Changing the way we provide care:
The use of social media within social care

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Abstract

This research has identified the current and potential use of social media within social care. It looks at the benefits social media can provide to social care services in the form of communication, collaboration and sharing resources. Through the exploration of the responsibilities of the social care worker & service user in monitoring the use of social media for the organisation, the research aimed to support the future development of policies for the safe use of social media in practice. It has achieved this through descriptive and exploratory phases of research. This research uses a mixed methods approach combining qualitative and quantitative methods. It follows a flexible research design. The research identifies the use of social media within the literature, using healthcare,education and business as examples. Social care organisations including statutory and voluntary organisations were approached to participate in the research. 19 semi structured interviews with practitioners and 4 focus group interviews were carried out with clients to investigate their views on the current use and potential use of social media within social care. Themes obtained in the individual interviews and focus group interviews informed the development of the online survey. An online survey was then developed for social care workers who have experience in social care to generate a wider understanding of the use of social media. There were 184 participants. The survey explored primary themes which arose from the interviews including access to social media, roles and responsibilities of staff, and the provision of a social media guidelines document in the sector. Findings demonstrated in the survey indicate that there are just 44% of social care workers currently engaging with social media where they work. In comparison, 98% of participants use social media for personal use. From the findings of the interviews and survey, draft guidelines were developed and used in the implementation of a social media pilot study in a social care service. The case study demonstrated that social media is a useful tool in social care and elements of social media should be further developed in the future.

Chapter one: Introduction

1.1 Aim of chapter

This chapter will introduce the thesis entitled: *"Changing the way we provide care? The use of social media in social care"*. There is currently a lack of research available to support the use of social media in social care. This study set out to investigate if and how social media is currently used in social care services in Ireland. The aim of the research is to identify the benefits and drawbacks of using social media in social care. In addition, the research proposes to explore the potential for social media to be used in social care in the future. The aim of the research is to develop best practice guidelines and to encourage the implementation of social media into a social care organisation. Furthermore, the research seeks to explore the incorporation of social media into a social care organisation and identify if it has enhanced social care practice and service user experiences.

1.2 Background of study

This research project has been carried out with a view to obtaining evidence of the role that social media plays in social care. As the researcher is a social care worker, through informal conversations in employment it appeared that there was a lack of commitment from management to explore new approaches in social care. There was most uncertainty among the older generations of the introduction of the use of social media in services. It appeared that more recent staff in the organisations were more interested in developing social media but management within the organisations were resistant to adapt.

Initial searches on internet databases on the topic of social media use in social care return articles on healthcare, public health and sociological theory of media communication. The researcher reports on the basics to begin with.

Social media in a broad definition identifies online technologies which people use to interact and share opinions, insights, experiences & perspectives with each other (Pew Internet Research Centre, 2009). Examples of these online technologies include social networks, messaging forums, video-sharing platforms and blogs (Sara-Sohn, 2008). Social media such as blogs, tweets, wikis, and social networks may speed up and enrich communication. Social media content can take the form of text, audio, images and video. They incorporate the old model of one-to-one communication for example, talking to someone over the phone, while also enabling communication from one to many through a direct blog or tweet or from groups of people to

other groups of people (Hawn,2009). It is important that practitioners understand the basic functions of social media-What they are? Who uses them? What they are used for? How might it affect practice? Cheung, Chiu &Lee (2011) explains that individuals are connected and networked together to create, collaborate and contribute knowledge and wisdom.

Research by Holmes (2011) has demonstrated that individuals generally interact with friends or people that they already know via social networking sites. With the development of Web 2.0 a 'second generation' of more interactive online services, more people can share information and contribute to web-based content. This generation are also open to changes which are driven by their users. Kietzmann, Hermkens, McCarthy, &Silvestre (2011) describe how society is moving toward a new communication landscape. Sites such as Twitter and Facebook allow users to talk about what they are doing, where they are, how they are feeling or provide links to other sites. Eckler, Worsowicz & Rayburn (2010) explains that social media are rapidly evolving and increasingly influencing our healthcare landscape. The Pew Research Centre reports in 2015 demonstrate that 76% of internet users in America who engage in online activities engage with social networking sites. Up to 72% of those people engage with Facebook (Pew Research Centre, 2015). IpsosMRBI reports on social media use in an Irish context. There are 64% of Irelands' social network users engaging with Facebook daily. Other popular sites include twitter, google+ and LinkedIn (ipsosMRBI,2016).

Social care work in Ireland is very diverse. It incorporates a variety of settings, e.g. family support, disability, community services, residential care to name a few. Its aims are to support those who are marginalised or disadvantaged in society (Social Care Ireland, 2016). Social work in Ireland is similar in nature to social care but requires further education at Masters level. Social care and social work may be recognised as one profession in many European and Asian countries. Social care in Ireland in recent years has noticed an increase in demand for support services for children and their families, the elderly and those with disabilities (Burke,2009).

The limited availability of funding for social care services encourages services to use this opportunity to explore creative ways of delivering services to clients. Service providers need to be more innovative in their approach to providing services to vulnerable groups in a more timely and cost-effective manner, but this may be problematic for organisations due to staff shortages and access to programmes and funding. As outlined in the Better Outcomes, Brighter Futures (2014) document as published on behalf of the Child and Family Agency, there are *"...significant challenges we have to face as a wider society"* (p.3). Social media offers many

opportunities to change and shape the way care and support is provided to service users. These include promoting employee and community activities, communicating opportunities for better health, and allowing service users to share their achievements and struggles (Norton & Strauss,2013).

Research of the use of social media has predominantly been in business and healthcare (George & Dellasega,2011; Hawn;2009 & Anderson,2012) with little known about the role that social media plays in social care. Ayres (2011) argues that social media plays such an important part of everyone's lives in the current times that it should be implemented to support social care professions. Social media is an emerging tool in social care. Anecdotal evidence from the experience of the researcher in the social care sector, from speaking with management and frontline staff at organisations suggests that social media is not currently used as effectively as it could be in social care. It is currently not known why social media may not be used in the sector. The benefits and challenges of the use of social media in social care remains to be seen. What is the current place of social media in social care? Can social media in social care be used to interact and share opinions, insights, experiences & perspectives of each other?

1.3 Significance of research study

The focus of this research was to understand the current use, potential use and benefits of social media usage within the social care sector from the perspectives of social care professionals and service users. It has explored the responsibilities of the social care worker in monitoring social media, and the development of guidelines to support the use of social media within practice. It has explored and assessed the implementation of a small scale social media project in a social care setting. The research did this using mixed methods. Interviews with social care workers and clients were used in the initial stages of the research. The findings reported from that stage of the research aided in developing a survey for distribution to a more general audience of social care practitioners. The findings from both methods informed the creation of a guidelines document. Findings informed the final stage of the research process of developing a social media pilot study in a family resource centre. Following the implementation of the social media project within the organisation, the research reported the experiences of using social media in practice and identified some of the improvements required. This research aimed to offer faster engagement with service users, propose increased collaboration with multidisciplinary agencies around the country and contribute to wider knowledge of current issues within practice. It is hoped this research has provided a better understanding of the issues arising from using social

media for future researchers and how to improve these also. The researcher pursued a role as a volunteer within a family resource centre with the purpose of supporting them throughout the research process which contributed to the giving back of information to the organisation and informing them that contributing to knowledge and development of guidelines has contributed to the benefit within the organisation.

1.4 Current research study

There is very little evidence currently available to explore how social media is used in social care services. The current research aims to encourage social care workers to connect and develop new knowledge for the sector.

From the above information, the research questions posed were as follows:

1. What is the extent of the current use of social media in social care practice?

2. What do social care workers and service users see as the potential use of social media in social care practice?

3. From the perspective of social care workers and service users, what are the benefits and drawbacks of social media in social care?

4. What role does the social care worker play in monitoring the use of social media for vulnerable service users?

5. What are best practice guidelines for implementing social media in social care?

6. Using a case study design, how can social media be implemented into a social care setting? Has this enhanced social care practice and the experiences of service users?

These research questions helped to develop field questions for individual interviews with staff, focus group interviews with clients and a survey of the views of staff to identify the needs of the implementation of social media in social care.

1.5 Outline of chapters

Chapter two will provide definitions of social media, it will look at the current use in business, health and education, then explore the current use of social media in social care. It will provide

an over view of the benefits and challenges experienced by organisations who have explored social media before and some information on current policy and guidelines available to services. Chapter three will explore the methodologies used within this research study including interviews, surveys, and case study research, and the procedure taken when carrying out this research. Chapter Four describes the findings of the research throughout the various phases and includes qualitative, quantitative and case study findings. Chapter Five discusses the previous research available with the findings of the current research Finally, the concluding chapter will discuss the limitations in the research study, significance of research in policy and practice and future recommendations of the research.

Chapter two: Literature Review

2.1 Aim of chapter

The following chapter aims to put the research in context. It discusses current meanings of terminology used in the research. It explores the use of social media in wider areas such as business, education and health. The literature review provides an overview of the current use of social media in social care, the benefits and challenges of social media use in social care, and guidelines and policy development of using social media in the social care sector.

2.2 An overview of current communication

Technologies can encourage & support integration of ideas and can help societies to move forward. The rise in globalisation has been facilitated by the advances in communication technology. The smartphone, tablet, and almost universal internet access has changed how people view and act with media. In comparison to traditional media, consumers now decide what they want to access and how much they will pay for it, opting out of things they don't want and paying money for what they do want (Chipp &Chakravorty,2016). Traditional telephone communication, which depended on analogue signals sent through wires and cables with the help of a mechanical crossbar switching, has been replaced by integrated technology systems where large amounts of data information is compressed and transferred digitally. These forms of technology facilitate the compression of time and space. More people are becoming connected through mobile phones and computers. Individuals who were previously isolated or served by traditional communication methods are now interconnected through the advancements in communication technology (Giddens, 2009). Individuals are connected and networked together to create, collaborate and contribute knowledge and wisdom. (Cheung, Chiu &Lee,2011). This research aims to explore where the field of social care fits into these technological advances, particularly social media.

2.3 Definitions of social media & social networking

The terms "social media" and "social networking" are often used interchangeably. They refer to web-based tools and technologies that support online communication and information sharing. Social media is defined as *"interactive web platforms via which individuals and communities share, co-create, discuss, and modify user-generated content and facilitate human communication"* (Kietzmann, Hermkens, McCarthy & Silvestre,2011, p.241). A basic social media definition is: *"a group of internet based applications that allow the creation and*

exchange of user generated content" (Kaplan & Haenlein, 2010: p.61). Social networking sites (SNS) are described as: *"non-threatening environment for casual assembly, conversation, meeting new people and stimulating creativity"* (Schinasi &Schultz, 2011: p.22). According to Taprial & Kanwar (2012; p.8), online social networks refer to: *"the media which allows one to be social, or get social online by sharing content, news, photos etc. with other people".* Social media and social networking, per the above definitions refers to web-based, sharing of information, by people who take an active role in the interaction with others online in a public or private virtual space.

2.4 Social media: A background

Social communication is changing from an environment where we predominantly used telephone & face-to-face communication to a digital public paradigm with the use of social media. Meerman-Scott (2011) explains that social media is the process by which people share ideas, contents, thoughts, and relationships online. Social media differ from so-called mainstream media in that anyone can create, comment and add on to social media content. Social media content can take the form of text, audio, video, images and communities. The term 'social media' encompasses various tools and services including blogs, twitter, podcasts, content sharing services (e.g. YouTube) and social networking sites (e.g. Facebook). The idea of interacting & sharing content via media is a remarkable concept in new media studies. Social media provides opportunities for individuals to express their opinions online via social networking sites, photo & video sharing sites, blogs, chatrooms and message boards, listservs, wikis, social bookmarking sites and mobile applications (Baruah,2012). Social media applications offer communication, information and public relations benefits to individuals and organisations. They are usually accessed on the internet through a PC, or on a hand held mobile device called a smartphone. Social media applications such as Facebook and Twitter are rapidly changing communication patterns and how we communicate with each other (Cain,2011).

The concept of social media is not new with social media believed to have started in 1997, when Bruce & Susan Albenson founded an "Open Diary"- a social networking diary that brought online communities together. The idea of blogs & weblogs, which are a form of online diary writing developed over time, eventually led to the development of social networking sites such as Myspace (2003) & Facebook (2004), (Kaplan & Haenlein ,2010). It may be more accurate to say that online life is an extension to our social world (Holmes,2011). Research by Holmes (2011), has demonstrated that individuals generally interact with friends or people that they

already know via social networking sites. With the development of Web 2.0, a 'second generation' of more interactive online services, more people can share information and contribute to web-based content. This generation are also open to changes which are driven by their users. Social media has almost become necessary to the lives of teenagers. Thus, it brings new risks & opportunities for adolescents. An outcome of the use of social media is dependent on how the product is utilised (Moreno & Kota,2014, cited in Strasburger, Wilson & Jordan,2014).

Kietzmann et al (2011), describe how society is moving toward a new communication landscape. Social media are used as professional and private sites, for example LinkedIn is used as a professional site where people promote the work that they do and the experience they have. Blogs offer a forum for individuals to voice their opinion on certain topics. Sites such as Twitter and Facebook are used for private and professional use, mostly talking about what they are doing, where they are, how they are feeling or links to other sites. Kietzman et al (2011) discuss seven elements of social media: Sharing- the extent to which user's exchange, distribute, and receive content via social media; Presence- the extent to which users can know if other users are accessible, it involves knowing where others are in the virtual world and/or in the real world and whether they are available; Relationships- extent to which users can relate to other users; Conversations- how users communicate with others in a social setting; Groups- forming communities and sub communities; Reputation- the extent to which users can identify the standing of others including themselves in a social media setting and Identity- the extent to which the user reveals their personal identities in a social media setting. Each element contributes to the user experience of social media but also the different implications social media can have. Social media can offer many changes to communication patterns in an organisation.

As there is little evidence available of the use of social media in social care organisations globally, the use of social media in healthcare, business, and education will be discussed with its use in social care being discussed where possible.Through the discussion of the advances in communication technology, it appears social media has a lot to offer in the field of social care. It is how social media is used for creation and innovation that will offer the opportunity for evaluation.

2.5 Statistics of social media use

In December 2008, the Pew Internet and American life Project, a non-profit research centre which explores the social impact of the internet, reported that adult internet users who have an online profile have more than quadrupled in the last 4 years, from 8 per cent in 2005 to 35% in 2008 in the U.S. (Hawn, 2009). It was reported in 2012 that Facebook had over 1 billion users (Facebook, 2012) and Twitter having over 140 million users (Twitter, 2012). The Pew Research Centre reports in 2015 demonstrate that 76% of people who engage in online activities engage with social networking sites with up to 72% of those people engaging with Facebook (Pew internet research centre,2015). IpsosMRBI reports of social media use in an Irish context. There are 64% of Ireland's social network users engaging with Facebook daily. Other popular sites include twitter, google+ and LinkedIn (ipsosMRBI,2016)

2.6 Social Media: Purpose and advantages

The studies discussed in the following section outline the purpose of social media, and the advantages of using social media as many of the concepts overlap, and are identified similarly in the literature. The design process of social media and mobile interventions are necessary, to ensure they are relevant, engaging and effective. Ongoing developments in social media technologies must be reviewed by usage statistics as well as participant's feedback (Alvarez-Jaminez,2014). McBride (2011) remarks the benefits of social media for adolescents in enhancing communication, broadening social connections and learning technical skills. McBride discusses the promotion of healthy use of social media for families. She discusses the risk of using social media but acknowledges that teenagers require it in their lives and trust between parents and teenagers is necessary to encourage safe use. Quinn (2013) explores the attitudes and perceptions of social media among adults in middle age and how they use social media. They tend to use it to reconnect with people they had known many years ago. She argues that the area of social media use in middle age is underexplored as social media use is normally associated with younger people. She suggests the cause of this may be computer literacy among midlife and older adults. The McBride (2011) and Quinn (2013) studies identify the necessity that social media has become to the lives of teenagers and adults alike. This is further discussed in the opportunities social media offers for healthcare, business and education and the potential it has in social care.

Information sharing

In recent years, social media use has increased by hospitals and care professionals. In a longitudinal study from 2009 to 2011 the use of social media by 873 hospitals in 12 western European countries was explored. It found that engagement with social media has increased significantly in the use of YouTube and Facebook respectively (VanDeBelt, Berben, Samson, Engelen, Schoonhoven,2012). Social media can be used to enhance skills of professionals. Advantages in the use of social media include information alerts, inter-communication, and learning opportunities. Advantages to the company include numerous positive outcomes related to social media use, including networking, marketing, public relations, and consumer engagement. There are growing trends towards the use of social media in health care for patient education, information sharing and professional-peer connections (Cain,2011; Norton & Strauss,2013). Usher (2012) investigated the reasons behind the social media usage among eight of Australia's major health professions. Findings indicate that health professionals are slow to adapt to using social media for interacting with patients' due to their lack of knowledge, in comparison to those that have chosen to use it reward it as a quick and effective method of communication. Health professionals are using social media in their personal lives but not in their professional lives. They are willing to upskill to learn about how it could be used for practice promotion and health care delivery.

Moorhead, Hazlett, Harrison, Carroll, Irwin & Hoving (2013) conducted a systematic review which included the benefits of social media in healthcare. Six key benefits included interaction with others, shared information, peer/social/emotional support, increased access to information, public health surveillance and potential to influence health policy. Social media offers an instant reply in real time and identify potential issues quickly. The potential use for social media to influence policy through blogs as they are available for public viewing. Many health care organisations have introduced social media to promote activities within the organisation, communicate opportunities for better health, introduce and explain new and advanced medical procedures, promote volunteer efforts and keep employees informed of weather related events and the impact it may have in the workplace (Norton & Strauss,2013).

Practitioner-patient interaction on social media

Winston, Medlin & Romaniello (2012) discuss the reduction in finance availability and the necessary increase in spending for healthcare organisations. These healthcare organisations

have had to adapt to newer methods of reaching their patient data base. Many healthcare organisations have turned to social media for information purposes to support the increase of the informational requirements of their patients. During the evaluation of this study, managers were interviewed and provided information for technology professionals developing technology at their organisation. Some suggestions include: the target audience, is it a large or small size group, contact frequency: how often do you link in with the patient?, type of knowledge required-e.g. clinical or experiential. Doctors provide clinical advice, group members provide experiential evidence. These are options to consider if setting up a social networking site for an organisation. Norris (2007) says there is a requirement for this type of practitioner to patient engagement to encourage trust in the partnership. This experience depends on both the patient and practitioner having a knowledge of basic concepts of online communities and social networks and how to interact with others online.

PricewaterHouseCoopers Health Research Institute (2011), as cited in Norton and Strauss (2013), conducted a study of social media use with 1060 individuals. It reported that 61% of consumers reported that they are likely to be satisfied with information received via social media by a health care provider. 41% of those said they would be likely to share their personal information with providers via social media. This demonstrates an interest from users to engage with social media for personal healthcare. Similarly, Griffiths, Cave, Boardman, Ren, Pawlikowska, Ball, Clarke & Cohen (2012) explore the use of social media in healthcare platforms. Patients are using social networks to access and contribute to health information. Like previous studies mentioned, health information provided via social networks now complements traditional sources such as face to face rather than substituting for them. Within the new field of social media in health care, social media hold considerable potential value as they offer new ways of access to and sharing of information, social support, collaboration, increase individual's connectivity and direct participation (Antheunis, Tates & Nieboer,2013). Antheunis, Tates & Nieboer (2013) conducted a study to explore the motives, barriers and expectations of patients and health professionals in using social media for healthcare. They conducted a study with 139 patients and 153 health professionals in the Netherlands. Practitioners were recruited from a mass mailing list of gynaecologists, while patients were recruited through Twitter, and mailing lists of patient support organisations. Participants were asked about general use of social media, whether they use social media for health reasons, and future preferences for health-related use. For those that didn't use it they were asked about barriers to using it. Findings demonstrated that patients' motives for use were: increasing

knowledge, doctor-patient communication, social support, exchanging advice and self-care. Practitioners motives included increasing knowledge, efficiency, patient communication, marketing, and communication with colleagues. Barriers for clients and practitioners were: privacy, unreliability of information, no need for it & inefficiency, Practitioners also included lack of skills and legal concerns as barriers to engagement with social media.

