Maioni, 1996; Rigaud, Turgeon, & Gagnon, 2006). However, the public financial crisis, in the years from 1980-2000, brought multiple reforms to the health and social services system, mainly encompassing principles of New Public Management (Bourque, 2009; Mayer, 2002). In Quebec, we have also witnessed a growing influence of organizational context on the level of professional autonomy with regard to the focus of interventions, which have tended to become increasingly social control orientated (Fortin, 2003).

Compared with Quebec, the USA welfare system is less comprehensive<sup>1</sup>. It does not include universal services or guarantee family income and depends on a strong role for the non profit and private sectors. Significant groups of Americans in need are not covered by universal programs (Stein, 2001; Morganwrites, 2008). Social services are specialized and residual and cover areas such as, for example, child protection and neglect. Indeed, instead of being based on universal access like in Quebec, the health and social services system in the USA is only accessible to citizens who are covered by employer or other insurance plans, or are wealthy enough to pay for themselves, or can meet the income test criteria of an organization. There are some exceptions, for example, for those eligible for Medicare or for Medicaid (Maioni, 1996; Rigaud et al, 2006). That said, from 2014, the *Patient*

*Protection and Affordable Care Act* will guarantee that all individuals not covered by employer or other insurance plans have access to minimum health insurance coverage - but this does not cover social services. Therefore, a major difference between Quebec and the USA as far as health system is concerned is that while in Quebec the access to health and social welfare is universal, the USA is based on a residual model in which the public fund will only ensure access for elders and the most vulnerable people (Marrioni, 1996). Lasser et al (2006) argue that universal coverage attenuates inequities, in their case, in health care. If this is the case, there are important implications for social work practice as well, including for groupwork.

## **Method**

This project started as one that aimed at mapping some of the trends in social work with groups in Quebec and elsewhere. Indeed, as part of an exploratory research objective, it was decided that data collection should be extended beyond the province of Quebec in order to better situate social work with groups locally. The original research design therefore included data collection in Quebec and the rest of Canada, the USA, South Africa, England and France. These countries were selected because of the language spoken, their cultural differences, but also the ability to reach participants through professional contexts the researchers could access from the onset of the project.

Descriptive research was used in this project. In order to explore the practice in the different regions, a closed-ended (multiple choice, yes/no and scale questions) questionnaire, made up of 41 items, was applied. The quantitative design was informed by one of the research objectives which was to trace the evolution of Quebec groupwork practice using already available data published in 1990 and 1996 (Turcotte, 1996; Home & Darveau-Fournier, 1980). In both of these projects data had been gathered quantitatively. That said, the former questionnaires were not directly replicated; some questions were reviewed and adapted to allow a data collection beyond Quebec, drawing from an international typology of groupwork in addition to a more local one (for example Toseland and Rivas, 2005). The questionnaire was designed in French, and then translated into English by the research team. Groupwork

literature was used to ensure the accurate translation of terms and concepts. The questionnaire was piloted and then further adjusted before formal data collection began.

The questionnaire was divided into three sections. The first one was about the characteristics of the participants (e.g. training and work context). The second section explored general characteristics of practice, such as the type of group used. Finally, the third section of the questionnaire examined the constraints to groupwork practice. The time needed to complete the questionnaire was between 30 to 45 minutes.

The population of the study was made up of practitioners who undertake groupwork in the province of Quebec and the other regions covered by the study. We used non-random purposive and snowball sampling techniques to make up the sample of qualified social workers. The inclusion criteria specified that they needed to have facilitated or co-facilitated at least one group in the three years preceding the survey. This sampling strategy, although less commonly used in quantitative design, is helpful in such a case, when the research would need to be abandoned because it could not make up a probability sample (Grinnel & Unrau, 2011; Rubin & Babbie, 2010). Indeed, because we could not establish a complete list of group workers in Quebec or any other region of the world covered by the study, we decided to recruit non-randomly.

