

**Editorial: Diverse and flexible engagements**

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## Editorial

It has long been recognised that groupwork skills are required in many professions and also fields in which people may work in a quasi-professional capacity as support workers and volunteers (Steinberg & Lyons, 2022). They are essential across many different types of organizations and communities (Bolger et al 2021), particularly in developing local initiatives for social justice (Mahboub et al 2021). In health contexts, such as occupational therapy, where groupwork can be a frequent medium for delivering interventions, it can bring benefits for many different categories of patients (Zedel & Chen, 2021). While health and social care professionals are trained to develop competencies in running groups for therapeutic purposes, community and informal groups such as walking groups and hobby based networks may be essential in meeting the direction of public and community health policies promoting goals of reducing social isolation and promoting connectedness (Freeman et al, 2021; Cole, 2024). Preventative health and social prescribing can only work through partnerships with groups in community networks (Morris et al, 2022).

The context for these initiatives is the frequently cited statistics for different dimensions of health inequality and demographic change, indicating complex intersectionalities. However much of the evidence is gathered through routine data gathered on individuals (Lowther-Payne et al, 2023), rather than from interactions of those individuals with other people. Groupwork approaches to addressing the complexities of issues where health, socioeconomic, cultural and environmental factors are essential to unravelling the experiential impact of these multiple dimensions, for example co-production (Bolger et al 2021). Focus groups are one of the research methods Lowther-Payne et al (2023) identified as less used to gather data on these impacts, perhaps because of inherent problems with focus group methods and the interpretation of data from them (Bartholemew et al, 2021). Other means of working collaboratively with community groups to develop research are at early stages of recognition, for example collaborative competence groups (Krane et al 2025). The ethical conduct of research and groupwork practices, especially with minoritised groups who may have experienced traumas, itself requires good training in the appropriate group, interpersonal, methodological and cultural skills to avoid harm to people taking part (Alessi & Kahn 2023; Mahboub et al 2021; Okech et al 2023). Other important skills in group dynamics may include enabling participants to recognise that fellow group members may be at different stages of recovery or of the group process (Zedel & Chen, 2021), or recognising the potential role of groups in reinforcing diverse forms of oppression (Mahboub et al 2021).

In practice the ability to co-operative effectively and sustainably with such groups is also dependent on attributes such as good interpersonal skills, adaptability, cultural humility, resilience, adaptability and integrity (Bolger et al 2021). Groups expose people to diversity and enable them to learn through the experiences of others (Arao & Clemens, 2023). Groups also offer ways in which people can develop reciprocities, skill sharing, wider citizenship skills and potentially become influential through the interdependencies as much as the capacities they may develop (Bolger et al 2021; Morris et al, 2022); they are a practical means of acquiring the grass roots community forms of social capital indicated in public health policies such as the UK's previous NHS Long Term Plan (GOV.UK.2019) or more recent Fit for the Future (GOV.UK, 2025). Groupwork can in this context become emancipatory, providing a means to develop challenges and express alternatives to the ruling perspective in the health and social hierarchy (Mahboub et al. 2021). Groupwork amongst professionals can also foster health professional resilience and teamworking skills in the face of work pressures such as bullying (Hastie & Barclay, 2021).

Despite these factors underpinning the evident relevance of groupwork to community and public health, developing responses to health and social inequalities amongst many populations, and

professional skills, the space for groupwork education in the training curriculum, even in professions such as social work, has been experiencing a decline for some time (Birnbaum & Auerbach, 1994; Carey, 2016; Giacomucci, 2021), perhaps because it can be regarded as time intensive for tutors and students without the clear outcomes that other teaching activities may seem to produce (Chang & Brickman, 2018). A reductive set of forces in higher education and the operation of health practices limits the opportunities for voices from service users to be heard, a medical emphasis in care focusses on individual curative outcomes rather than longer processes of reflection and self discovery, identity formation and communal value building (Mahboub et al. 2021). The dramatic shift in world events over the last few years to an increasingly neoliberal agenda in global politics, the growing number of humanitarian crises, such as the COVID 19 pandemic, recent wars, escalating gaps in wealth and life quality has led to calls for health and social care professionals to focus on transformational interventions which require a focus on groupwork and a restoration of its importance in training for practices which enable community voices to be heard (Boryczko, Madew, & Gaba, 2024; Pollard et al. In press).

This topicality and flexibility of groupwork in all its diversity is well represented in this issue of the Groupwork Journal with articles which are set against the need to swiftly adapt practice to the isolating conditions imposed by COVID 19. On the theme of Groupwork and Technology Hall and King explore experiences of *Transformative online groupwork in a large not-for-profit organisation in Australia*, while Beno et al. describe *A Practitioners' Mutual Aid Group: Connection and Leadership During the Pandemic*. Reciprocity as a response to the pandemic is a starting point for Arraras et al's *Ayni: An experience of collective occupations as a response to the COVID-19 pandemic in Santa Clara del Mar, Argentina in the year 2020*, one of the articles focussing on Groupwork and social transformation and based on a community's response of organising around local needs. Identifying how children perceive their local needs is the purpose of Phippard's *Fostering Change for Social Transformation: Challenges and Opportunities of the World Cafe on St Helena*. This explores groupwork means of eliciting the voices of children on their experiences in the isolated colonial context of a British Overseas Territory. Tranter and Johnson's *Groupwork in Practice* account of *The Community Rhino Conservation Initiative: A model for social action and self-directed community groupwork located along the southern border of Zimbabwe's Hwange National Park* describes the use of groupwork for sustainable approaches to local resource management with an indigenous population. Lo Re's *Group Therapy Proposal for Parkinson's Patients* includes patients and caregivers in an approach that aims to reduce and manage the psychosocial phenomena associated with the condition and which accelerate deterioration of symptoms.

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