Patientslikeme is an online network of patients who have life- changing illnesses (e.g. multiple sclerosis and diabetes) with similar issues who can offer peer support to each other by sharing day-to-day information about themselves. It offers an opportunity for patients to learn more about their illness, and get a better understanding of the side-effects of their illness. It also gives physicians access to their personal information, Due to the busy nature of physician's visits, they can only give patients fifteen minutes per visit. Having access to a patient's personal information is beneficial to both the physician and client as it can encourage preparation for health visits, therefore increasing the efficiency of the service (Wicks et al, 2010). Patient care can be supported using social media to offer patient a chance to request prescription refills or ask doctors questions. Social media is beneficial in providing patient education. Patients can receive peer support through virtual communities, participate in research, request moral support and discuss personal progress of their ailments.The promotion of public health via social media offers opportunities to quickly spread information, and provide advocacy on public health issues. According to Dr. Parkinson, as cited in Hawn (2009) the infrastructure of healthcare in America needs to change to incorporate a more online presence. Dr. Parkinson who is the creator of an online website called "Hello Health" says the advantage of using social media is the 'reach' to so many people. Hawn (2009) says social media enables an idea of one to many i.e. the sharing of information. One tweet can have so much meaning for the audience who reads it. This is evident on twitter but Facebook has the opportunity for the audience to be from many to many. The fact that so many things can be kept private between others also, e.g., the use of private messaging / direct messaging on these sites. Patients are using a type of social media to keep their technologies to manage their care. Similar to Wicks et al (2010) study of the 'Patientslikeme' platform, social media offers an opportunity to get a second opinion from a doctor. A patient who uses 'Hello Health' says that he loves it, as he is in control of making his own appointments and only paid when he felt it necessary to see a doctor and this was an advantage to him as he had lost his job a short while ago and now couldn't afford private healthcare as much as he used to. (Hawn,2009).

Professional opportunities

Social media offers health care organisations an opportunity to promote their organisation as a business with improved communication, increased visibility online, fundraising and providing customer service and support (Ventola,2014). The benefits of social media are further discussed in enhancing professional networking and education, promotion of the organisation, patient care, and public health promotion. Professional networking offers an opportunity to share and exchange knowledge and skills of many professionals to gather information and solve problems. Anderson (2012) comes from a nursing and midwifery background in Australia. She suggests the use of social media for professional development. It is possible that engaging in professional development is something more than attending a conference, activities and discussions online could potentially be viewed as professional development. Social media in a professional context which includes reflective practice, will become a very powerful, sustainable and cost effective professional development tool. Using social media for reflective practice would allow practitioners to engage in conversations with professionals worldwide in comparison to having a cup of coffee with a colleague. After some time, practitioners are going to become more innovative and diverse in their approach to continuous professional development. Anderson (2012) discusses social media in her work place as a nurse. Some professionals are beginning to use social media for recruitment, use it for uploading photos of expos, conferences, recruitment days and graduate days to Facebook and Twitter.

Social media as support to other interventions

Twomey, O'Reilly, Byrne, Bury, White, Kissane, McMahon, & Clancy (2014) evaluate the effectiveness of computerised CBT programme MoodGYM, for the reduction of symptoms of some psychological disorders. Participants were mental health service users awaiting interventions. Findings demonstrated that MoodGYM was mostly effective in reducing psychological stress and distress. There was a high dropout rate, therefore indicating that computerised CBT programmes should not be used as a frontline treatment but offered perhaps as an additional option in treatment. Similarly, Silvercloudhealth ltd. is a social media based intervention to support those who have mild anxiety and depression (Joyce,2014). It does so through the provision of evidence based information and positive self-management strategies. The intervention is currently being rolled out in Trinity College, Dublin as a method to support face to face contact where clients can be supported to manage their own symptoms. Reports of its advantages include cost effective in terms of time, there is less stigma associated with using

an online based intervention, and counsellors report it is a good tool for those on waiting lists. The review process is still ongoing. Future directions are that it may be used as an employee based programme to enhance well-being in the workplace. Rogers, Quin-Griffin, Wykle & Fitzpatrick (2009) report the use of internet therapy versus face to face therapy. 328 young people participated in a survey on Facebook. 263 young people preferred face to face therapy versus 65 who preferred internet therapy. Results demonstrated that younger people find it easier to express their emotions when face to face with a therapist.

Social media in business

Edwards (2013) discusses social media in the context of a business model. He categorises social media into mediums by which the public- *"interact with each other and share information"* (p.236). He further categorises these into groups: social networks, wikis, multimedia sharing sites, bookmarking sites, virtual worlds and rating sites. The interaction of these sites all contribute to facilitating the exchange of information about products and brands.

How we obtain and process information for our personal and work lives is changing (Power & Phillips-Wren,2011). The Society for New Communications Research has sponsored studies of the impact of social media on businesses. Bulmer & DiMauro (2010) conducted a survey of 356 business professionals, including CEOs and directors of businesses, on the impact of social media on business and decision making. Findings included, business professionals use social media to be affiliated with other business organisations, e.g. LinkedIn. Professional networks via social media have a high level of trust of information obtained on social media. Social media offers professionals the opportunity for peer decision-making, connecting and collaborating. Social networks offer increased opportunities for professionals, such as gathering opinions and creating online blogs or making a query via Twitter. Younger professionals are more likely to engage online vs traditional methods. A further study by Bulmer and DiMauro (2011) demonstrates results from a survey of 105 participants in 97 organisations across 20 countries, that found that online network participation increasingly affects executive decision making at companies. 80% of participants revealed that they can increase decision process and information/ strategy development by participating in online communities. These studies demonstrate the uses of social media by businesses and how it can enhance decision making in businesses. These findings also suggest that social media has a positive impact for businesses by engaging with other businesses through the online community.

Hermida, Fletcher, Korrell & Logan (2012) outline the role of social media in news consumption. Results from a survey of 1600 Canadians demonstrate that 71% of consumers now engage via Facebook or Twitter for up to date news information. Consumers follow journalists or news corporations directly. Networked media technologies (e.g. Sky news, Fox news) now offer consumers the opportunity to create preferences of receiving news. King, Ramirez-Cano, Greaves, Vlaev, Beales & Darzi (2013) argue that social media have become a political tool and demonstrates support with the use of hashtags. Twitter has become a popular platform for scrutiny of the UK coalition Governments reform of the NHS. It offers an opportunity for the public to have an opinion and be listened to. The Health Care Bill was introduced in the UK in March 2011 and wasn't passed until March 2012. It is believed that social media- twitter had an influence on the changes of the bill, as groups and individuals took to twitter to discuss and lobby for the reform.

Social networking sites allow people the convenience of keeping in contact with friends through Facebook and twitter, to create and maintain contact with professionals, conduct business and learn new skills through sites such as LinkedIn. Koles &Nagy (2012) conducted a survey of 118 teenager's use of social networking sites in view of personal, social and educational outcomes and attitudes. It was done in a high school and college environment in Budapest, Hungary. Findings suggested, that participants rely on social media for emotional support and to engage in online social interactions. Increased engagement with social media for personal use was associated with a negative attitude toward schooling and the attitude of their peers. Participants were older in college compared to the younger participants in high school, demonstrating the education level of participants in the study was an important factor.

Social media in education

In general, technology has been embraced, within classrooms, health services, and social services. The increased access to information, global communication, assistive technologies, and social contact has proven liberating for countless individuals, groups, and communities. For example, social work students using social media for networking- organising social events, building friendships and sharing information to support their education (Kirwan & McGuckin,2014). The role of social media in professional education offers universities the chance to recruit students, increase access to libraries, create virtual classroom environments (Ventola,2014).

Like the Koles and Nagy (2012) study, in educational contexts social media and social networking have become increasingly vital modes of communication for their users, especially among school and college-level students (Anderson, Fagan, Woodnutt, & Chamorro-Premuzic, 2012). Those working in the pharmaceutical sector have taken advantage of social media tools such as Facebook, LinkedIn, Twitter, YouTube and new social networking systems to improve communications and promote the efforts of the organisations and its members (Cain, 2011). Collectively, these studies demonstrate the importance of connecting with others and the influences social media has for organisations.

E-learning

The use of technology is quite often used to improve efficiency, reduce costs and automate services. Current e-learner systems offer opportunities for interaction between instructor and learner. Chou & Pi (2015) explored the use of Facebook for e-learning. The research studied the peers' and learners' perceived satisfaction of a group as it would influence the continuation of a course. This study measured various factors including technology quality, interaction with peers, interaction with instructor, perceived learner satisfaction and intention of continuous use. Some of the findings demonstrated that to encourage engagement in e-learning there must be an easy to use interface and that Facebook can be used to support a face-to-face group.

Similarly, George & Dellasega (2011) discussed two pilot studies where social media was integrated as part of their course. It was used to support two different groups of university students studying humanities at the end of their fourth year. The modules were delivered by staff based on their personal experiences of social media use. The modules were a month long and supported by using twitter and skype to communicate with students. Firstly, many of the students were unaware of how to use twitter so they were shown how. Instructors created prompts on twitter to encourage students to engage, and posted links to educational resources for the course. As the students began to use twitter to interact, they began posing questions to the instructor about information on the course. The interactive sharing of information platform of social media allows this to take place. The students reported a positive experience using social media to support their work. Although there were positives, there were also some challenges- there were demands on time outside of class to engage with social media. Upon evaluation, social media offered students opportunities to attain new skills for problem solving, networking and collaboration.

Moran, Seaman & Tinti-Kane (2011) explore the use of social media in higher education in a faculty in the USA. Most educators use social media for their personal use, but over 90 % are now using it for professional use in either the classroom or for professional purposes outside the classroom. They are familiar with sites such as Facebook and YouTube and use LinkedIn for professional connections. Educators report using social media both inside the classroom and for demonstration purposes outside the classroom. Online video is the most common method of social media used in the classroom. There was an assumption in the research that social media is more popular among younger faculty members but when asked about 'knowledge of social media' and 'length of time teaching' there was consistency. They note the importance of emerging social media. Emerging methods offer increased opportunities to evolve teaching and learning.

Tobey & Manore (2014) discuss the role of social media in nutrition education. Social media can be a quick, low cost, direct way of offering nutrition education to targeted groups. Social media are being used by health care to improve delivery and availability of healthcare to facilitate social support groups, recruit for services, train students, and help with communication between other health care professionals through their workplaces. This study used a current web based programme called "FoodHero" and supported its adaptation using social media. The target group were young mothers with families to teach them how to use food more healthily. They make suggestions for the best practice for implementation, management and evaluation of a social media site. The suggestions include conduct a needs assessment of the target group, select social media sites you will work with, create a plan, integrate a social media team and regularly collect, track and use social media measurement data.

There is an abundance of information available to explain the role that social media has in different contexts. These contribute to a variety of potential opportunities to explore the use of social media within the social care sector. Social media is described as necessary to our lives. Its increase in use in healthcare for networking, patient education and information sharing have been implemented by many organisations in America and Europe. These online platforms offer better patient-practitioner relationships where patients can read health information and provide feedback to a practitioner based on their symptoms. Patients may participate in online peer groups to discuss the issues. Social media also offers opportunities for professional networking and development, and business-like activities such as organisation promotion. The prospect of

e-learning via social media provides the user with a chance to self-manage their continuous professional development.

2.6 Use of social media in social care

Existing research available from other countries demonstrates that social media has great potential in the field of social care. It can be a cost-effective way of bringing professionals and service users together. Social media may support professionals and service users to learn common language and understanding of topics, share knowledge and wisdom, build relationships and share information resources. It also can provide support and information for service users and vulnerable groups alike. The following paragraph discusses this research in more detail.

Functions of social media in social care

Waters (2007) as cited in Lovejoy & Saxton (2012) says the spread of new media has significantly increased non-profit's ability to communicate with clients as well as regulators, volunteers, the media and the public. Lovejoy & Saxton (2012) reports the use of twitter among 100 of the largest not for profit charity organisations in USA. The organisations that participated represented a cross-section of the charitable sector. 27% of the organisations were operating in the field of International and Foreign Affairs, 15% in Arts, Culture, and Humanities, 24% in Health, and 8% in Youth Development, while the remainder operated in a variety of other fields, including the environment, public safety, human services, recreation and sports, housing and shelter, and mental health and crisis intervention. Findings reported that there are three key functions of micro-blogging: information, community and action. Informational use of Twitter is most popular; the recent use of social media appears to have developed new avenues of public engagement. Non-profit organisations are better at using Twitter to strategically engage their stakeholders via dialogic and community-building practices than they have been with traditional websites. Previous studies (Kent, Taylor & White,2003 as cited in Lovejoy & Saxton,2012) outline that non-profit organisations have not been able to engage with online communication tools. It was suggested that the reason for this was, the lack of know-how of the staff to create extension of the online page. Newer social media applications offer increased opportunities compared to websites. Information dissemination outlines one-way interaction, the exchange of information from the organisation to the public. Ayres (2013) is an author of "Connecting social care and social media", a blog which focusses on sharing resources to

promote social media innovation in social care. She also helps to develop innovative resources for the elderly and young people through information she has adopted through her blog. The information in her publications include all available digital resources and how to use them effectively. Examples of such publications are The Click Guide to Adult Technology for Adult Social Care and The Click Guide to Children's Services. Ayres (2011) discusses the benefits of engagement for practitioners and clients in social care, it offers opportunity for the discussion of topics not just based in one area, social media offers a global input for professionals. It empowers people to engage and find out more about services. At a time when social care requires innovative interaction, social media offers this opportunity to network online in replacement of face-to-face interaction.

Social media for suicide prevention

Robinson, Rodrigues, Fisher, Bailey & Herrman (2015) conducted a study exploring social media and its potential role in suicide prevention. It was explored through conducting online questionnaires with three groups of respondents; individuals who conduct research about suicide and social media, organisations that use social media for suicide prevention purposes and users of social media. The questionnaires were separate for each group. Results demonstrate that researchers actively engage in using twitter for suicide prevention work followed by Facebook and YouTube. Respondents suggest using social media for promotion of activities, services, events or training programmes, raising awareness of suicide prevention, provision of resources, advocacy, allow users to support each other, and the provision of professional support and treatment. They report that there is insufficient research about effects of social media based interventions, the most common barriers are methodological and ethical issues associated with its use.

Social media and learning difficulties

New media allows people to share photos and videos electronically with friends through social networking sites. For those with learning difficulties in social care, social media has shown to be a beneficial tool in helping these people to communicate their needs and improve their quality of life in general. Its uses in this area include the person with the difficulty creating & being involved in drawing up their own person-centred plan to creating family & friend networks. It helps those who may not be good at communicating verbally to have an increased level of confidence in knowing how to create opportunities for others. It also challenges staff

that may be working with these vulnerable people to up skill in using technology and having a more creative approach to work (Warner,2008).

Social media for the homeless

Eyrich-Garg (2011) shows how the homeless have engaged with technology for social support. Homelessness is associated with high rates of physical health difficulties, mental health difficulties and substance use (Pollio, Eyrich-Garg, &North,2010). These issues are increased by exposure to unclean and unsafe living conditions. Those who have greater access to social support systems have better physical and mental health than those who do not. Homeless individuals tend to be less educated and have lower incomes than others which influences their opportunity to own or access a computer. In the study, participants used computers to maintain their sense of social connectedness for professional purposes (job searching, housing) and for leisure. Other uses include sharing information, screening health conditions. Using the internet among this minority group has potential to increase services at a relatively low cost. This article reviews a study where 7 men got involved in a computer and work readiness programme. Following 8 weeks of the course the men felt that the computer use had increased their self-esteem and helped them to begin to feel part of society. Results showed that their social connectedness increased as they engaged in SNS's such as Myspace & Facebook to reconnect with family members. They also said they would like to use the computers to gain access to others who were previously homeless and for them to help one another (Miller, Bunch-Harrison, Brumbaugh, Kutty, &Fitsgerald,2005).

Social media in social work

Based in the UK, FutureGov are leaders in technology led public services in the UK. They have now met with public councils in Australia and introduced their social media application project "Patchwork". Using a simple web-based application, UK families have benefitted from agencies sharing and updating information when working with the same vulnerable clients. Patchwork helps to improve collaboration, offer joined up services from multiple agencies, which helps lead to earlier interventions where required and leads to better outcomes for the families. Its implementation came about to co-ordinate services around child protection, vulnerable families and other areas. It has proved to be successful achieving time and cost effectiveness. FutureGov who have developed this project uses design technology and change to rethink how local public services are delivered. Dominic Campbell of FutureGov says:

"There is a real opportunity to rethink how frontline services are supported through well-designed, user friendly technology" (PatchworkHq,2013). Franklin, Hossain & Coren (2016) discuss the role of social media in social work education. They conducted a systematic review and concluded that social media offers an opportunity to be inclusive of the young people involved in health and social care services to provide their knowledge and experience of being part of the service. They feel social media would be a positive way of engaging with them in the future.

Social media for foster carers

Gill Cox, a social worker with Monmouthshire County Council and Jenny Jones, a foster carer in the Monmouthshire district discussed how Yammer is benefitting their foster care network. The council set up a social network site called Yammer. Yammer is a social network which is directed at teams. In this case, it is supporting social workers who have a case load with foster carers. It was set up for foster carers to engage in an interactive way and more regularly than they would if they were to depend on meeting up face to face. They encourage the foster carers to engage with social media. They have an interactive bulletin board, have an opportunity to ask questions, to look for advice and it is accessible to all foster carers. Key professionals from the local social services are members of the group allowing foster carers have direct contact with them also should they need to ask them a question. The use of this site offers peer to peer social media interaction. The success of the group is down to the respect of all the members for confidentiality and regular interaction. (Monmouthshire County Council,2012).

2.8 Challenges of social media use

Increase in work

Te Velde, Bos & Brennenraedts (2013) debate the impact of information communication technology on health care. From the perspective of physicians, they believe that use of ICT has little effect on diagnosis, causes increased workload and results in the impairment of the doctor-patient relationship, compared to the experience of patients who value the reduction in waiting times.

Professional boundaries

Jain (2009), as cited in Cain (2011) observes some issues associated with use of social media. They include careless sharing of attitudes, behaviour, and opinions online by health care providers. It is encouraged to promote an adequate understanding of e-professionalism and online professional boundaries as healthcare providers are also a representation of their professional status when online. Kirwan & McGuckin (2014) explore ethical issues around online relationships with social workers and teachers. A question explored in this research is: 'should professionals interact, befriend, or generally communicate with current, previous or potential clients/service users online?' There are potential benefits of communicating with clients online. Participants highlighted the use of technology among their client groups. They now see it as a necessity for professionals to engage with new media as it is important for them to be part of the social interaction in society today. The teacher's group referred to the fact that teachers could be a role model for young people in relation to online behaviour and netiquette.