For Quebec, volunteers were recruited at various professional events held in June 2010 such as the 32<sup>nd</sup> IASWG symposium (Montréal, June 2010) and the annual professional development training sessions offered by the provincial professional regulator (OTSTCFQ). The questionnaire, along with an information sheet and the consent form were handed to participants through their conference pack. Additionally, snowball sampling was used; participants who completed the questionnaire were asked to refer us to other social workers who did groupwork and might be interested in participating in the study. Finally, during the fall of 2010, an email invitation was sent out by OTSTCFQ to all its members. This email contained a link to an online version of the questionnaire hosted on Survey Monkey. The same email was also sent to key informants (social care agencies, voluntary organizations, and University staff in Quebec) who might know groupworkers.

For the other parts of the world covered by the study, a similar procedure was undertaken. Volunteers were recruited at the 32<sup>nd</sup> International Association of Social work with Groups (IASWG)

symposium (Montréal, June 2010) and the snowball sampling was also used. In the fall of 2010, an email invitation was sent out by the International Association for Social Work with Groups (IASWG) to all its members and to key informants. National professional associations and key informants were also contacted in the other countries covered by the study so that an email with survey link could be sent to their members. Before proceeding, the project received the approval of the ethics committees of both the Université Laval in Quebec City and the Université de Montréal. A total of 258 questionnaires were returned from all countries, including one from Germany, a country that was not included in the original design

Table 1  
Questionnaires returned

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Region	Online Questionnaires		Paper Questionnaires	
	English	French	English	French
Canada - Québec	3	87	0	96
Canada – other	4	3	0	0
England	0	0	0	0
France	0	1	0	0
South Africa	7	0	0	0
United States	56	0	0	0

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Because of the small number of participants in countries other than Quebec and the USA, questionnaires from countries other than those two were not analysed. Questionnaires that were 60% or more incomplete were discarded, as well as questionnaires completed by participants without social work qualifications. A total of 160 questionnaires, completed by social workers from Quebec and the USA, were retained for analysis (Quebec, n=112; USA, n=48). The data analysis of Quebec and the USA questionnaires was undertaken mainly using descriptive statistics, that is, percentage and average. There was no data imputation for missing values and percentages were adjusted according to the number of participants.



### **Limitations of the method**

Because the original research was not designed as a comparative piece, but rather, as exploratory research to identify some of the trends in practice, and because of the local variations highlighted above, the results should be read with this in mind. Furthermore because of the challenge of recruiting groupworkers, the sample size for each group is not equal between the two regions. Moreover, as it was not the objective of the research, the type of sampling techniques used does not meet the criterion for a comparative study. Therefore, results should not be generalized, but instead, understood as the result of an exploratory study which might prompt debate and provide signposts for future, more focused, research.

## **Findings**

### **Profile of participants**

All participants, whether from Quebec or the USA have a social work qualification. In the USA, participants were educated at a substantially higher level than Quebec participants: in Quebec, most participants had a social work undergraduate degree (63%) or a Masters (24%), while in the USA most participants had a Masters (77%) or a PhD (23%). This major discrepancy can probably be explained by the different requirements for practice and education in both places; in Quebec a BSW degree holder can register as a social worker, a protected title (OTSTCFQ, n.d.). Social work students will also have had to undertake a minimum of 2 years at college before being able to enrol on an undergraduate programme of studies in social work. In many States in the USA, the educational system differs slightly with no college courses to undertake before university. Furthermore, in many States, the Masters in Social Work is often considered as the minimum requirement to obtain a licence. That said, a degree holder in the USA and in Quebec may be able to undertake social work activities but as an unlicensed practitioner. Thus, the difference in qualifications of participants may be explained by the requirement for different qualifications in the USA and Quebec.

The exposure to groupwork training is however very similar, with

70% of Quebec participants and 68% of USA participants having completed two or more classes on groupwork during the course of their study. One major difference however related to continuous professional development: 38.5% of Quebec participants said they have undertaken such courses after graduation, compared to 77% of USA respondents. Perhaps this explains why more USA participants felt that their groupwork training was sufficient (65%) compared to Quebec participants who felt sufficiently trained (50%), more or less sufficiently trained (42%) or insufficiently trained (8%). That said, the high level of professional development and satisfaction about the training in the USA may be also partly due to the fact that respondents were recruited with the help of AIASWG, a US based organization that champions groupwork.