Be-friending issues

One of the biggest issues associated with social media use for professionals is to accept Facebook friend requests from patients. The issue arises when how to enhance the provider-patient relationship while also trying to maintain the professional boundaries and the relationship associated with it. Rejecting a 'relationship' via a social media site may cause unnecessary tension in the relationship but failing to acknowledge the request or in fact accepting the request may result in even more complications (Cain, 2011).

Cyber-bullying

Cyber-bullying can have a long-term impact on an individual's self-esteem and overall sense of well-being. As communication technology now plays a significant role in the lives of young people, it is logical to observe that cyber harassment may cause a psychological effect on the victim. As they are maturing teenagers develop autonomy, and create their own identity through their peer groups. Consequentially, teenage girls become obsessed with their appearance and view themselves through the eyes of their peers. Change in appearance or bullying because of how they look affects their self-esteem. This is seen in this cross-sectional mall study where young people were chosen who were of high school age who use a mobile phone following seasonal exams. Of 218 questionnaires, 93.6% say they have experienced bullying through social media via their mobile phone at least once. 72 respondents were said to have received

offensive messages containing images on their phone. Conclusions indicate that exposure to bullying increases with age and by the final years of school are more prevalent. Contrary to the hypotheses that females would experience more cyber-bullying than males, this in fact is not the case. Their self-esteem is low if private information about them is exposed to others because of bullying. However, there is no direct impact on an individuals' subjective well-being as previously expected (Drennan et al, 2011). Lenhart et al (2011) conducted an American study focussing on the way teenagers interact on SNSs. Based on 623 participants of a quantitative survey, 88% of those teens were said to have witnessed people being mean or cruel to each other over a SNS. In contrast, 78% of these social network users say that they have received at least one positive experience whereas 41% say they have had a negative experience. O'Brien and Moules (2013) reported on a study of 473 young people between the ages of 10-18 years old in England. The survey explored their experiences and views of cyberbullying. Findings outlined that just under half of the participants knew someone who had experienced cyber-bullying and a similar amount admitted to cyberbullying others. This demonstrates that cyberbullying is happening often among that age group. Machold, Judge, Mavrinac, Elliott, Murphy & Roche (2012) explore the hazards of using social networking sites on Irish teenagers. 474 Irish teenage students responded to a survey. Findings outlined that 72% of 460 students frequently accessed social network sites with Facebook being the most popular. Hazards on social media included bullying, inappropriate contact, overuse and an association with addiction, also disclosure of personal information & invasion of privacy. Bullying via social networking sites is more prominent as it does not come to the attention of the parents as often. It suggested further exploration of the use of social media and how this sedentary lifestyle may be linked with physical health problems such as obesity.

Lack of understanding of use

Anderson (2012) explores the benefits and risks of using social media in healthcare professions. It is changing how people communicate with each other at a rapid rate. Social media is a challenge for clinicians as they may not be comfortable using it. For health professionals to engage with social media, they need to analyse and understand the connections that people are now having, who they are connecting with and what it means for them. Risks associated with its use in the workplace may include confidentiality, copyright, reputation, harassment and defamation.

Isolation

Social media can be a negative influence as it can further reinforce the isolation of individuals in their own environments, where they lack understanding and participation in society & culture. Advances in technology are being used to support and reinforce existing relationships, alter existing relationships and create entirely new relationships. (Schinasi & Schultz, 2011). The best way to deal with the issue of isolation that arises from social media use is to confront it and create awareness that it exists, then embrace them and try to improve it by including provisions in a social media policy at the organisation (Cain,2011).

Ethical issues

Norton &Strauss (2013) explains that a negative comment or criticism about an organisation from a patient may damage the reputation of the organisation, and therefore reduce business at the organisation. Organisations have provisions in place such as a 'designated person' to deal with the issue. Brown, Ryan &Harris (2014) conducted a study of doctor's attitudes toward and use of online social media. Findings in the research suggested the uncertainty of expectations of doctors for patients and of ethical and legal obligations when online. Doctors were reluctant to participate in social media due to its public nature. Doctors feel they are being left to their own intuition as dilemmas arise for them in social media. Standards are currently built on the traditional face to face communication and have been altered as telephone, mobile phone and now technology has evolved.

2.9 Social media guidelines

The provision of social media guidelines offers best practices in the form of policies and procedures that balance the benefits of social media with potential risks and liabilities of its use. Although much of the information presented in this section has been previously touched on in the challenges section, it is also relevant as with much of the research, the issue or challenge presented in the research caused for development of guidelines within the organisations.

Creating guidelines

Glasby & Lester (2007) identify the struggles of "stakeholders (p.21)" of mental health institutions in the United Kingdom, being consistent in providing information to policy makers. The policy makers are selective about the messages they provide to the users/patients of these

institutions to support them in making an informed response to create a policy which applies to their well-being. This lack of communication between stakeholder and policy maker affects the user of the mental health service because the policies do not include the voice of the service user. Ayres (2011) suggests the importance of guidelines on the use of social media in social care however, no study or organisation have explored or documented what these guidelines should be or contain.

Be-friending guidelines

Smith& Fitch (2012) reported in a webinar the importance of guidelines around friending your clients on Facebook. She explores the need for a policy paired with user guidelines and educating clients about those guidelines. Comparing virtual friendships require a risk analysis ensuring that the client and staff member are reading the same information. As outlined in Brown et al (2014) guidelines for use of social media have been written with little empirically derived data.

Privacy

Antheunis, Tates & Nieboer (2013) discuss the future expectations of using social media for health care following a study on the motivations, barriers and expectations of using social media in health care. Findings include participants can decide for themselves when to use social media, privacy is guaranteed, they can look for background information and that the limitations and dangers of being involved will be explained to them. Kirwan (2012) reviews the role of ethics in social work. She discusses the social workers position on using social media in social work. Social media and social networking have become prominent in the social communication in people's lives nowadays. It is paramount that social workers, educators and students become cognisant of potential for social media but also the pitfalls if due care is not adhered to. Cain & Romanelli (2009) as cited in Kirwan (2012) are clear that professionals must understand that privacy cannot be guaranteed in digital environments compared to offline. An example demonstrated outlined social workers who discuss matters of a private or personal nature, or who have beliefs contrary to the ethics of social workers may find themselves in a compromised position when it's too late. Kirwan (2012) encourages social work professionals who are thinking about having an online presence to also think of their thoughts on issues such as privacy, disclosure comfort levels, netiquette, rules of online engagement.

Professional boundaries

The American Medical Association developed a social media policy to guide doctors in their professionalism online. They have encouraged the implementation of this policy to educate individuals on the importance of appropriate social media use. Some of the elements included in the policy cover parameters surrounding social media use (Cain, 2011). These include reputation issues, privacy issues and productivity issues. Good practice also includes health care professionals must be aware of e-professionalism and the institutions own policies and procedures in relation to this (Cain, 2011).

Negative comments/criticisms

Reamer (2013) outlines some of the ethical dilemmas which have arisen for social workers. For example, social workers commenting negatively about colleagues, social workers speaking about service users online, social workers discovering that their family members are friends with service users, or a service user discovering personal information about the social worker online. These ethical dilemmas were used to explore the vignettes used in the focus groups.

Developing a social media policy

Kirschner (2013) discusses social media as a medical informatics tool and the implementation of guidelines for same. Within Kirschner, organisations need to embrace the fact that their employees are already present on social media. For successful social media engagement, the organisation needs to embrace it as employees can be your strongest asset or greatest risk. The difference will depend on the presence of a social media policy, employee training and orientation. The organisation must develop, disseminate and discuss its social media policy and guidelines. Staff must be informed that they are representatives of the organisation not just representing themselves. There must be timely review and update of privacy settings on social media. Regular training opportunities for staff, A very good description of adapting social media in a new age is: *"Our obligation as health care providers is to walk with our patients on our journey; to do in the current era includes joining with them online"* (Timimi,2010, as cited in Kirschner,2013: p.337).

Suggestions for guidelines

Norton & Strauss (2013) outlines that many health care organisations have policies on social media that instruct employees not to post anything at all about their job, their workday, or their patients. Johnston (2015) discusses the use of social media in the workplace and the challenges it presents. Because of these challenges organisations have developed social media guidelines in reaction to these practices. Johnston presents a social media policy based on the 13 most common themes which emerged from 20 social media policies reviewed. Some of these include private versus public representation, confidentiality, legal guidelines and non-compliance. The use of these headings helps to construct an effective policy in a business organisation. McHale (2012; p.7) argues that "with the rapid adoption of social media, a growing need exists for companies to establish corporate social media policies and governance models to guide and monitor employee and social media activity". McKee (2013) discusses ethical issues in health and health care research around the use of data on Facebook and Twitter. There is a requirement for further research on the beliefs and expectations of those using social media in relation to how their material may be used in research. Changing nature of social media will mean that ethical guidelines will need to be reviewed regularly. Suggestions for elements to be included in a social media policy include; reputation of the organisation, privacy, productivity and General(Cain,2009). Ventola (2014) describes the risks associated with using social media. Social media could potentially affect the security of patient information and employment practices. It would be beneficial for health care organisations to establish employee guidelines for the appropriate use of social media. Consequences for the violation of the policy should also be addressed. Ideas to be included; The use of the work email addresses, confidentiality surrounding patient information, jurisdiction laws of social media, expectations of employees outside work, rules surrounding monitoring, disciplinary action for inappropriate use of social media, designated person for accessing social media, employees are representative of the organisation, disclosure of conflict of interests, familiarity with legal guidelines regarding privacy, employees must provide a disclaimer when speaking on behalf of the organisation and an overview of current policies regarding consent of patients and the posting of patient information online.

In summary, this chapter has provided an overview of the literature available in terms of the use of social media, its benefits and challenges, and guidelines associated with its use. Social media is identified through many definitions, it appears that it refers to sharing of information

via the web, by those who take an active role in interacting with others online in a public or private space. Throughout the literature review these definitions are evident regarding communication in the form of dialogue or dissemination of information to others. The author discusses the statistics of social media use worldwide and acknowledges that social media is used for information sharing, connecting with others, e-learning, support to other programmes and the potential uses for social care. Uses of social media in social care outlines some examples of how social media is currently being used in social care to support vulnerable clients. Benefits for many companies include the instant reach to many people, the opportunity for dialogue between professionals and peers, promotion of organisation, and access to up-to-date information. Research demonstrates some of the challenges as increase of workload, be-friending issues, cyber-bullying, lack of understanding of use, isolation and ethical issues. The policy and guidelines for social media use have primarily been embedded in traditional policies used for mobile communication. From time to time changes to policy happen because of an incident, the policy development in this research was triggered by this. Much of the research in social care and healthcare discusses the need for social media policy and social media governance but little is known of the effect of the implementation of these policies and their effectiveness.

The next chapter which is the methodology chapter will focus on the execution of the research including research questions, methods used, procedure and ethical considerations.

Chapter three: Methodology

3.1 Aim of Research

This research was carried out with the purpose of identifying the current use, potential benefits and future use of social media within the social care sector from the perspective of workers and service users. It was specific to family resource centres, community development projects and youth projects in Kildare, Wicklow, Carlow, Kilkenny, Tipperary, Waterford, and Wexford. It proposed to give the participating organisations working within the sector a better understanding of how social media may be used within the sector, how it could be implemented in the future and the importance of developing guidelines to contribute to supporting wider knowledge in this area. It further explored the opportunities to use social media to enhance collaboration and communication between organisations in the sector.

3.2 Research Objectives

The objectives of the research project were as follows:

(i)   To identify the current use of social media in social care practice.

(ii)   To identify the potential uses of social media for social care practice.

(iii)   With the support of social care organisations, understand the benefits and challenges of social media within the social care sector.

(iv)   To develop a set of guidelines for the appropriate use of social media for professionals and service users in the social care sector.

(v)   Create and evaluate the implementation of a social media pilot in a social care setting.

3.3 Research questions

The above will be investigated with the following research questions:

1. What is the current use of social media in social care practice?

2. How can social media be incorporated into social care practice?

3. What do social care workers and service users think are the benefits and drawbacks of using social media within social care?

4. What role does the social care worker play in guidelines and policy development for the use of social media in social care practice?

5.   What is best practice for the implementation of social media in social care?

6.   What is the experience for social care workers of implementing a social media pilot for social care organisations?

The questions were developed from key pieces of reading within the literature. These research questions have helped to inform the research methods chosen to complete the research. They have also contributed to guiding the development of field questions for interviews. The topics for discussion in the field questions were around the participant's thoughts on social media. They included: the existing use of social media and social networking at the organisations, how social media is currently used, its potential for use, social media as a support to work, roles and responsibilities of staff and the information necessary for a document on guidelines for the use of social media. The process provided an opportunity for participants to give their own ideas on how social media could benefit organisations. By following the direction of these research questions, practitioners and clients provided the information to fulfil the research aim of the project which is to identify the future use of social media in social care.

Punch (2005) discusses the links between research questions and research methods. The fit between the research questions and research methods should be as close as possible. The development of the methods of the research should follow from the research questions. How the question is posed has implications for how the research must be carried out. In today's research environment with qualitative and quantitative methods often alongside each other, the matching of questions and methods is even more important, as is in the case of this research.

3.4 Research design

A research design explains all that is involved in planning and executing a research project, that is from identifying the problem through to reporting and publishing the results (Punch, 2005; Bryman, 2008). A flexible research design was used in this project. An exploratory sequential research design was used, Creswell (2014) describes this method. An exploratory sequential mixed method is a design in which the researcher first begins by exploring with qualitative data and analysis and then uses the findings in a second quantitative phase. The second phase builds on information obtained in the first phase. The intent is to develop better measurements with specific samples of a population to identify if the data from a small number of individuals may be generalised to a large sample in the quantitative phase. This research began with the initial

semi-structured individual interviews, focus groups and surveys involving professionals and service users involved in social care services. The data collected in the initial stages determined how the research proceeded (Robson, 2007).

This research is embedded in the interpretivist tradition, as it identifies how people see the world and incorporates the researcher's stance on a given topic. McNaughton, Rolfe and Blatchford (2004: p.19) explain that interpretivists are those of us who base the research upon interpretations. Everyone makes sense of the circumstances within socially constructed meanings. As we negotiate our interpretations with others, we are already basing our work on previous understandings in the social world. Knowledge which is gained in this tradition is validated once the participants have provided a *'true voice'* (McNaughton et al, 2004: p. 36) to the research, that is their contribution to what is real or authentic in the social world. This is demonstrated in this research through the stage process of confirming results presented in the initial interviews within another method, in this research the survey confirmed responses of interview participants. Interpretivist knowledge is only valid within tight limits. According to Bryman (2005), interpretivism is a concept which is critical of the scientific tradition in that the subject matter of social science, which is people and their institutions, it is quite different to the natural sciences. This is significant in this research as it is looking at the perspectives of individuals and their engagement with social media within a social world.

The research has used a mixed method approach as it uses both qualitative and quantitative aspects throughout the project. The research consisted of two phases- descriptive/ exploratory and evaluative. The descriptive/exploratory phase- identifies the current literature surrounding the use of social media within social care. The exploratory phase utilised semi-structured individual and focus group interviews for the qualitative aspect and an online survey for the quantitative. Finally, the evaluative phase, data collected from previous methods informed the development of social media guidelines within an organisation to evaluate the implementation of social media within a service.

3.5 Methods

3.5.1 Research setting

The setting for this research was a family resource centre. It was chosen due to the variety of support services a family resource centre offers for its clients Some of these include: family

support, adult education, back to work support, childcare, afterschool's, youth groups. This setting was chosen as it was of convenience to the researcher and offered adequate amount of participants. The setting was very supportive from initial contact, and also offered to support the research in connecting with other organisations where necessary. There were many issues trying to locate an organisation to participate in the research. Some of the issues included: not responding to phone calls or emails, arranging meetings suitable to the participants schedule and then not turning up, and a private organisation who would have loved to participate but just could not facilitate the research at the time due to staffing issues, busy schedules and time constraints mostly of staff. The organisation where this research took place is known to the researcher, as they previously completed a work placement there. They agreed as they felt they were getting something back in the form of innovation at their organisation, and the researchers commitment in supporting them to develop a set of guidelines for their organisation. The setting was very motivated in their participation of the project.

3.5.2 Participants

Practitioners in individual interviews

The process involved the participation of nineteen staff members from similar organisations, seventeen face-to-face interviews, and two telephone interviews. They were all semi-structured individual interviews. The participants in the interviews were all social care workers but worked in roles such as project managers, development workers and youth workers. Some participants were family support workers and counsellors. Five males and fourteen females participated. Five of the males are in a management role with five out of fourteen females in a management role. Seven out of the nine participants are in their position for more than ten years with the remaining twelve in their position for less than five years. The role of each of the participants are outlined in appendix H.

Client participant in focus groups

The researcher conducted 4 focus group interviews with twenty-two participants overall who were service users from social care organisations also. The clients were engaged in support programmes around mental health, education and training/gardening group, parenting programmes and men's groups. The mental health group had seven participants, four males and three females, between the ages of 24&31 years old. This group were attending a mental health service as a group specifically aimed at young people, they attended the group voluntarily. The

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education and training group were a group studying horticulture to attain accreditation for a fetac level 4. There were four participants from that group- they were an older group with three females and one male, aged typically in their 40s-50s. The parenting group were all female and there were three that participated aging between 22-32. There were 8 participants in the men's shed programme- all male aging in range from 28-67 years old. The men's shed is a voluntary organisation set up to give men an opportunity to meet up and share skills, with a focus of supporting the men's general well-being, encouraging them to look after their physical and mental health.

Participants in the survey

The survey was completed by one hundred and eighty-four participants. Thirty-six of the participants were male, one hundred and thirty-six were female and two did not answer the question. Twenty-nine were aged between 15-24, Ninety-two were aged 25-34, thirty-three were aged 35-44, twenty-five were aged between 45-54 and three were aged 55-64. No participant was aged 65+. One-hundred and seventy of the participants have a level seven degree or higher. One-hundred and forty-eight of the participants were working in social care with fifteen participants studying for a social care degree and eleven seeking work in the social care sector. The survey participants work with families, people in the community, youth, children, people with intellectual disabilities, homelessness and mental health.

3.5.3 Sampling

Non-Probability sampling was used in this research (Robson, 2002). Bell (2010) advises the sample used depends on the amount of time made available to the researcher. This research uses snowball sampling and purposive sampling.

Snowball sampling follows sourcing the initial sample where the researcher contacts a small group of people suitable to the research topic and then uses these individuals to make contact with others who are in a similar position to support the research (Bryman,2008). Lunenberg &Irby (2008) describe snowball sampling as: *"selecting a few people who can identify other people who can still identify other people who are potentially good people to participate in a study"* (p.176). Within the context of this study snowball sampling was important to build up several contacts to encourage participation in the interviews but also to encourage participation in the online survey. Purposive sampling as outlined in Robson (2002) is quite often used in flexible design research projects. There is an attempt to select participants with known

characteristics. In this research, the sample were social care workers- those that were working, seeking employment in social care studying social care or retired from working in social care. All researchers are depending on the goodwill and participation of individuals in their research. Therefore, with a small-scale research project such as this, it is practical to source participants most convenient to the research. Punch (2005: p.187) confirms this. He refers to this type of sampling as 'purposive sampling', it means to sample in a deliberate way, with some purpose or focus in mind. This is appropriate to this research where the sample was readily available to the researcher.

3.5.4 Materials

The materials used in the process of this research included information letters-informing organisations of the intention to carry out the study (Appendix A), consent letters - the agreement of terms to which the participants took part in the study (Appendix B & C), and field questions for interviews (Appendix D-G) field questions for the survey (Appendix K) and a case study.

The information letter contained information about the researcher's background, an outline summary of the reason the research was being conducted and some of the topics that were explored in the research, and an outline of commitment required from the organisation but also the commitment of the researcher to the organisation (See appendix A).

The consent letter explained to the participants of the interview the topics raised in questions asked and also the responsibilities of the researcher to them including what the data collected would be used for, how the information would be stored, that it may be used for publication purposes, their name would be kept anonymous, the results would be returned to the organisation , they could withdraw from the research at any time and that the research had been approved by the IT Carlow Ethics Committee. The interview guide asked questions surrounding general technology use at the organisation, how social media is used at the organisation, is there an opportunity to use it in the future, roles and responsibilities of clients when using it, benefits and challenges of using it at the organisation, its contribution in general to the social care sector, and current guidelines or policies in relation to social media usage at the organisation.

Vignettes were used in the interviews also. Vignettes are examples of short scenarios based on incidents which may arise or have previously happened. The participants were then asked to respond to questions based on how they would react to these. The vignettes used in this research were developed from examples that were provided in initial research stages and from the literature(Reamer,2013) These scenarios, offer the researcher an opportunity to further explore policy issues around using social media in the organisation.

An online survey was developed using a programme called survey monkey. The questions asked in the survey were developed from themes which emerged from the previous interviews and focus groups that had previously been completed. Heary & Hennessy (2002) discusses the construction of questionnaires from focus group interviews. The interviews can be used to determine the ideas of the respondent. When the initial questions have been devised, focus groups can function as a tool by assessing the acceptability to potential respondents, and the time taken for completion. Harris & Brown (2010) discuss this process in a similar way, explaining that interviews are exploratory with surveys being more confirmatory.

3.5.5 Procedure

Firstly, a gatekeeper's letter was written which provided information to the organisation as to why the research was necessary. It also asked if the organisation could accommodate the undertaking of research in the time frame allocated. I provided an information leaflet to all participants. It detailed information about the research and how it was going to be conducted. These information sheets were then emailed to organisations in Carlow, Wexford, Wicklow, Waterford, Kilkenny, and Tipperary requesting their participation. The organisations were then followed up with a telephone call to an organisation manager asking if they agreed to participate or not.

A set of interview questions and vignettes were then developed from themes within my literature review created mostly from the research questions. The questions included in the interviews were compiled from information obtained through reading and constructed from some themes which were evident from informal conversations with organisations which I had previously spoke with. A pilot study was then carried out with two managers to ensure the questions were suitable for the study. The detail of the interview questions is available in appendices D-G.

The study involved interviews with managers, social care workers and service users at each organisation and followed up with focus groups with people who attend and avail of the services. The interviews took on average of 20-30minutes each with focus groups taking between 45-55 minutes and were conducted between March and November 2014. Each interview was recorded using a dictaphone where the recording was then transferred to the college computer and then transcribed.

The researcher then engaged in the process of thematic analysis. This process involves categorising data according to paragraphs of discussion in the data. This process is discussed further in analysis of qualitative data analysis section in the findings chapter.

The themes which emerged most often were used in the development of the online survey. The survey was distributed to three online Facebook groups which were developed for social care workers. The link for the survey was available for two weeks.

A set of guidelines were then developed from the data from the qualitative and quantitative data to support the implementation of the social media pilot.

The social media pilot was developed from the suggestions of practitioners and clients as to how they would like to implement social media at the centre. This was also discussed in an initial discussion with staff and board of management at the centre. Guidelines for the social media pilot were developed from the themes that arose in the individual interviews, focus group interviews and the survey. The social media pilot was six weeks long (eight weeks in total- first week for introduction and last week for evaluation). It was developed by the researcher with an agenda to explore different elements of social media with the administrators of the social media site over a six-week period. It discussed best practice guidelines for the safe use of social media to protect staff, clients and organisation. The researcher attended a staff meeting. It involved an overview of the social media pilot and staff were given an opportunity to give their opinion on what could be used and changed. The researcher responded to any questions surrounding fears/concerns for staff of the organisation. Admin staff were very much the instigators in encouraging clients to engage with the page. The project co-ordinator at the centre designated two admin staff to engage and manage the Facebook page. All participants had to "like" the organisations Facebook page. The researcher took a volunteer position at the centre to observe what was being done on social media and to support the organisation with the implementation while also encouraging them to try a different activity each week and demonstrating to them

how to do so. Some of the activities implemented included: sharing information, networking with other organisations, updating the current information of the organisation on social media, posting information about positive mental health week which was a national event promoting mental health, developing a private group page for two of the groups at the organisation- mother and toddler and knitting group, blog post on Friday afternoon to review events of the past week, advertising volunteer positions and professional positions at the organisation, posting photos and reviews of summer camp, and advertising the upcoming educational programme for September 2016. The administration staff engaged with the Facebook page once a week for an hour over the six-week period. During this hour, they updated the information on the page and interacted with others linked with the page to encourage them to "like and share" posts. The evaluation of the pilot took part in the form of a focus group with staff and clients.

3.6 Rationale for data collection methods

3.6.1 Mixed methods

This research followed a mixed methods approach. Mixed methods as described in Creswell (2014; p.14) *"combining or integrations of qualitative and quantitative research and data in a research study"*. Denscombe (2010) refers to mixed methods as research which combines alternative approaches within a single research project. According to Denscombe (2010), there are three features of mixed methods- the combination of qualitative and quantitative data, a focus on the beneficial link between the different approaches, and emphasis on the practical outcome of the research problem throughout the research process. Creswell, Fetters & Ivankova (2004) evaluate five mixed methods studies in primary care. Three of these studies included the development of a quantitative instrument from qualitative data, as was the case in this research study. Following the evaluation, they emphasise instrument-building, triangulation and data transformation models for mixed methods design as a framework. This framework approach adds consistency to investigations in primary care. Data transformation models allow for retrospective use of data to support the integration of more data at a later stage of the research process. The use of this mixed methods framework in this research, which was described by Creswell et al (2004) is evident as qualitative data from interviews, following data analysis contributed to the development of the survey, furthermore the information contributed to the development of the pilot study. Taking this approach when using mixed methods adds rigour to the research process.

3.6.2 Semi-structured interviews

In a semi-structured style interview, the focus was based on the interests and issues of the participants. The researcher becomes a facilitator and encourages the participant to speak on issues which concern them (Roberts-Holmes, 2011). In a semi-structured interview, the researcher attends with a set of questions as a guide, and more may be added throughout the progress of the interview (Robson,2007). Semi-structured individual interviews do take up more time but are more beneficial if people do not feel comfortable in a group situation. For this research, it was chosen to complete semi-structured interviews with the professionals in settings. Participants were asked to discuss specific topics to their organisation in relation to the use of social media- for example the benefits and challenges that are specific to them and their organisation and about the policy of the organisation around social media. It was the most appropriate method as it allowed the researcher time to arrange to meet the participant at a time that suited them as opposed to suitability as social care workers have busy schedules also. Some advantages to this approach include being engaged in conversation with an individual and having an opportunity to explore a topic in more detail, it requires little equipment apart from a tape recorder, it can allow the interviewer to be aware of how the interviewee may be reacting around a certain topic by their body language and tone of voice. Some of the disadvantages include difficulty to keep on topic as conversation can stray, it is time-consuming when you have to travel to a centre. Transcription and analysis can be a lengthy process and they may be subject to bias by the researcher (Robson,2007). The use of semi-structured interviews in this research was helpful as it allowed for the opinion of the interview participant to be heard and provided a further insight to the following stages of the research process.

3.6.3 Focus group interviews

Robson (2007) indicates that group interviews can be a good way of obtaining data from many people all at the same time. It is a slow, time-consuming process by gathering people to speak on the same issues, give their opinions and discuss questions in a quiet environment. If focus groups are well managed they can provide a safe way of exploring controversial and sensitive issues. Trying to ensure that everyone contributes, while keeping the situation informal can prove difficult. This was controlled in the focus groups conducted by the researcher by asking each person to raise their hand if they wanted to give a contribution. These types of interviews can allow for others to react to what has been said also. As described in Bryman, (2005), focus groups are typically emphasised within a specific theme. The themes discussed in the focus

groups were based on the research questions, examples include the benefits and challenges of social media use and guidelines. The focus group interviewer is interested in the ways in which a group discuss issues rather than individuals. Morgan (1998a, cited in Bryman 2005: p.479) indicates that six to ten participants is the average to take part in a focus group. Advantages to focus groups include: very little resistance to participation, very little equipment required, the face to face situation allows the researcher to see the dynamics within the group. The group dynamic proved difficult to manage in mental health group because some participants were shy, they were happy not to give much of a contribution but were encouraged to do so where possible. Disadvantages may be that it is difficult to stay on the topic or theme of the interview, and transcriptions of these interviews can take a very long time. It helped to stay on topic when the question that was asked was put in the centre of the table and the facilitator just moved on when the conversation naturally ended. A major disadvantage with focus group interviews is that they may be subject to bias material as interviewees might say what they think you want to hear (Robson, 2005). Although, the researcher made every effort to alleviate bias in the study, some of the participants wanted social media to be used in their organisation, therefore the clients in the focus groups focussed on the positives of using social media rather than the challenges. It helped by using an interview guide to encourage participants to focus answering the question asked rather than going off topic. By using focus groups in this research, the participants generated conversation around their knowledge of topic areas of social media, people's experiences of it and the benefits and challenges associated with its use. From the focus group interviews the researcher developed information from the interview to the next stage of the research which was the online survey. Recording of the interviews was required to allow for transcription to get full access to all information discussed in the focus group.

3.6.4 Online survey

Creswell (2014: p.155) describes a survey as: *"a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of the population"*. The researcher chose to use an online survey as it was cost effective in terms of time and avoided printing and posting multiple surveys. There was a fast turnaround for the participants to respond also. The online survey was used as a quantitative method to gain insight into a larger sample of social care workers about their experiences using social media. The survey for this research project was developed using key themes from the qualitative stage of this research. There was a mixture of questions asked including dichotomous, multiple choice and rank order questions. A web-

based Survey monkey questionnaire was used to collect data. The researcher considered it the best way to reach many people, which was economical, not time consuming, and assured anonymity. It took approximately 25 minutes to complete. The questions asked explored personal and professional use of social media, benefits and challenges of social media use, the potential for its use in social care and some suggestions for policy guidelines. The link to the survey was placed on Facebook on three groups. There was permission requested from the administrators to post the link. The survey ran for four weeks from Mid-April- Mid May. Consent was obtained from the administrators of the interest groups to place the link on the page and participants took part only if they chose to.

3.6.5 Case Study

Neuman (2014: p.42) defines case study as: *"Research that is an in-depth examination of information about very few units or cases for one period or across multiple periods of time"*. Case studies clarify thinking and allow us to link abstract ideas in specific ways with the concrete specifics of cases we observe in detail. Yin (2009,2012) & Stake (1995) as observed in Creswell (2014) outlines case studies as a design of inquiry found in many fields especially evaluation, in which the researcher develops an in-depth analysis of a case, often a programme, event, activity, process, or one or more individuals. Lee, Mishna & Brennenstuhl (2010: p.682) state that the use of case studies in social work are useful in *"building emergent knowledge, bridging the ongoing challenge of integrating research and practice and ensuring quality client care in practice"*. The case study provides an in-depth description, exploration, or explanation of a system or phenomenon through quantitative and/ or qualitative data collection and analysis methods. A case study was used in this research to explore the implementation of a social media based pilot study at an organisation and to evaluate its efficiency in social care. The use of this method in this research provided an opportunity to contribute back to the sector with the development of guidelines and the implementation of social media for the organisation.

3.7 Triangulation

This research uses methodological triangulation to enhance the validity of the project. The research was triangulated as it uses a mixed method approach. Using a mixed methods approach gave the researcher different ways of collecting data which proved successful in achieving the aims and objectives of the project. The three main methods of this research were: interviews, an online survey and a case study.

Triangulation offers an opportunity to get a different perspective on the data you obtain from the main method. Triangulation is evident in this piece of research as throughout the initial stages of the research there were interviews carried out, then validated with a follow up online survey. Methodological Triangulation & data triangulation (Denzin,1970) as cited in Bryman,2011) are evident in this research. Methodological triangulation refers to the use of more than one method for gathering data. In this research the use of interviews, an online survey and data triangulation- gathering data through several sampling strategies were evident.

Research validity as referred to in Punch (2005) is the difference between the reality studied and the reality reported. Content validity focuses on whether the full content of/ conceptual definition is represented in the measure. Neuman (2014) describes the validity process as having two steps, to specify the content of the definition, and to develop indicators which sample all areas of content in the definition. This is represented in this research when the research question explores the content using either qualitative or quantitative method. Qualitative validity was also achieved in this research with the use of inter-rater reliability using thematic analysis in the qualitative aspect of this research.

Using qualitative and/or quantitative means, a case study can be descriptive, explorative or explanatory and requires consideration of several dimensions to enhance validity and reliability (Lee et al,2010) Regardless of the level, triangulation increases internal validity or credibility.

3.8 Research bias

It was important for the researcher to remain objective throughout the research process and avoid bias as best as possible. Neuman (2014: p.168) states that: 'we must remain fair, honest, truthful and unbiased in our research activity. Selection bias was avoided by being inclusive of anyone who wished to participate in the research. Participation in the research was voluntary and participants were informed at the initial stage that they could withdraw from the research at any time. Attempts to avoid interviewer bias and remain objective throughout the interview collection involved avoiding leading questions and remaining close to the field questions. The qualitative research approach requires in-depth knowledge; therefore, it is important to build up relationships with participants but remain objective to the study. The organisation in the case study was known to the researcher. Therefore, it was important that the researcher did not allow personal influence on the implementation of the case study. When interacting with the

organisation the researcher had a purpose of implementing the social media pilot and aimed to remain objective throughout the visit.

3.9 Ethical considerations

This research was conducted ethically following the key pillars of ethical considerations with human participants as outlined in the IT Carlow Policy statement on ethics in research document. These pillars include confidentiality, informed consent, respect for dignity and minimising risk.

As this research was conducted with vulnerable service users, it was important to acknowledge the ethical responsibilities associated with conducting research. Each stage of research had to be explained clearly to the participants so that they were informed. It was vital to ensure that the influence of the researcher did not put any participant in danger. Robson (2007) argues that there may be little point to research if it doesn't have a potential to affect someone in one way or another. It was hoped that by carrying out this research it would be beneficial to the participants at each stage. Researchers generally see potential for more positive outcomes because of the extensive understanding of the topic. Walliman and Appleton (2009) say that ethics in research is important, as it focuses on your behaviour and attitudes towards other people and their work, as you will be basing your ideas on the work of others.

They also acknowledge that research participants have a right to privacy and their autonomy, safety and well-being must be adhered to at all times. Respect for participants is paramount to the research process. Without their participation, it would be impossible to have any data for the results of the research. It is important to acknowledge individual's sensitivity to privacy, autonomy, fairness, consent, safety, confidentiality of information and impartiality to the research (Walliman & Appleton, 2009).

Ways in which these can be addressed are to inform individuals about what you are doing, look for consent from the participants, respect privacy by being anonymous in findings, ask permission before conducting research, be punctual and keep to times that you advised, and be thankful for participation. It is also respectful to treat each participant fairly.

Details of confidentiality were written into the consent agreement and it was explained that any information provided within the interviews would be used only for the purposes of developing the research. They were informed that they could withdraw from the research at any time if they

wished. This information was also provided to each participant before they took part in the interviews. Participants were also informed that information would be kept safely and password protected. Roberts-Holmes (2011) sees the importance of informed consent; he sees it as a document of great importance where the participant voluntary agrees to partake in the research project where the individual has been fully informed of all proceedings.

Special attention was given to the ethical considerations aspect of this project as the project relied on the participation of human participants -those who work in the social care sector and the clients that are attending services to participate in interviews and surveys. Ethical considerations were guided under the ethical principles outlined in the IT Carlow Ethics Research Policy document. It considered well-being of participants, respect of the wishes of participants, being informed about the benefits of the research, and to relay results of the research to relevant stakeholders and policy decision makers as important principles to address prior to carrying out the research.

Initial consent was obtained from gatekeepers of organisations to participate in the research following an organisation participation leaflet and a meeting to discuss aspects of the research as necessary. Written consent should be sought from key gatekeepers of organisations regardless of the age of the participants or the workers at the organisation. These principles were important for the data collection stage where human participants were taking part in semi-structured individual interviews, focus groups and surveys. These principles were observed by obtaining informed consent from each participant who opted to participate in each aspect of the research. An online survey was conducted and informed consent was supplied via an email prior to participation in the survey. Consideration was also given to voluntary participation, right to withdraw and incentives.

Data Protection legal requirements such as informing participants where and how their information would be stored and how it was going to be used. Limitations of confidentiality were outlined to the participant within a participant information sheet but also verbally discussed before obtaining any data. Should it be suspected that the participant was being harmed or was to cause harm to others because of a disclosure to the researcher, the participant was informed of the procedures whereby the researcher would have to tell another individual and the issue would be dealt with separately. The researcher had also obtained garda clearance prior to the beginning of the research. Methods of obtaining consent from participants included verbal consent and written consent following an explanation of what the participants were about

to engage in. The environment of carrying out the interviews was also considered to allow participants to be relaxed and not disturbed throughout the process. Ethical approval was sought from the college at the proposal stage of this research. The proposal was put forward to the IT Carlow Ethics Committee and ethical approval was granted.

In summary, this chapter has provided an overview of the methods used for this research. Beginning with the development of the research questions, they helped to inform the process of the project, as they supported the data collection methods which were chosen. The research followed a mixed methods approach using qualitative and quantitative methods which included: semi-structured interviews, focus group interviews, an online survey and a pilot case study. These methods contributed to the effective execution of the research project. Contribution of staff and clients and their extended networks in social care services who participated in this research helped to strengthen knowledge in the sector surrounding the creation and use of social media in the sector. The underlying reasons for using those methods is discussed, as is the ethical considerations of the research project. The knowledge participants provided is discussed in the following findings chapters, and the approach of data analysis.

Chapter Four: Qualitative Findings

4.1. Qualitative data analysis

Qualitative analysis has two general approaches. These are the identification and exploration of themes. Robson (2007: p.115) describes data analysis as: *"a process of interpretation, of dealing with raw data in such ways that the messages within the data become clear".* The aims of analysis of data are to primarily set out guidelines and principles to use in selecting appropriate procedures and to discuss how the results obtained from these procedures may be interpreted.

The data collected from interviews was digitally recorded. This was then transcribed to word documents and printed off. This was a time-consuming process and took an average twenty minutes for five minutes of recording. A procedure of data analysis was then necessary as the raw data do not speak for themselves. Data was then reduced by highlighting important information in the interviews. The data was then analysed through thematic analysis. Each question and answer were identified in the data and subsequently coded into different themes, categorizing parts of the interviews into mutually exclusive categories. Sometimes the questions that were asked did not always generate a response as predicted and were relevant under a different theme. The theme was used under the relevant section rather than the response to the question.