Another important difference between the USA and the Quebec data is related to the work place of participants. Indeed, while it is a majority of Quebec participants who work for the public sector (61%), it is a minority in the USA (19%). In contrast, USA participants tend to work more in non profit or voluntary organizations (64%) compared with only 31% in Quebec. This result may reflect differences between the Quebec and the USA systems of health and social services, as in Quebec the public system is a major employer of social workers. The client groups with whom they worked were varied (e.g. elderly, adolescents, children, youth and families), although adult populations were predominant both for Quebec and USA participants. Social problems faced by these clients were also varied but those related mainly to violence, mental health and care-giving dominate. Overall, participants had substantial experience in groupwork: 65.2% in Quebec and 73% in the USA had facilitated or co-facilitated ten groups or more since the beginning of their careers. The majority of participants from both Quebec and the USA felt they had support from their organizations. However, participants from the USA felt a much stronger support from the organization they worked for than their counterparts in Quebec. Indeed, in the USA, 79% felt that their organization was very supportive against none who said the organization was unsupportive. In Quebec, about half of the participants reported their organization to be very supportive (54%), but 37% qualified it as 'supportive' only.

### Types and characteristics of groups

The respondents were asked what type of group they use the most in their practice. In this specific question, respondents were invited to tick as many relevant responses as they wanted. The possible answers were based on the typology of Toseland and Rivas (2005) and included both 'treatment' groups and 'task' groups. The types of groups that appeared in the participants' responses both in the USA and in Quebec were mostly similar although they are not all used as often in both places. For example, it appeared that support groups were both used by the most people in the USA and in Quebec (69% and 63.4% respectively). However, the second most popular type of group used in the USA was different from that in Quebec. Indeed, 51% of Quebec named 'education' groups as being used, but in the USA, it is the 'therapy' group that comes second (47%) in terms of percentage. Another interesting observation is that 'social action' groups are used by only 2% of USA participants as opposed to 11% in Quebec. The table below shows the types of groups used in Quebec and the USA.

Table 2  
Types of group

	USA		Québec	
	<i>n</i>	%	<i>n</i>	%
Therapy	21	47	36	32.1
Support	31	69	71	63.4
Education	20	44	58	51.8
Personal growth	14	31	29	25.9
Socialisation	14	31	24	21.4
Social action	1	2	13	11.6
Multi- or inter-disciplinary team	6	13	9	8.0
Supervision or professional development groups	14	31	11	9.8

Quebec: n=112

USA: n= 45 (3 persons did not respond to that question)

It is also interesting to note that for the American respondents,

although the sample size is limited and the result cannot be generalised, groupwork seems to be used not only to work with service users and clients, but also for groupworkers themselves as part of their professional development. This is less the case in Quebec. Again, the sampling for US respondents may explain this difference: as members of a groupwork organization, they may be more inclined to use groupwork in different contexts, including for themselves.

In this study, groups were more often initiated by the social worker than by the agency or the service users, both in the USA and in Quebec. However, when the data is examined carefully, it is possible to observe that respondents in the USA (60%) initiated groups more often than in Quebec (49%). Indeed, in Quebec, groups are also initiated more frequently by the organization (44%) in comparison with the USA where the organization has a less important role with regard to this task (34%). This difference may relate to the type of organization for which the practitioners in the USA work. Indeed, participants from the USA worked mostly in the voluntary or non profit sector and private practice, which could explain a greater level of professional autonomy in their practice. In Quebec, workers from the public sector have a lot of statutory rules and regulations to adhere to and a more hierarchical way of working since the reforms to the health and social services system from 1980 (Larivière, 2007 in Bourque, 2009; Groulx, 2007). Indeed, Pullen-Sansfaçon et al. (2013) have already asserted that Quebec groupwork practices are increasingly subjected to the New Public Management and neoliberal policies, which have an influence on professional autonomy.

The main reasons given for running groups in the study vary slightly between Quebec and the USA. For example, 73% of the American participants said they used groups for their potential for mutual aid, followed closely by the service users' needs (71%). This is consistent with the main selection criteria applied when forming the group as, in the USA, the majority of respondents say they select participants based on their specific needs or problems. In Quebec, it is the service users' needs (68%) that come first in deciding to start a group followed by the potential to reach many people at once (60%).