Thematic analysis

This process of thematic analysis is recommended by Attride-Stirling (2001) for analysing qualitative data. She recommends a stage process to analysing the data. The reduction or breakdown of text, the exploration of the text and the integration of the exploration. To implement these stages text is first coded into a coding framework, themes are redefined and arranged into organised themes, and the themes are further reduced and explored to explain their meaning in the context of the text. The purpose of this is to explore significant themes, concepts, patterns and structures which developed within the text. This process was used in this study. When the interviews were conducted, the researcher transcribed them and then searched through the data for similar responses to create categories within the data, grouping the categories together then to develop themes. The most popular themes were then explored further when the researcher used the themes to develop questions to use in the survey. This method is similarly supported by Braun & Clarke (2006), where a similar strategy is followed. Thematic analysis is supportive in organising the data as you can identify, analyse & report patterns within

the data. The theme captures the important information within the data and reflects what is being asked through the research question. Boyatzis (1998) advises that simple interpretations may be made while describing what is ongoing within the data. Thematic analysis is a flexible method within research as it is not tied to a specific theoretical position (O'Reilly &Parker, 2014). Advantages to this approach as outlined in O'Reilly & Parker (2014) include flexibility, accessibility to data for many audiences and the fact that findings may be used to inform policy development. Some disadvantages include difficulty to manage large amounts of data and its descriptive capacity meaning it is limited in interpretation.

Inter-rater reliability

Following from the process of thematic analysis, the researcher then engaged in a measure of inter-rater reliability. Inter-rater reliability involves a second reader who was familiar with the area of research. The 'rater' reviewed the text, themes and description of the themes to obtain a certain level of agreement on the themes chosen, to describe sections of data from the thematic analysis process. The second rater was given a 10% random sample of the questions and responses from the individual interviews and the focus group interviews and the themes which the researcher obtained from the first review. Miles and Huberman (2014) recommends that there is consistency in the coding, aiming to achieve an agreement level of at least 80% of the time for good qualitative reliability, this is reviewed by Shaughnessy & Zechmeister (2014) where they recommend that 85% agreement is advised for inter-rater reliability. Shaughnessy & Zechmeister recommendation is used in this study.

Reports from inter-rater reliability process were as follows:

10% of the interview information was given to a second rater. There were three main sections within the individual interviews & focus group interviews. Each section was represented in the inter-rater procedure. The rater was asked to code each of the sections of text presented to them. The coded units of text were then compared to initial coding. The average percentage of agreement required was 85% or higher. Table 1 outlines the percentage of agreement and the kappa-adjusted co-efficient for each section coded.

Table 1 Inter-rater agreement-Individual interviews

Section	Percentage agreement	Kappa Co-efficient
Section 1-Knowledge of social media and social networking	87%	.85
Section 2-Benefits and challenges of the use of social media in social care	89%	.88
Section 3- Guidelines for social media use in social care	92%	.91
Average across sections	**89%**	**.88**

Overall, for the individual interviews the percentage of agreement across sections coded was 89%, yielding a Kappa co-efficient of .88. As the percentage of agreement for the coding of each section fell within or above the required level of 85%, the themes remained unchanged.

Table 2 Inter-rater agreement-Group interviews

Section	Percentage agreement	Kappa Co-efficient
Section 1-Knowledge of social media and social networking	86%	.72
Section 2-Benefits and challenges of the use of social media in social care	85%	.82
Section 3- Guidelines for social media use in social care	92%	.91
Average across sections	**88%**	**.82**

Table 2 outlines the percentage of agreement and the kappa-adjusted co-efficient for each section coded in the focus group interviews. Overall, for the focus groups the percentage of agreement across sections coded was 88%, yielding a Kappa co-efficient of .82. As the percentage of agreement for the coding of each section fell within or above the required level of 85%, the themes remained unchanged.

4.2 Findings: Individual interviews and focus groups

The findings chapter discusses the main findings which emerged from interviews and focus groups with social care workers and clients. They are presented with the support of quotations and statistics obtained from the data.

The findings revealed in this chapter are guided by the research questions which have been outlined in the introduction and methodology chapters. They reflect on research questions 1-5. Important statistics are highlighted throughout the findings. Further analysis for the interviews and focus groups are available in appendices I & J.

For this research study, individual interviews were carried out from the perspective of social care workers. The individual interviews were carried out to explore the social care workers current use of social media in their organisation, how it could be used in the future, benefits and challenges of its use and to identify the role of the social care worker in monitoring. The use of vignettes in the interviews offered participants the opportunity to explore how to respond to situations which could potentially arise in their organisation. Vignettes are useful tools in establishing hidden meaning within situations. The most common themes which arose from these interviews were used to create a 'guidelines for use' document and in the development of a survey for social care workers. The scenarios discussed throughout the findings are demonstrated in further detail in appendices F, G, I &J.

4.2.1 Demographics
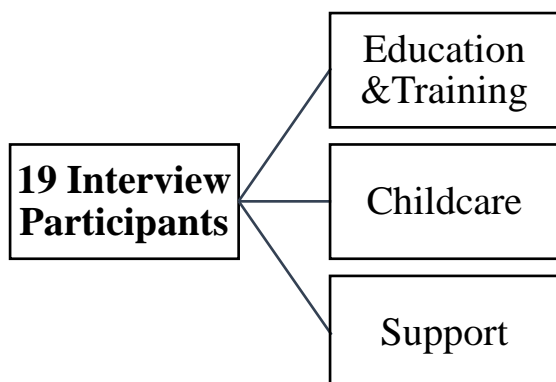
Figure 1 Participants area of work

As demonstrated in figure 1, nineteen practitioners working in various social care disciplines participated in semi-structured interviews. The social care workers work in roles such as project managers, youth workers, mental health workers, counsellors, community development workers, and family support workers. They were labelled as they are, because that is how they identified themselves when introducing themselves in the interview. These practitioners have worked with clients who attend community employment programmes, family

support, one-to-one support, youth groups and some are facilitators of peer support programmes and education programmes.

For this research study, four focus group interviews were conducted with clients from the organisations where the individual interviews were completed. There were low numbers in the parent and toddler and gardening focus groups due to low participant numbers in those groups at the organisation. It was also voluntary to participate in the focus group interview, therefore the researcher had to work with participants available for the focus group.
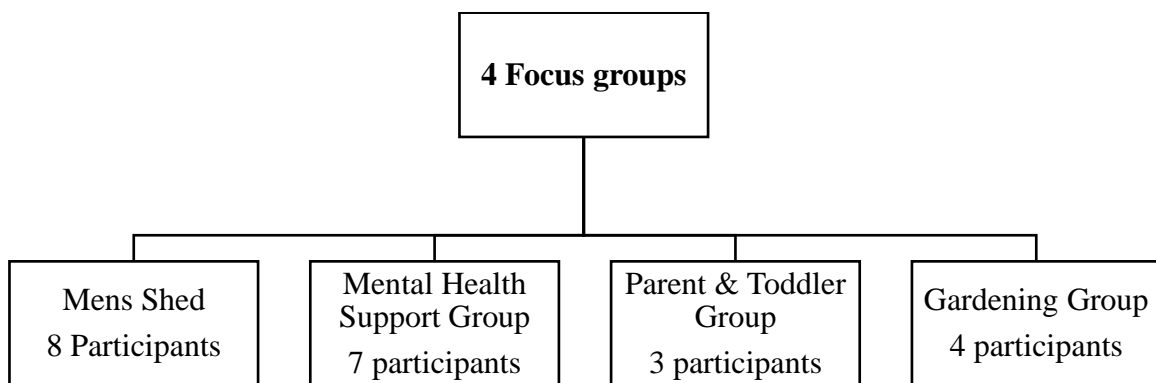
Figure 2 Focus group participants

The focus groups interviewed for this research were asked about their current use of social media, how they would like to see social media being used in their organisation, the benefits and challenges of social media, how social media should be monitored in the organisation and if they had any suggestions for a guideline for use document. The role of guidelines was further explored with the groups using vignettes. Outlined below are some of the key themes which have emerged from responses to the field questions outlined in the interviews. Further detailed information of the themes is available in appendices I & J.

4.3 Current communication use within social care settings

The following figure demonstrates how organisations currently communicate with their clients.

Traditional communication (e.g. Newspapers, posters, radio,)	**Modern communication** (e.g. Texting, social media and email)	**Direct communication** (e.g. face to face and key worker systems)
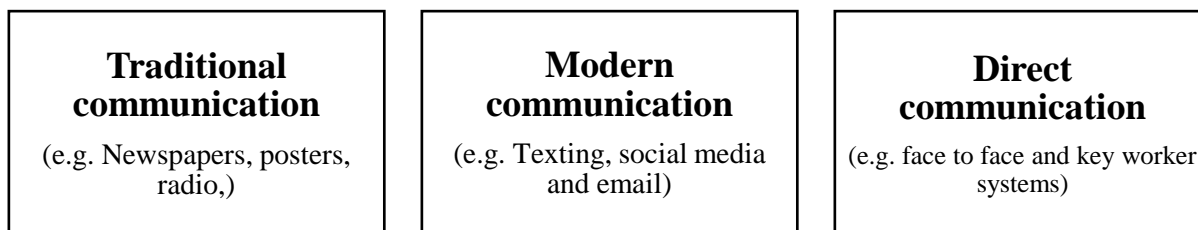
Figure 3 Current methods of communication

85% of practitioners who responded to this question felt that all three methods were necessary as the target groups of clients at the organisation were of mixed age groups and had different preferences in contacting the agency:

> *"We have some elderly people, who would not use technology, then we have middle aged and young people who wouldn't purchase a newspaper (Participant interview 1).*

37% of those interviewed use social media with 29% of them saying they use it on a regular basis to communicate with clients who attend their service. One interview participant describes their experience:

> *"We have used twitter but there has never been any significant feedback and we had no followers but we have successfully set up a Facebook page…" (Participant interview 9)*

Referring to personal communication, a counsellor reflected that:

> *"the type of work that I do involves a lot of one to one and in my opinion, requires initial contact to be a personal communication…" (Participant interview 12)*

All focus groups reported using either phone communication or face to face communication with the organisation they attended. The important avenues of communication for practitioners and clients will be further discussed in the discussion chapter.

4.4 Knowledge of social media & social networking

Those that participated in the semi-structured interviews were practitioners working in family resource centres. All interview respondents replied to the question on their knowledge of social media under two themes- purpose of social media and various types of social media.26% of

them referring to both. Some of the older participants were included in 68% of those who identified common social networking sites such as Facebook and twitter, with others referring to the type of activity carried out on social networking, for example, posting comments, uploading videos, exercising apps. A participant describes their uncertainty about what social media is:

> *"My understanding of social media would be that what has been relevant to ourselves so far is our website, much of our communication would be with service users, groups of teen parents, we should probably link in through Facebook which we are not present on at the moment". (Participant Interview 5)*

One participant stated he knew very little about social media but when asked to describe it in more detail he could name many social media sites and gave a good description of what the purpose of social media is:

"I would know a little about it…there are various sites such as Facebook, Tumblr, snapchat… all these sites that people are using to communicate with each other, then your various different apps that people are using to stay active and motivate each other. These are different sites people are using to stay connected." (Participant Interview 7)

74% of participants discussed the personal use of social media in a positive context:

When interview participants were asked to describe how they felt about using social media, they spoke about it under personal and professional use and discussed generation differences. This participant spoke about their personal use:

> *"sure, it's great! It provides great opportunities for keeping in touch with people that you haven't seen in a long time and who you may not have kept in touch with" (Participant interview 3)*

16% of participants discussed professional use of social media as being a challenging experience:

> *"…it's very difficult to do a job like ours over social media, you kind of need that face to face interaction" (Participant Interview 9)*

Four of the older participants discussed the age difference as a possible reason that they don't use social media. One participant said:

> *"Sure I've grandchildren and they are always showing me pictures of people that I know, I leave it to them. . . it's a young person's game (Participant interview 5).*

The role of age in the use of social media and how practitioners and clients identify with social media use will be further discussed in the next chapter. The distinction between personal and professional use of social media will be expanded on as well.

4.5 Current use of social media in social care

Of the nineteen interview participants, 37% reported the organisations they work for are active on social media. The primary uses for social media are outlined in Figure 4. 43% users said it is the fastest way to get feedback from potential clients about running a course and remarked on how quickly an event can be changed:
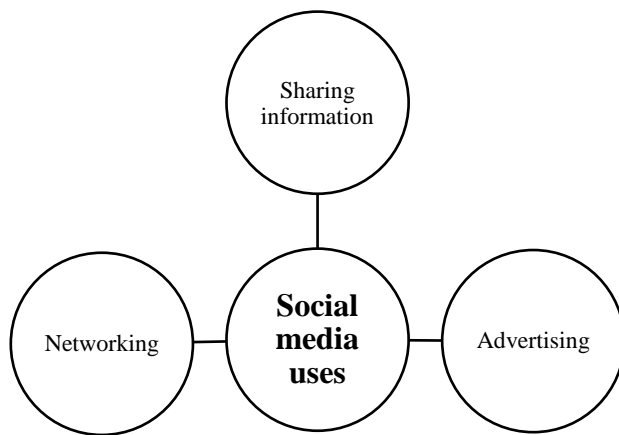
Figure 4 Social care workers current use of social media in social care.

"We had an event two weeks ago and it was supposed to say September on the event notice but it said October- it was so handy because I just got the administrator to change it on the Facebook page" (Participant 9)

37% users have said they use it for advertising purposes and do not communicate with clients via social media. 29% said they use it to keep in contact with other branches of their organisation and offers an opportunity to network through the medium of social media:

"...you get to create a connection online see what the other resource centres are up to on it." (participant 3). "I organise meetings for the local women's network through social media because I set up a group message and everyone gets to see the availability and sees what suits for the meeting" (participant 2).

37% of participants reported using social media for sharing information. A minor theme which emerged was 'engaging with a colleague'. This portrays to check in to see how a colleague is following an incident or to just share information about upcoming events that may be of interest for work.

This paragraph outlines how often social media is used by the focus groups, how they access social media and what they use social media for. The various themes discovered include: social media is used occasionally by clients; technological device is used to access social media. Also mentioned often is that social media is used for maintaining relationships and researching information. All four focus groups mentioned using social media on occasion:

"Only when I get a chance" (Men's Shed group) or "...when I need to look up important information (Parent & toddler group)"

<table>
<tr><td>**50% of the groups mention the use of social media for researching information.**</td><td>The parent and toddler group discussed how social media is important for maintaining relationships with family members and friends that they went to school with and who are travelling:</td></tr>
</table>

"I use it to keep in touch with friends who I went to school with" (Men's shed group)

Men's shed mentioned that social media provides them with opportunities to link in with other men's sheds nationally and internationally:

"I use Facebook to make links with other men's sheds in Ireland and I have linked in with some in Canada where the Men's shed was originally set up" (Men's shed group).

The finding that social media is currently used for advertising, sharing information and networking is of interest to this study, as is the role that maintaining relationships and research information for the clients in the research. This finding will be further discussed in the discussion chapter.

4.6 Incorporating social media into social care

Themes identified from the data about what social media potentially could be useful for include**:** promotion of the organisation, reach out to audience, professional communication, empowering clients, service delivery, e-training, peer support and networking.

<table>
<tr><td>**95% of interview participants reported that social media is useful for promotion of the organisation**</td><td>Social media is useful for promoting information via social media. It could help to keep clients informed of events and daily activities and provide access to current information about the organisation. Profiling the positive experiences of clients at the organisation also help with the engagement at the service according to a staff member:</td></tr>
</table>

"if they (potential client) *see someone having a positive experience at our centre they are more likely to engage here…" (Participant 17)*

Social media is useful for the number of people that it can reach in a short space of time. Two participants from the same organisation took part in separate interviews and they both mentioned social media would be very useful for them because they are a rural organisation and it's hard to access the young people sometimes and they have found that they can reach them almost instantly via social media. Three other interview participants had the same experience but with other identified target groups. Collectively, 26% participants felt reach

would be useful. The topic of reach is mentioned as a significant finding throughout the research study and will be further explored in the discussion chapter.

Professional communication was also identified as a theme in the research with participants in the interviews. The majority of participants felt they needed to change the way they communicate with others. A participant reported that she has used Skype to chat with her area manager and finds it very effective:

> *"...chat to her definitely twice a week and we discuss an itinerary for the week and report back and forth, it has proven for us to save money and time because I am only here for such a short time during the week" (Participant 13).*

Further analysis identified that social media may also be used to empower clients by posting motivational quotations and videos. Social media may offer an opportunity for more effective service delivery, where staff members fill out daily task sheets and checklists on their phones. Social media could potentially be used for online training, so as staff could complete the training in their own time could prove to be convenient for the staff member and for the organisation from a cost point of view. Also, the opportunity to use social media to engage in e-training to avoid having to travel long distances to attend training. Supporting staff to learn about social media and the potential benefits of it, for example how it can be used to enhance day-to-day work e.g. organising a work schedule:

> *"If I could overcome my fear of using a computer in the first place I think it would be easier to manage my day to day work schedule…"(Participant Interview 7).*

21% participants said they would engage in peer support with colleagues following an incident involving challenging behavior for debriefing. This is an important point which is explored further with staff in the survey as debriefing and supervision are important activities for social care workers:

> *"We need to write a personal debriefing report of how we have been affected by an incident to be discussed at supervision so I think it would be easier to engage with a peer via social media to have an instant response & debrief before even leaving a shift" (Participant Interview 14).*

When focus groups were asked how they would like to see social media being used at their service there were three themes highlighted- discussion and sharing of information, accessing information and recruitment of new members. These themes are like those that came up in the individual interviews.

75% of the focus groups spoke about using social media to discuss and share information in a private space about past and future projects:

> *"...there's an opportunity there to show off what we have done but also to share ideas on what we might like to do next" (Gardening group).*

All the focus groups spoke about how easy it is to access information about services instantly from other support organisations on either the internet or social media. It would be nice to see it from the organisation that they attend: *"We have nothing, it would be nice to see it from our own" (Gardening group).* The focus groups mentioned the convenience of accessing up-to-date information of events which may be coming up.

The parent and toddler group have created a private social media group for their client group but it is separate to the organisation:

> *"Well I set up a Facebook group for our parent & toddler group and it is really just used as a forum, if people have questions about the group or that they may not want to wait until the following week to ask another parent a question if they need support with something". (Parent & toddler group)*

The mental health support focus group acknowledged that social media would be useful for recruiting new members to groups. Mental health is stigmatized within society as reported by the group, they said social media may help to provide further information to a potential member if they wanted to join, it would help to access a wider audience within the community:

> *"...it would help people to ask questions and see what we do here rather than having to find the confidence to come here because without someone else's encouragement it can be very hard to just get up and walk into a room full of strangers" (Mental health support group).*

The potential uses reported in the individual interviews and focus groups were used in the development of a pilot project to implement social media into a social care service. The significance of the findings mentioned in the potential use will be discussed later in the discussion.

4.7 Benefits and challenges of using social media in social care

This section explores the benefits and challenges of social media use according to social care workers and clients.

Benefits	**Challenges**
• Information sharing • Access to wider audiences • Cost effectiveness • Connectedness • Source of current information	• Lack of familiarity with social media • Limited organisation support for social media • Limited access to connectivity • Maintaining social media • Cyber-bullying • Boundaries

Figure 5 Benefits & Challenges of social media in social care (Individual participants and focus groups.)

4.7.1 Benefits of using social media in social care

Information-sharing, access to wider audiences and cost effectiveness were identified as the most common themes within the interviews when participants were asked about the benefits of social media in social care. Similarly, to the potential uses of social media in the workplace for practitioners, the practitioners identified information sharing as an important benefit of social media for organisation and its clients. It was identified as a benefit by 69% of participants. Participants identified information sharing through three different avenues- peer to peer (workers), peer-to-peer(clients) and workers to clients:

> *"It would benefit us here for people who have left the programme, to keep in touch with different groups that have left the programme, for them the benefits would be access to a larger support network". (Participant Interview 7)*

Access to a wider network of clients and practitioners who may be acquaintances of the organisation was recognised as an important theme among practitioners. It offers them an opportunity to engage with the organisation with easier access. Social media also offers an opportunity for outreach by the organisation to recruit more participants also. Information

sharing and access to a wider network which are like reach were two themes which arose in the previous section among client focus groups and social care workers. Cost effectiveness in terms of time and money was identified as a theme within the interviews. 68% of practitioners made comments such as: *"...it saves time..."*, *"avoids the hassle of having to drive to meetings, or maybe ring everyone to arrange a meeting"*.