There was found to be an important difference in terms of membership of the group. In Quebec, 54% participants used closed groups, whereas the American participants reported only 36% using closed groups.

Again, this difference may be partly explained by the difference in organizational settings. Because, in Quebec, most groups take place in the public sector, group duration may be more regulated. In the USA, it seems that because of the nature of the organizations (non profit or private practice), groups are more embedded and therefore may operate more flexibly. Indeed, in the USA, nearly half (47%) of participants said that groups were completely open, whereas in Quebec, only about a third said so (35%).

The majority of respondents from both the USA and Quebec said that their groups have a duration ranging between 8 and 15 meetings. However, short term groups (less than 8 meetings) were more frequent in respondents from Quebec (43%), than respondents from the USA (10%). In contrast, participants in the USA also told us that 41% of their groups lasted for more than 16 meetings, whereas in Quebec only 18% did. This appears to reflect not only a tighter focus of groups in Quebec but also tighter use of the time of the workers. This could be related to the reasons for doing groupwork. Indeed, the second motivation for Quebec social workers to develop groups is the potential to reach more people, which may appear as an instrumental reason for doing groupwork.

In the respondents from the USA, we also observed that groups tended to be based more often on a theoretical framework. Indeed, 74% of participants said they used a theoretical framework for their group, whereas in Quebec, it is only 51%. However, while the American participants were able to name groupwork models they used in practice, many of the models were not necessarily in social work. For example, they cite authors from other fields such as counselling (Corey, 2004) and psychology (Yalom, 1995) whereas, in Quebec, they tended to name more general social work frameworks (e.g. system theory). This may reflect not only the differences in qualifications and the source of the sample discussed earlier, but also the level of professional autonomy in defining the groupwork program. One thing is sure, that no specific model of groupwork practice predominates in either jurisdiction.

The research also looked at constraints and difficulties while doing groupwork. A constraint is related to an obstacle to a group taking place, whereas difficulties relate to issues found within the group process. When we look at the constraints in doing groupwork, participants in Quebec and in the USA identify the same. The pressure of workload

and lack of time were both very important in both places. However, lack of support and supervision comes more strongly in Quebec responses. This observation may again be linked to the greater autonomy of the USA groupworkers resulting from both their training and the organizational context – but also may reflect the characteristics of the samples, as noted earlier. However, the lack of supervision is also a difficulty often reported by social workers, no matter the method of intervention, in public sectors (Beaulieu et Giasson, 2005; Pelchat, Malenfant, Côté, et Bradette, 2004). With regards to difficulties while doing groupwork, the results showed many similarities. The most important difficulties reported are in relation to managing interactions and encouraging more reserved members to express themselves. This may be related to the types of groups and to the belief that each member has to actively participate in order to change.

## **Discussion**

While exploring the trends in both regions, we have observed some differences and similarities between the respondents from Quebec and the USA with regard to how groupwork is organized and articulated in each jurisdiction.

With regard to similarities, participants have reported using more treatment groups than task groups in their work. Furthermore, they reported similarities in the type of constraints and difficulties they faced, despite the marked difference in organizational contexts in which the intervention takes place and the way health and social services are organized in both jurisdictions... Another similarity revealed was about not using specific theoretical frameworks that ‘unify’ the discipline of social work with groups. Indeed, even though the USA participants have reported more often drawing from theoretical frameworks, those used in practice are not marked by a specific social groupwork body of knowledge.

As we have explained earlier, the social and organizational contexts within which groupwork is practised in Quebec and the USA are very different. While we did not intend to undertake formal comparative research, and therefore, results cannot be generalized, it is our observation that the way public services are organized has consequences

in relation to the organisation and practise of groupwork within the various aspects that we have considered in our findings. In particular, the two jurisdictions are marked by different organizational contexts and levels of training and qualifications of the workers which may affect the levels of professional autonomy participants revealed in their practice. The major difference we observe between Quebec and the USA is that, in Quebec, the mainstream services are provided by the public sector. The drives towards greater economy in service provision in recent years have served to tighten the discretion of social workers (Fortin, 2003). Thus groupwork, in this context, has to fit within a wide range of services mainly organized around particular social and health problems that are judged to be prioritized. That implies that some other problems are not, like autism and gender variance for example. Of course, in Quebec, there are voluntary organizations that provide specific services to individuals, families, groups and communities, and some fulfil a need that is not fulfilled by the public sector. They are autonomous but are sometimes also contracted out, or outsourced, by the public sector. In such a public context both the space for professional autonomy and, in particular, opportunities to institute and undertake groupwork may be restricted and circumscribed by organisational imperatives.