Connectedness and source of current information were themes highlighted in the focus groups when asked about the benefits of social media. Social media offers a sense of connectedness for individuals who may otherwise feel socially isolated from week to week when they are not attending the group:

> *"I took my time before taking the courage to attend the group, it's mostly about gardening but I started to do computers here too, now I am on Skype and I can talk to my children and grandchildren as they are away." (Gardening group).*

This participants experience demonstrates the advantage of engaging with social media at an older age, it helps to open new opportunities such as learning information about the other services at the organisation also.

Some forums on social media offer an opportunity to ask questions and to get a reply online, adding to social media as a source of up-to-date information- *"There's nearly always someone online to chat with" (mental health group).* It is an alternative way of communicating outside of hours where you may not be able to phone the organisation, waiting to get a response until the following day. There was an abundance of benefits of social media identified by clients. The significance of information sharing, access to wider audiences and cost effectiveness will be further explored in the discussion chapter.

4.7.2 Challenges of using social media in social care

The challenges which emerged from the interviews include: lack of familiarity, limited organisation support for social media, limited access to connectivity, and maintaining social media.

For 64% of the practitioners interviewed, lack of familiarity with how social media works was an issue which they avoided engaging in or trying to overcome. A participant describes her fear of using social media:

> *"I see social media as a necessary evil to me, maybe it's because I am not aware of it as much as I should be, there is always a kind of fear there to engage with it." (Participant Interview 6)*

68% of practitioners reported that they felt limited organisation support contributed to the lack of use of social media. This describes the limited support for social media in terms of sometimes no acceptance of social media, no funding provision for smart technology at the organisations. 79% of the participants who were interviewed were from a rural area. 69% of those reported that no wi-fi and no smart technology for example had proved a challenge for organisations in rural areas to get instant access to social media. They also to have their Wi-Fi system upgraded. The cost has proven to be a major challenge for three of the organisations that participated:

> "*One of the issues for the organisation that I manage is that we are not funded as well as we should be, resources such as the systems or software to implement it effectively, updating our phone systems, and introducing efficient broadband services would be left behind as it is considered quite expensive*" *(Participant Interview 15)*

Maintaining social media came up in 64% of the interviews. It can prove to be difficult for organisations' to keep social media updated and constantly reviewing information it can prove to be time consuming for organisations.

Cyber-bullying and boundaries were two main themes which emerged in the focus groups. These themes were different from the interview participants, the focus groups were concerned more about protecting themselves.

Cyber-bullying was a theme which emerged from all focus groups. The mental health group identified cyber-bullying as a challenge for them using social media:

> "*you often see vulnerable users been taken advantage of and vilified online, sometimes they see it as funny at the beginning but then they realize what is actually happening.*" *(Mental health support group).*

Boundaries was also a theme which emerged in 75% of the groups. The mental health support group felt sometimes they didn't want to make online connection with someone in the group as they didn't know them that well, but they didn't know how to deal with that issue. People can over share personal information which they are unaware that others can see:

> *"...there's nothing wrong with (name) but like I really don't want to know what they had for their dinner or that they are having bad day...they need to get over it we all have them..." (Mental Health Support group)*

The benefits and challenges which were identified in the findings will be further explored in the quantitative results section and discussion chapter. The benefits will be explored further in the pilot study for example sharing of information and access to wider audiences. The challenges will be identified in the guidelines, developing guidelines to help to overcome the challenges, for example boundaries and cyber-bullying.

The challenges of social media in social care presented some issues which are significant to the findings and may limit the use of social media in social care. This will be further explored in the discussion chapter.

4.8 Monitoring of social media in social care

Staff to monitor clients and enforcement of policy were themes which are conveyed in this section about the monitoring of social media in social care.

89% of participants mentioned the importance of monitoring social media at the organisation

Participants mentioned the importance of a social media policy yet only 16% participants have a current social media policy which outlines the procedures for monitoring social media. A staff member is responsible for anyone using the social media page belonging to the organisation. Enforcing the policy was said to be most important: *"there is no point in having a policy in a staff handbook and nobody bothers to enforce it" (Participant Interview 18)* There are specific restrictions for the user and how much information they can post on social media page and that is managed at a staff level

75% of groups said a designated person to monitor social media is necessary.

The requirement of a specific person to monitor social media was a theme which emerged from focus groups. 75% of groups suggested that for a monitoring process to be successful for groups to use social media there needs to be a specific person to monitor the use of social media and control what information goes up onto it: – *"Someone in the organisation needs to be responsible… it really needs to be a specific go to person" (Gardening project group).* The idea was further explored in the men's shed group when they suggested that the specific person should also deal with any issues which may arise from its use and then it is referred to line management to be reviewed if necessary: *"just let them be the one to deal with issues…everything on social media" (Men's Shed group).*

These themes are further developed in the survey findings and are noted in the guidelines for use document. The significance of the role of monitoring in social media will be further discussed in the discussion chapter.

4.9 Guidelines for use of social media in social care

Consent, responsibility of organisation, security and befriending were common themes which emerged when participants were asked what should be included in a guidelines document to use social media in social care organisations.

> **89% of participants report that consent is necessary for clients to use social media.**

The theme of consent was most popular in participants' responses when asked about guidelines for use. 89% reported that consent of the client to have their identity (name, photograph, video) used on Facebook as an affiliate of the organisation and that the client must be consulted in the process of whether this material can be used or not. Also, if the person is under 18 or has a special intellectual need that their parents or guardians are consulted in this process:

> *"For child protection purposes, both staff and service users need to be aware that a person's identity cannot be used without permission, for example I sometimes feel that colleagues think it's ok to use other staff members' photos without even consulting them and that's where issues begin to arise." (Participant Interview 12)*

Responsibilities of the organisation was represented by 74% of participants. Outlined in this theme were some examples such as- to designate one person to use social media and update it and to just allow others to interact on it within the organisation. Clients need to be educated on how to use social media safely and engaging them in a social media education programme before they can use it within the organisation would be helpful. It is important that there is some element of training made available especially for young people.

Security was also another theme which emerged from the findings, explained by the safety of those working within family support:

> *"For me I work in family support but I have an important role in ensuring the privacy of the family that I work with, as with any role in this sector, but I feel if I were to engage in social media with the families I work with, I would be somehow breaching confidentiality as there is potential for their private information to be released into the public domain, therefore I do feel there would need to be some guidelines on security." (Participant Interview 3)*

> **84% of participants said "befriending" must be addressed in guidelines.**

Befriending was a theme mentioned in 84% of the interviews where participants felt that addressing the issue in a guidelines document was necessary to alleviate any confusion. Participants reported that colleagues have

expressed concern about how to react when a client requests a friendship on social media, how to maintain their professional boundaries.

The focus groups reported on the importance of implementing guidelines for use. Sign in and out and collaboration were two themes which emerged from the focus groups. All 4 groups were aware that there are rules in place. If they wanted to access the organisations social media page through the organisations internet, they needed to inform the organisation through the sign in and out in a book at reception:

> *"if you ever want to use Facebook here, you have to sign in at reception and sign out when you're finished…" (Parent & Toddler group")*

For the development of social media in an organisation there must be collaboration between the organisation and the individual groups or individuals engaging online.

The findings of the recommended guidelines for use for a social media document incorporated befriending, consent and responsibility of organisation which were particularly significant throughout the study. These topics will be further explored in the discussion chapter.

Vignettes were used in the interviews and focus groups to encourage practitioners and clients to think about how they would respond to different situations associated with using social media. The vignettes for practitioners and focus groups were similar but the practitioner assumed the role of the practitioner when answering questions and the clients assumed the role of the client. The use of vignettes in the interviews and focus groups offered an opportunity for the exploration of challenging situations associated with social media use which may occur in the participants' organisation to be investigated further. The use of vignettes in this research was to identify suggestions for the implementation of guidelines at the organisation. They are discussed separately below but the themes were used collectively to support the implementation of the set of guidelines.

Scenario 1: A staff member has posted online that they are unhappy at work, they name a family who attends the centre and gives information as to why the person is attending the centre.

The most common themes suggested from this scenario are: Seek clarity information is on social media and code of practice. 69% agreed that it must be clear that the staff member has placed something online to breach confidentiality before making accusations: *"Sure you'd need to make sure it was there before saying anything" (Participant 13).*

The staff member must be spoken to by a manager and referred to the code of practice of the organisation. They have broken the confidentiality of the client. The issue would need to be discussed by the board of management and the staff member may be subject to disciplinary action: *"they (the staff member) would definitely have to sit before the board" (Participant 17).* The client and their family must be informed of any decisions and offer an apology on behalf of the organisation.

Scenario 2: Joan is a staff member at a family resource centre. Joan observes a post by a client who is a friend on the organisations' social media page where she expresses her low mood. The client wants advice on where to get support.

Three themes which came about in this scenario were: Direct client to support services, contact client online and discuss issue with another staff member. The client must be supported and offered direction to support services where possible, for example, direct the client to their local services such as GP or offer clients helpline support. Effort must be made to get in touch with the client and encourage them to engage at the organisation. 58% of participants suggested that perhaps the situation be discussed with a fellow staff member and that both would try to engage:

> *"...blurry, difficult one, I'd feel a duty of care to the person but I don't know if I'd feel confident contacting them online..." (Participant 16).*

Scenario 3: Mairead is a social care worker, she is concerned with the child's welfare, she posts a photo and expresses her concerns on social media.

Two themes which emerge in this scenario are: boundaries and contact family. 42% of participants report that Mairead is crossing boundaries when she posts private information of a child at their centre online. 63% said it is important to engage with the family associated with the incident and resolve the situation:

> *"...an incident like that could ruin the reputation of the work we do here, you need to contact the family immediately..." (Participant 2).*

Scenario 4: A child (under 18) reports they are being bullied at the centre by another young person in afterschool's group when they are on the computers in the afternoon.

Two themes which arose in this scenario were inform parents and support victim. All participants said that the parents must be involved as the child is under the age of 18, it would depend on the age, if it was a very young person then the staff should be responsible for

reporting but if it was an older child staff should encourage the client to self-report. One participant reported

> "bullying situations happen all the time online and offline, it's important to use them as a learning opportunity" (Participant 15).

Support victim outlined that the child should be offered emotional support because of the incident.

Scenario 5: A staff member reports that she has been filmed while at work and the video is posted on YouTube.

Update policy, inform manager and identify boundaries were three key themes which occurred in this scenario.38% participants reported it, it is important to update the policy to reflect the incident as policy needs to be updated regularly: *"our time is so stretched, policy only ever gets changed when something happens" (Participant 11).* 43% of the participants said a manager must be informed of the incident where the staff member was filmed, and for the manager to resolve the issue. Identify boundaries was another theme identified by 38% of participants. Staff must make clients aware of the boundaries about filming at the organisation.

Scenario 6: A client has requested a staff member as a "friend" on their page giving access to personal information.

> **74% reported that the staff member should acknowledge the reason the request was cancelled.**

Do not accept client as friend and Inform client of request cancelled were themes which arose in this scenario. 68% reported that they should not accept the client as a friend online, and 74% reported that the staff member should acknowledge the reason the request was cancelled:

> "...unfair to just reject them and not say anything...some of them have experienced enough rejection..." (Participant 15)

Scenario 7: Organisation puts up a blog in response to a press release from the government on cuts to social welfare to help people understand how the cuts will affect them.

Two themes which came up in this scenario were client has a right to an opinion and designated person to review information. In the view of practitioners, 67% reported the client had a right to an opinion on social media, others said they should be blocked from the site. 58% reported

that there should be a designated person to review information before it is made public on the site-

> *"it would make better sense for someone to look over the information before it gets seen- there is a review button on Facebook anyway" (Participant 11)*

Findings reported by practitioners in the vignettes such as boundaries, directing clients to support services, befriending, and updating policy were significant in the contribution to this study and they will be further analysed in the discussion chapter.

Focus group scenario 1: Client is an active member on social media and observes that a fellow group member is feeling low mood.

Discuss face to face and phone the person were two themes which developed from this scenario.75 % of the groups reported that you should acknowledge to the person that you have seen a post where they said they were feeling low, but wait until you meet them face-to-face to discuss it: *"let them know you seen it on social media when you see them" (Parent and toddler group)*. The mental health support group felt it necessary to respond to the person immediately by phoning them and providing them with space *"to let it all out"*, like the practitioner's responses, this group also agreed that the person should be contacted immediately. The mental health group reported that: *"...well really it depends on how well you know the person" (mental health group)*.

Focus group scenario 2: A client in the group is being bullied on social media by a fellow group member.

Resolve issue as a group was the theme which emerged from this scenario. All the groups felt that it was important to resolve the issue within the group. Comments among the groups included:

> *"...sure, you'd need to tell whoever is doing the bullying to stop" (Gardening project group), "it is important that we would sort it out within the group because if it wasn't sorted the person might stop coming..." (Mental health group).*

Focus group scenario 3: A client reports that they have been filmed by another client at the centre and the video was posted on YouTube.

Trust among group was a theme which emerged in this scenario. There was 50 % agreement that there was trust in the group that it wouldn't happen. The men's shed group agreed that it just wouldn't happen at the shed-

> *"that's stupid, it wouldn't happen here and if it did it would only be a laugh and nobody would mind anyway" (Men's shed group).*

The parent and toddler group reported that it wouldn't happen either:

> *"I can't really see it as something that would happen…maybe if another parent was to film a child or something then they would have every right to ask the person to remove it" (Parent and toddler group).*

Focus group scenario 4: The centre puts a blog on social media in response to social welfare cuts. A client responds to the blog in an abusive manner.

Personal responsibility, right to opinion, and location of client were three themes which emerged from this scenario. 75% of the focus groups agreed that personal responsibility of the client is a major factor in this scenario: *"everyone needs to take responsibility for themselves it can't be everyone else's fault" (Mental health group).* Clients have a right to an opinion demonstrates that everyone is entitled to say what they want. Clients must take personal responsibility of how they act both on and offline. 50% of focus groups reported that the location of the client when they responded to the post would determine whether the organisation should engage or not. If they were at the organisation when it happened then they would have to engage with the client to resolve the issue, if not there would be no action taken.

The information obtained from the use of the vignettes in the interviews was further explored in the survey in questions posed about the importance of a guidelines for use document. The themes suggested were used in the development of the guidelines for use document. The significance of the findings from the vignettes in this study will be further discussed in the discussion chapter.

The above information in the guidelines for use section is explored further in the survey and the guidelines suggested are used in the guidelines for use document. Many of the themes which were similar in the section on challenges could also be used to inspire information for the section on guidelines for use within the document. The combined use of field questions and the use of vignettes in the interviews allowed for an exploration of discussion and thoughts to trigger for the participants. The findings are from the research and further explored in the discussion chapter linked in with the literature.

To conclude, the use of thematic analysis to identify themes within the data produced findings to contribute to the conversation on the use of social media within social care. Evidently, the themes relate to the research questions outlined in the methodology chapter with some of the

themes overlapping between sections for example, challenges and guidelines for use. These themes emerged in both sections. As a result of the challenge, participants felt in response it would be a good idea to use as a suggestion in the development of guidelines. The participants of the interviews all had a background in social care but assumed different roles in their organisations which contributed also to their varied responses based on their experience, for example those working with youth work appeared to have a better understanding of social media than those who worked primarily in family support. There was greater variation in the responses of the focus groups. The Mens' sheds focus group were not very understanding of the concept of social media, also the gardening group assumingly due to the older nature of the participants. The future use of social media in social care suggested many contemporary developments in the sector e.g. e-training and networking. The use of vignettes in the research prompted participants to think about their role in monitoring and managing the use of social media at their organisation. The next chapter will discuss the quantitative aspect of the research.

Chapter five: Quantitative findings

5.1 Quantitative data analysis

The questions used for the survey were developed using the most common themes which emerged in the individual and focus group interviews.

There were 31 questions in total with 5 of them requesting the participant to indicate level of agreement with some statements. There were different types of questions included in the survey. These included dichotomous questions, multiple choice questions, please choose all that apply, likert scale and rank order questions.

The survey was created using the online survey software survey monkey. It was posted to three groups on Facebook and completed by 184 participants. Data from each of the surveys was manually entered into computer statistical software package SPSS. Missing data was given a value of -1 to indicate there was no value. Some of the questions asked in the research offered the participant the opportunity to select more than one option. Some statistical analysis was used in the form of chi-square tests, Kruskal-wallis tests and mann-whitney u tests. A level of significance of .05 was used for these tests as one of the most frequent alpha values used in quantitative research (Gravetter and Wallnau, 2009: p. 235).

Bar charts, pie charts and cluster charts were used to demonstrate the data. The surveys primary aim was to further explore the current use of social media among those in social care, to identify most popular ways of ways of using it in the future, what the benefits and challenges of using social media are, and to find out what is necessary for the development of future guidelines.

This was done through the following three survey goals:

- Identify the current and potential use of social media within social care.

- Explore the challenges and benefits of using social media within social care

- Identify the recommendations for the development of future policy in line with its use.

The information obtained from the results of the research are used in the development of the guidelines for using social media in social care and the implementation of social media as a pilot in a social care organisation.

5.2 Survey Findings

Respondents were individuals who work in social care services. Initially the researcher emailed those who had participated in the qualitative phase of the research and asked them to participate. Following this the link of the online survey was posted to three social care member organisation sites through Facebook. The researcher initially requested permission from the administrators of these sites if the link could be posted and encouraged members to participate. The link was available on the site for two weeks. The link was deemed invalid after the two weeks.

The online survey was developed using online software survey monkey. The online survey had 184 respondents who work in social care. It must be acknowledged that not all respondents responded to every question provided in the survey. There were 101 completed surveys and 83 partially completed surveys. Therefore, each sample size of respondents may not equal to 184.For some of the questions respondents could select more than one option, therefore the total may amount to more than 184. This will be indicated by using the (n=?) value to indicate how many people participated in the question. The findings will be discussed in further detail in the discussion chapter. Detailed information on survey findings are available in Appendix L. Please see figures indicated below to demonstrate the demographics of the respondents.

5.2.1 Demographics of survey participants
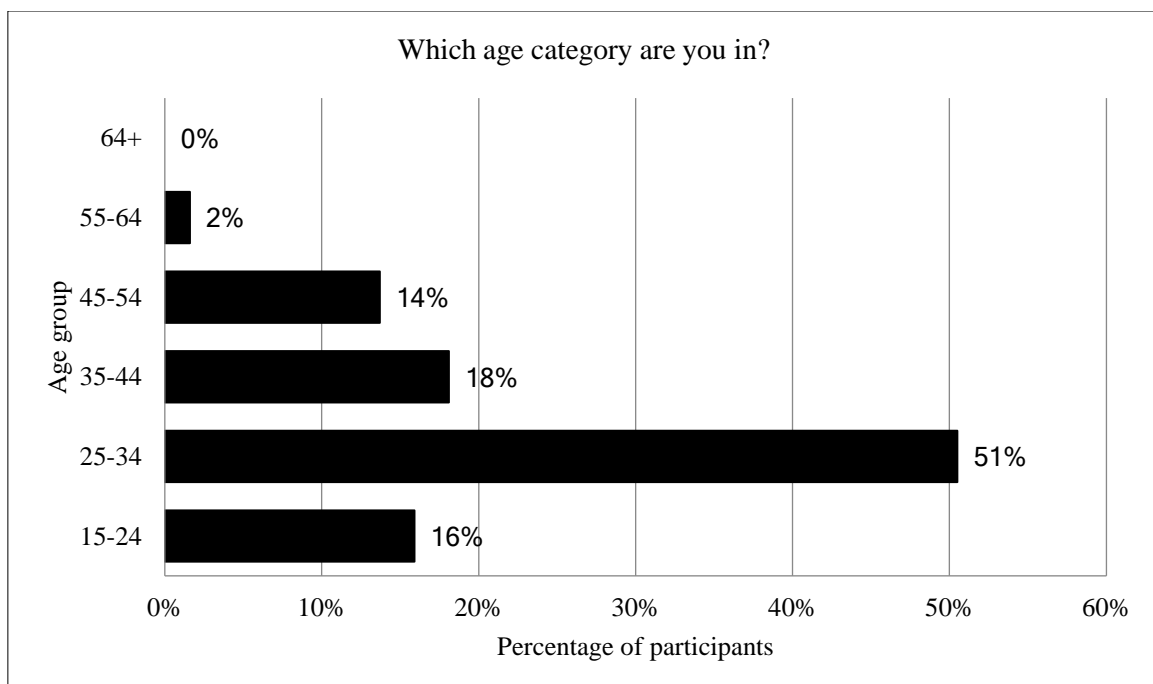
Figure 6 Age of survey participants

Figure 6 portrays the age profile of respondents to the survey(n=182). The majority of respondents (n=92) were in the 25-34 age category with nobody participating aged 64+. Of the 182 respondents to the survey, 80% respondents were 'female' and 20% were 'male'.

A small amount of respondents-6% had less than an education level 7 degree with 94% having either a level 7 ordinary degree, level 8 honours degree or a level 9 master's degree. 84% of respondents are currently working in social care. The respondents mostly work with people with an intellectual disability, mental health, and young people. Other areas include: families, people in the community, children, people with, homelessness, and specialist areas for example-addiction, residential, special care and advocacy.

5.3 Current communication in social care organisations
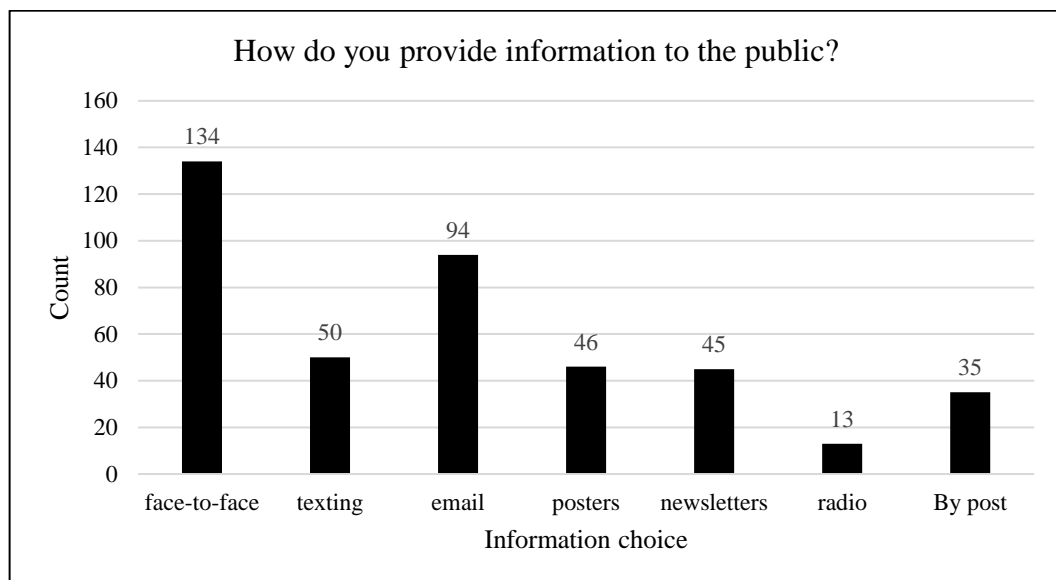
Figure 7 Organisation preference for providing information to the public

As displayed in the above graph, social care workers(n=176) are currently providing information to the public primarily through face-to-face interaction and email. Respondents were given a choice to select more than one option to answer the question. The significance of face to face communication among social care practitioners was a significant finding and will be further explored in the discussion chapter.

5.4 Social media & social networking- personal use

Of 170 respondents who responded to the question: 'have you ever used social media for personal use?' 98% responded said they had, in comparison to just 2% who said they had not.

When a chi-square test was carried out for an association between 'gender' and 'social media for personal use', it concluded that there is no significant relationship between 'gender' and 'social media for personal use', as the value of p is greater than .05. The chi-square results are as follows (χ^2=2.2918, p=088). Further information is available in Table 6 in the appendix.
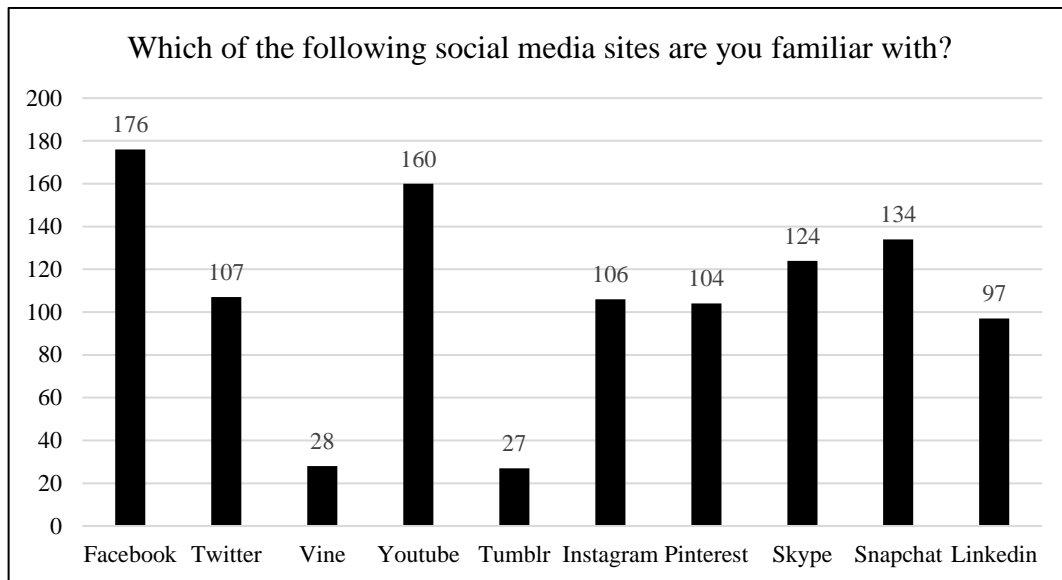
Figure 8 Familiarity of social media sites

Figure 8 demonstrates that Facebook, YouTube and Snapchat are among the social media sites that respondents were most familiar with, compared to Vine & Tumblr which had the least amount of familiarity. Social media is primarily used for 'leisure purposes' with 97% respondents stating so. 'Gaming' was the least amount used with 10% respondents stating they use social media for gaming purposes. Respondents had the opportunity to make more than one choice. When asked how they accessed social media, for most respondents, social media was accessed through a 'smart device' or a 'laptop' with the least amount accessing it through a 'personal computer'. These findings are like those which arose in the qualitative interviews where practitioners use it mostly for 'personal use' and for leisure purposes.

Respondents were asked 'how often do you use social media?', 87% respondents stated they used it 'more than once a day' with 8% reporting they use it just 'once a day'. A kruskal-wallis test was calculated to observe if there were differences between 'how often participants use social media' and 'the importance of using social media in social care'. There was no statistical significance reported as (χ^2= 5.508, p=.357), Further information is available in Table 7 in the appendices.

The role of social media for personal use demonstrates knowledge of how social media is used among practitioners and how social media is used more than once a day for leisure purposes. This highlights the importance of access to social media for social care workers' personal use. This finding will be further explored in the discussion chapter.

5.5 The current use of social media in social care

The following section reports on the current use of social media in social care.
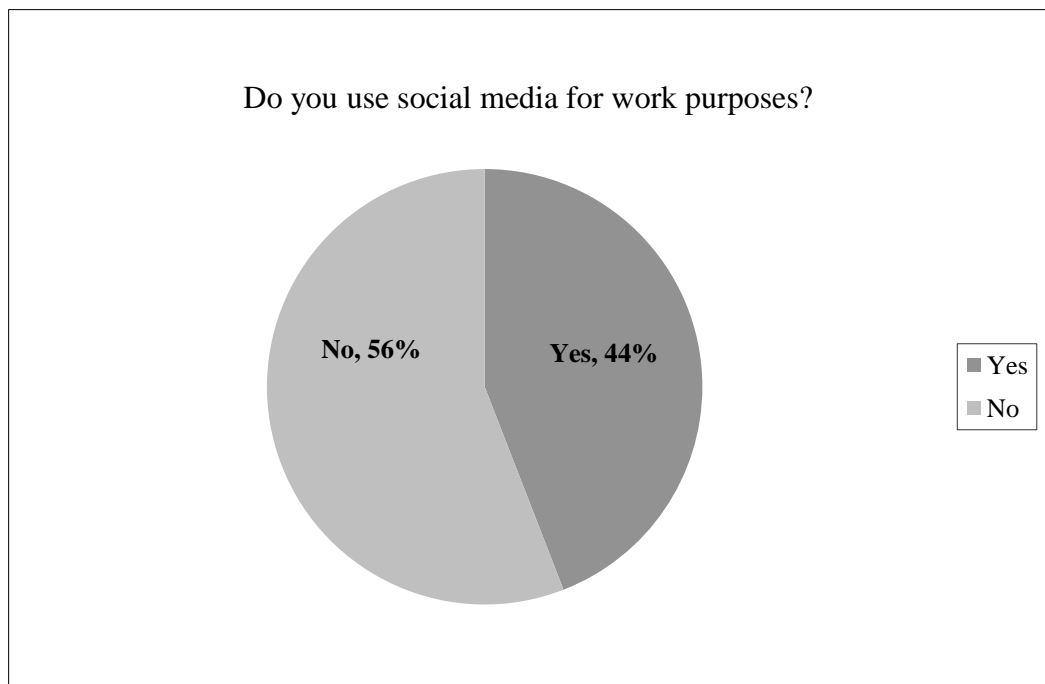
Figure 9 Social media for work purposes

The above figure demonstrates that 44% of respondents use 'social media for work purposes', 56% of respondents do not. These figures are similar to those reported in the individual interviews where there were low numbers reported in participating in social media. This finding is of particular significance to this research study, its contribution will be further analysed in the discussion chapter. When a chi-square test was created using SPSS, it reported that there is no significant association between those that 'use social media for work purposes' and 'practitioners who work with young people' as the p value is more than .05. (χ^2 =2.1, p=.048) See table 8. A chi-square test was also conducted to determine if there is association between 'gender' and 'social media use for work purposes'. Report suggests there is a significant relationship between 'gender' and 'social media use for work purposes' as the value of p is less

than .05. The results of the test are as follows (χ^2 =3.962, p=.047), further detail of the analysis is available in table 9 in the appendix.

When respondents (n=163) were asked 'how do you provide information to your clients? 94% answered 'face to face' with lowest response being 'radio'. This response is similar to how they 'provide information to the public'. These findings are also similar to those in the interviews with practitioners in that face to face interaction is still most important. The impact of this finding in the role of social media in social care is further developed in the discussion chapter.

For those that use social media for work purposes, it is mostly used for advertising upcoming events at the organisation (64%) and least use is blogging- sharing thoughts and opinions on various subjects (28%).
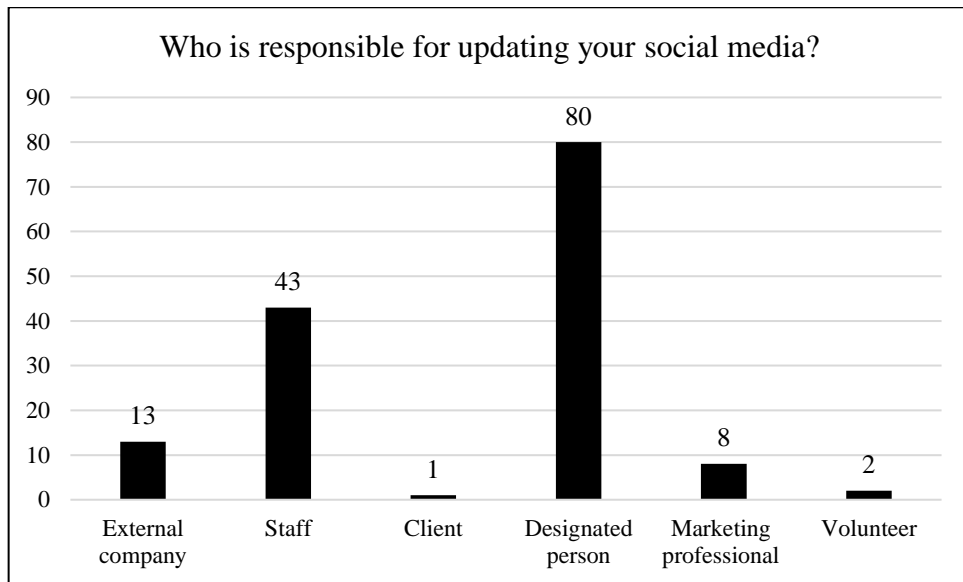
Figure 10 Responsibility of updating social media

Figure 10 demonstrates that there is a 'designated person' to update the organisations social media. A 'member of staff' is reported by 29% of the respondents as being the second favoured choice. Low numbers reported that it is the responsibility of an 'external company', 'marketing professional', 'volunteer' or 'client' associated with the organisation. Respondents were asked 'how often their social media site was updated' and the highest response returned highlights that social media is updated 'more than once a month'. The importance of having a designated person to update social media was also explored in the interviews. The role of a designated person and how often social media needs to be updated was also explored in the interviews. This finding will be further explored in the discussion chapter.

5.6 Incorporating social media into social care practice

This section discusses possible uses of social media in social care in the future. It explores it from the point of view of practitioners and asks about the importance of using social media in social care, and the potential uses.

Practitioners (n=164) were asked to respond to the question 'how important it is for social care organisations to use social media?' Responses varied across a 6 –point rating scale from 'most important' to 'not important at all'. 16% respondents said, 'most important', 29% reported 'important', with 39% stating 'somewhat important', The remainder were those that reported between 'somewhat unimportant' and 'not important at all'. A kruskal-wallis test was performed to establish if there were statistical differences between groups in 'age category' and how they rated 'the importance of social media in social care'. There were no statistically significant differences reported within those categories (χ^2 =2.441, p=.785) See table 10. A mann-whitney U test was performed to determine statistical significance between 'social media is a useful tool in social care' and 'social media for work purposes'. The report concludes that there is a statistically significant difference among the group for work purposes as (U=725.00, p=.004), therefore indicating the *P* value is less than .05. Further information is available in Table 11 in the appendices.

'Social media is reported to be useful…:' following 'strong agreement' with the following statements as demonstrated below:

Table 3 Social media is reported to be useful for...

Strongly Agree	Statement
65%	for clients to support clients
59%	to access current up-to-date information about a social care organisation
53%	for multidisciplinary interaction
53%	for staff debriefing following an incident

When asked 'has a client ever suggested to contact you via social media for work purposes?' the response was 'no' from 71% with 29% responding 'yes'. This is consistent with response where practitioners (n=164) stated they 'do not use social media to communicate with clients'. 81% said no, 19% said yes. When a chi-square test was calculated, it reported that there is statistically significant association between gender and social media use to communicate with

clients. The chi-square test reported as (χ^2 =.15.813, p=.000). Further analysis is available in table 12 in the appendix.

30% of respondents 'agreed' that 'social media could be used for supervision' with 70% 'disagreeing' with the statement. In comparison, practitioners in the interviews reported that 'social media would be useful for supervision' and for 'debriefing following an incident'. A mann-whitney U test reported no statistically significant differences between groups who 'used social media for work purposes' and social care workers who find 'social media useful for supervision' (U=1318.000, p=.829). See table 13.
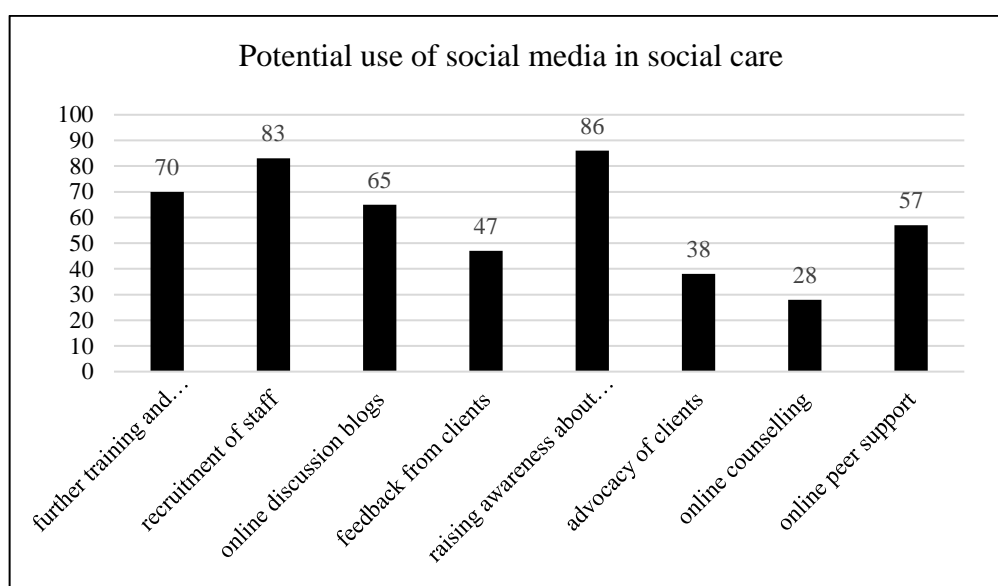
Figure 11 Potential use of social media in social care

Figure above demonstrates (n=108) that respondents mostly reported social media could be used for 'raising awareness about issues' and 'recruitment of staff'. The lowest amount reported that social media would be useful for 'online counselling'. Respondents could select more than one answer for this question. These findings are consistent with those reported in the qualitative findings. From the report of a mann-whitney U test it can be concluded that there is a statistically significant difference between those who use 'social media for work purposes' and those who don't in their willingness 'to present online video content about the service for their clients' (U= 1007.000, p=.02), further analysis is available in Table 14.

When practitioners were asked do clients appear interested in interacting with the organisation through social media, practitioners responded as: 'most interested' (5%), 'interested' (23%), 'somewhat interested' (32%), compared with 'not interested at all' (23%), 'disinterested' (6%) 'somewhat disinterested' (11%).

There was a large quantity of information reported in the survey findings for suggestions to use social media in social care. Some of the significant findings mentioned include that it is important that social media be used in social care, it could be used for multi-disciplinary interaction, peer to peer support, supervision and e-training. These important findings will be discussed further in the discussion chapter.