In the USA, NGOs and private practice have to take on more because there is no public sector to offer universal, first port of entry services to everyone. In the USA a plethora of voluntary organisations provide the first line of social provision to assist individuals and families to manage / cope in a culture in which individual autonomy is one of the primary expectations. Groupwork alongside the other main social work methods may provide an approach to facilitate this self-sufficiency. However, other studies to compare groupwork practices by organizational context (public sector in Quebec vs. USA; NGOs in Quebec vs. USA) would facilitate a more detailed analysis than we have been able to do here within the limits of our sample.

Our data tends to highlight that US participants attend more to continuous professional development related to groupwork than Quebec participants. However, this finding could relate to a bias within our study. We recruited participants through the AASWG symposium attended by AASWG members *who are mainly groupworkers* from Quebec, the USA and elsewhere. We also circulated the invitation to participate through the mailing list of the professional regulator for all

Quebec *social workers* (OTSTCFQ) and the AASWG membership list in the USA (only *group workers*). Thus, it may be that the USA respondents, because they are members of a groupwork organization, may identify more strongly with groupwork practice than Quebec respondents who were members of a wider professional social work organization. Also, it should be noted that continuous professional development is a relatively new requirement for social workers in Quebec; it was only in 2007 that an initial policy was adopted by the provincial professional regulator (OTSTCFQ, 2007). Also, few activities of professional development are offered in Quebec regarding groupwork, whether by the OTSTCFQ, or other contexts, or by other organizations. Furthermore, there is no groupworkers association.

## **Conclusion**

In this paper, we have briefly explored the debate about the universality of social groupwork practice across different cultures and explored the practice contexts and the organization of social welfare in Quebec and the USA. In our findings, we have highlighted some differences and similarities that emerged in our exploration of groupwork practitioners from Quebec and USA. We have highlighted a range of factors that may impact on groupwork practice in the two jurisdictions. While we did not intend to do comparative research from the onset, differences of organisational context have emerged as potentially important in the ways social work with groups is organized in Quebec and the USA.

This raises some interesting questions; might it be that groupwork can thrive better within a residual social provision, as in the USA, and be more restricted in a universal context, at least regarding the public health and social services, as in Quebec? The challenge, as we see it revealed in the findings of this research, is for the discipline of groupwork to discover how to bring together and invigorate groupwork practice that may appear restricted in a universalist, collectivist culture such as in Quebec and to make a positive contribution to the sustainment of public provision. This resonates with experiences elsewhere, for example in the UK, where groupwork is struggling to find a place within social provision provided predominantly by the public sector (Ward, 2009). In an era where social work worldwide is increasingly under the pressure



of neoliberal agendas, the challenge for the profession in areas such as in Quebec is to bring groupwork home; and for regions like in the USA where services are not provided universally, it is to see the radical and progressive potential of groupwork to challenge the culture which creates the problems groupworkers are striving to address.

While this paper focused on Quebec and USA practice with regard to groupwork, these questions and challenges, and the overall project, could be, as noted above, significant and of interest for other regions in the world. Indeed, looking at parallels between one region and another (two authors are from Quebec, one from the UK) has helped us to have a broader and more critical view towards the practices in our own settings. The parallels with another region also emphasise the influence of some contextual aspects that, while known, may be underestimated: for example education, training and continuous professional development regarding groupwork. As professors in groupwork, we have an influence regarding these aspects and a responsibility to take a lead in promoting and sustaining groupwork practice.

## Note

1. As per discussion above, we stress that the USA is not a homogeneous country and that local variations exist between the 50 States (and Washington D.C.). Thus, Health and Social Services, as well as social work regulation in the US are delivered through not only central federal systems, but also significantly through variable State systems. Exploration of these differences is beyond the scope of this paper.

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