5.7 Benefits of social media use in social care

This section gives an account of the benefits of social media in social care according to respondents.
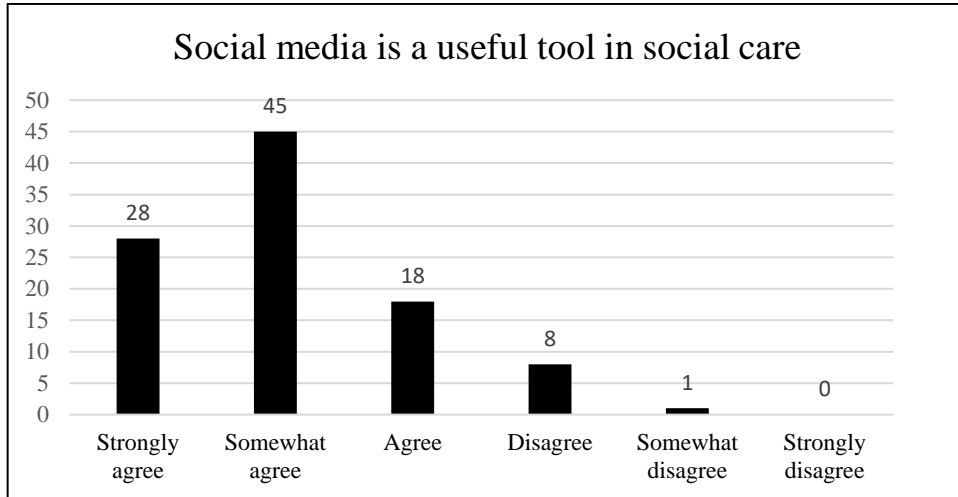
Figure 12 Social media as a useful tool in social care

As indicated in the figure above, most respondents agreed that 'social media is a useful tool in social care'. Benefits reported included: 'reaching a target audience quickly', 'cost effectiveness', 'promoting the organisation' and 'receiving support from other organisations'. These were all demonstrated by a majority of participants who agreed that they are beneficial to social care. The inclusion of these in the surveys were obtained from the most common benefits that emerged from the interviews.
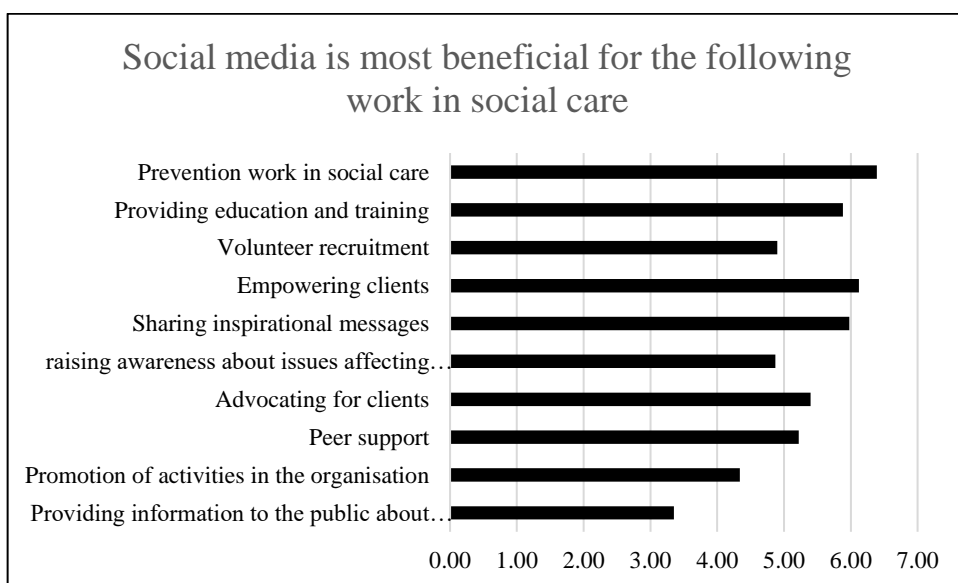
Figure 13 Benefits of social media

The findings demonstrated in figure 13 are calculated on a rating average of rank order on a scale of 1-7.1 indicating most beneficial and 7 as least beneficial. It appears that 'prevention work in social care', 'empowering clients' and 'sharing inspirational messages' are the most beneficial as ranked by respondents. While 'providing information to the public about the organisation' and 'promoting activities of the organisation' rate as least beneficial.

There were mixed responses for the statement 'social media is a good platform for clients to express their feelings'. Strongly agree (16%), agree (24%,) somewhat agree (16%), somewhat disagree (27%), disagree (10%), strongly disagree (7%), just over half agreeing with the statement.

These findings highlight the benefits of social media in social care as reported by practitioners in the survey. They will be discussed in further detail in the discussion chapter.

5.8 Challenges of social media use in social care

The challenges of social media in social care were explored using statements. Respondents were asked to choose their level of agreement on a six-point scale from 'strongly agree' to 'strongly disagree'. The table below shows the highest level of agreement with statements.

Table 4 The challenges of social media in social care

Combined Percentage Agreement	Statement
93%	Incorrect information may be distributed to the clients via other sites
91%	Staff training & retraining is required regularly to use social media
89%	Social care workers are unsure of how to respond to online ethical dilemmas
89%	Social care workers feel unsupported in using social media for work purposes
75%	Social media may become addictive for clients in social care

There was a mixed response reported when respondents were asked to report on the statement: 'If you felt that a client was a potential risk to themselves or others, a staff member should contact them via social media'- (strongly agree 14%, agree 13%, somewhat agree 21%, somewhat disagree 16%, disagree 10%, strongly disagree 26%). These results demonstrate almost an equal balance with agree and disagree sides. 'Staff and clients are unaware of boundary issues associated with using social media' (strongly agree 31%, agree 22%, somewhat agree 23%, somewhat disagree 11%, disagree 8%, strongly disagree 5%).

The challenges reported in the survey highlight some of the barriers to using social media in social care. These include, ethical dilemmas, limited organisational support, risk, and boundary issues. These findings will be further analysed in the discussion chapter.

5.9 Social media guidelines for use in social care

The questions in this part of the survey explored the existing policies of organisations and suggestions for guidelines to be used for using social media in social care settings. The guidelines were explored through multiple choice questions and statements with responses rating from 'very important' to 'not important at all'.

5.9.1 Existing social media guidelines

75% of respondents (n=72) reported that they have a current social media policy in their organisation. Just 14% saying they are 'in the process of developing one'. In contrast, when asked 'which policy document social media use was addressed in?',54% of respondents reported that it's in an 'internet usage policy document', whereas 50% of the respondents report it as being a 'specific social media policy' in the organisation. Respondents could select more than one choice. A mann-whitney U test concluded that there was no statistically significant difference in the organisation having a 'current social media policy' and the importance of 'having a policy to deliver social media interventions via the internet'. (U=195.000, p=.991), See table 15 in appendix.

5.9.2 Future social media policy

Respondents were given a series of statements and required to rate the statements on a six-point scale from 'strongly agree' to 'strongly disagree' for 'what is necessary in a set of guidelines to use social media in social care?'. The following table is a summary of responses:

Table 5 What is necessary in a set of guidelines to use social media in social care?

Strongly Agree	Statement
69%	Social care workers must not take photos or videos of clients on personal devices including mobile devices.
60%	It is necessary for social media to be monitored at this organisation.
54%	It is necessary to have a social media policy to deliver social media interventions via the internet

'Social media is a suitable platform for staff to vent about issues they have with the organisation they work for'. 46% 'strongly disagreed' with the statement with just 2% 'strongly agreeing' with the statement indicating respondents felt that social media should not be used as a public forum for complaining.

Respondents were required to indicate how they felt about connecting with clients via social media it was said: 'Workers should accept clients as friends on social media'. 53% respondents reported that they 'strongly disagreed' with the statement (strongly agree 4%, agree 1%, somewhat agree 6%, somewhat disagree 25%, disagree 10%, strongly disagree 53%). The response to this statement is consistently similar when it is stated differently: 'It is acceptable for a staff member to request a client's friendship online' with 52% 'strongly disagreeing' (strongly agree 1%, agree 1%, somewhat agree 11%, somewhat disagree 25%, disagree 10%, strongly disagree 52%). Responses varied when respondents were presented with the statement: 'If a staff member declines a friendship with a client online, they must explain why to the client' with 21% both 'strongly agreeing' and 'strongly disagreeing' to the statement (strongly agree 21%, agree 19%, somewhat agree 24%, somewhat disagree 8%, disagree 6%, strongly disagree 21%). The issue of befriending is a topic which generated significant findings which will be discussed in the discussion chapter.

When respondents of the survey were asked: 'how often should a social media policy be reviewed?' The most common response was 'yearly'. 65% of respondents chose the 'yearly' option compared to just over 15% combined daily (8%) and weekly (7%). In the survey, respondents were asked to rate the importance of information to be included in a social media policy from 'most important' to 'least important'. Here are the results of some of the responses. 'A client is entitled to give an opinion on information put up on social media be it positive or negative'- 27 % stated 'most important' and 51% respondents stated 'important' indicating a majority felt that clients should be allowed to give and opinion on information put up on social media (most important 27%, important, 51%, somewhat important 15%, somewhat unimportant 3%, unimportant 3%, not important at all 2%). When asked: 'social care workers should be allowed to voice their opinion via social media', there was a mixed report of results. Respondents reported 'most important' as 19%, with 'not important at all' being 16% (most important 19%, important, 17%, somewhat important 25%, somewhat unimportant 14%, unimportant 9%, not important at all 16%). This paragraph highlights important findings in

relation to the development of a social media policy document.They will be further explored in the discussion chapter.

Respondents understood it to be valuable for social care workers to use social media to search for information about a client in an emergency.75% respondents indicated the value when asked the statement: 'it is appropriate for social care workers to search for information about a client following an emergency' (most important 17%, important 24%, somewhat important 34%, somewhat unimportant 8%, unimportant 9%, not important at all 9%). 'Social care workers are obliged to disclose information obtained via an online relationship if the client intends to harm themselves or others': 79% respondents chose 'most important' compared with 3% of respondents who stated, 'not important at all' (most important 79%, important 9%, somewhat important 7%, somewhat unimportant 2%, unimportant 1%, not important at all 3%). This paragraph explores the important role of social care practitioners in managing the risk of clients on social media. These findings will be further explored in the discussion chapter.

75% respondents stated that 'it is necessary to request consent to use a clients' personal information on the organisations social media page' (most important 75%, important 9%, somewhat important 9%, somewhat unimportant 3%, unimportant 1%, not important at all 3%). 'Social care workers must acknowledge they have ethical and legal obligations to maintain client privacy and confidentiality while using social media', 91% respondents selected 'most important'. (most important 91%, important 7%, somewhat important 1%, somewhat unimportant 0%, unimportant 0%, not important at all 1%).This finding may suggest that social care workers are aware they have a duty of care towards the clients even while they use social media. The finding that consent and ethics are important factors in using social media will be further discussed in the discussion chapter.

'Information should be reviewed before it is put on the organisations social media site', 78% survey respondents chose 'most important', (most important 78%, important 19%, somewhat important 3%, somewhat unimportant 0%, unimportant 1%, not important at all 0%). 'Social care workers have a responsibility to report incorrect information posted on social media which may affect clients in a negative way', 80% respondents chose most important, (most important 80%, important 15%, somewhat important 3%, somewhat unimportant 0%, unimportant 1%, not important at all 1%). 'Social care workers must report any identified breach of confidentiality or privacy', 88% respondents chose 'most important' (most important 88%,

important 10%, somewhat important 1%, somewhat unimportant 1%, unimportant 1%, not important at all 0%). Findings reported in this paragraph emphasise the importance of reviewing information and being alert to information posted on social media about the organisation, its staff and clients. They will be further explored in the discussion chapter.

When respondents were asked: 'how could social media be monitored at this organisation?', answers were as follows: 'designated person' 53%, 'manager of organisation' 16 %, 'external company' 12%, staff at organisation 10%, marketing professional 5%, trained volunteer 4%, client 0 %. This is an indicator that although it was suggested in the interviews that a client should monitor the social media use of the organisation that nobody answered that it should be monitored by a client.

Finally, respondents agreed that potential benefits of using social media outweigh the risks associated with online social media use (agree 60 %, disagree 40%). This is a significant finding on the influence of the implementation of social media into a social care service.

Conclusion

The purpose of this chapter was to provide a summary of the results obtained from the survey. The survey explored the current use of social media in social care, provided suggestions as to how social media could be used in the future, the benefits and challenges of using social media in social care and suggestions for guidelines to put in the social media guidelines document which will be discussed further in chapter six. The information obtained in the survey contributed to the development of social media guidelines and the development of a social media pilot which was put in place in a social care organisation. The variety of questions in the survey were used to make sure the survey layout did not cause much inconvenience for respondents. The structure of the survey allowed for easy flow from one section to the next. The survey was very detailed, therefore providing a substantial amount of information for the project. Also, the response rate of respondents also contributed to this in a timeframe of two weeks. The use of online software supported the quick response, it was an effective way of getting respondents to respond quickly via a link and they could respond, in comparison to traditional methods of conducting surveys using mail or telephone which would have been a lot more time consuming for this piece of research. The use of data from previous stages of the research offered an opportunity to enhance the confirmation of those findings also. Responses offered the respondents thoughts on how they felt social media could be used at their

organisation. The exploration of guidelines allowed for the most common choices to be used in the guidelines for use document. The findings have contributed to the research exploring benefits and challenges for social media use, suggestions for potential use and their contribution to the creation of a policy for social media, which was predominantly created by the social care workers from the responses that they chose. The implementation of the social media pilot study is discussed in the next chapter.

Chapter six: Implementation of a social media pilot study

6.1 Aim of social media pilot study

The aims of the implementation of the social media pilot study were: to determine the role of social media in a social care setting and to identify how social media could be used to support the work that is done in social care organisations.

The implementation of best practice for social media use in social care involved the use of information, from previous findings of the research, which informed the next stages of the research process. In this case, themes which emerged from the individual interviews and focus group interviews were used, as were results from the survey. Together they supported the development of the set of guidelines and the pilot study.

The organisation involved in this case study did not have a social media policy and have never engaged with social media before, they don't have a website. The staff at the centre wanted social media to be introduced at their organisation so they can interact with the individuals and families who attend the centre.

This case study aimed to answer research questions five & six.

> RQ.5 What is best practice for the implementation of social media in social care?

> RQ.6 Using a case study design, how can social media based pilot study be implemented into a social care setting? Has this enhanced social care practice and the experiences of service users?

The target group for this pilot were staff who work in the social care organisation and clients who use the services at the organisation and the wider community.

The social media pilot was analysed using a similar strategy to the interviews using thematic analysis. As there was only one focus group, themes were developed based on the responses of the five participants. (two staff and three clients). The amount of "likes" on the organisations Facebook page were also monitored over the six-week period to determine if there was an interest in the social media site.

6.2 Development of best practice guidelines to use social media in social care

The guidelines were developed in response to research question five. A set of guidelines were developed from the findings from the previous stages of the research. Within the interviews, the themes which emerged from the vignettes mainly contributed to the development of the guidelines. The guidelines covered topics such as general guidelines for use, guidelines for staff, monitoring, dealing with incidents, policy review and update, personal information & imagery, staff & client responsibility to the organisation. These were primarily compiled from the most common themes in the monitoring and policy section of the interviews and the survey. Within the guidelines document, it provides information on the reasons guidelines are required to use social media. It outlines the importance of maintaining confidentiality and maintaining professional boundaries of the user at all times. They consider the use of information that it will remain online forever. For security, it is necessary to have a password for social media to protect the organisation. Outlined in the document is how to deal with incidents associated with social media use should they occur. It provides guidelines for clients on using social media in the organisation and for staff in protecting themselves as professionals. It also addresses the topic of befriending and how that should be dealt with. The requirement of training for social media use is also addressed in the guidelines. The guidelines are implemented to ensure the safe use of social media for all involved. The guidelines also outline the responsibility the staff must have to the organisation. The clients of the organisation have responsibility when using social media also. The primary guidelines are personal responsibility, consequences of misuse, friendships, privacy and confidentiality. The guidelines document must be reviewed every six months. The guidelines are available in the Appendix M.

6.3 Plan for the implementation of a social media pilot study

The social media pilot was developed from the suggestions of practitioners and clients as to how they would like to implement social media at the centre. This was also discussed in an initial discussion with staff and board of management at the centre. The social media pilot was six weeks long (eight weeks in total- one week for introduction and last week for evaluation) It was developed by the researcher with an agenda to explore different elements of social media with the administrators of the social media site over a six-week period. The researcher attended a staff meeting and discussed best practice guidelines for the safe use of social media to protect staff, clients and organisation. It involved an overview of the social media pilot and staff were

given an opportunity to give their opinion on what could be used and changed. The researcher responded to any questions surrounding fears/concerns for staff of the organisation. Administration staff were very much the instigators in encouraging clients to engage with the page. The project co-ordinator at the centre designated two admin staff to engage and manage the Facebook page. All participants had to "like" the organisations Facebook page. The researcher took a volunteer position at the centre to observe what was being done on social media and to support the organisation with the implementation, encouraging them to try a different activity each week and demonstrating to them how to do so. The activities implemented were suggestions that had been made through previous stages of the research.

Some of the activities implemented included:

- Sharing information
- Networking with other organisations
- updating the current information about the organisation on social media
- posted information about positive mental health week which was a national event promoting mental health
- developed a private group page for two of the groups at the organisation- mother and toddler and knitting group
- blog post on Friday afternoon to review events of the past week
- advertised volunteer positions and professional positions at the organisation
- posted photos and reviews of summer camp (there were no images of people used just photos of activities they completed)
- advertised the upcoming educational programme for September 2016

The administration staff engaged with the Facebook page once a week for an hour over the six-week period. In the hour, they updated the information on the page and interacted with others linked with the page to encourage them to "like and share" posts. The evaluation of the pilot took part in the form of a focus group with staff and clients.

6.4 Evaluation of the implementation of a social media pilot study in a family resource centre

The Table below demonstrates the increase in likes over a six-week period.
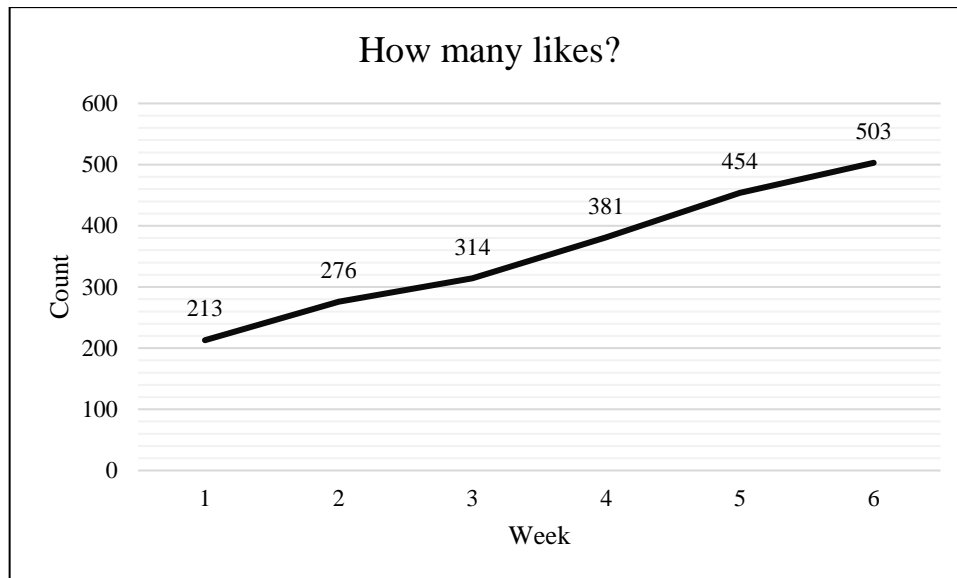
Figure 14 Increase in likes over a six-week period

Following the implementation, there was an open invitation advertised in the organisation for participation in a focus group to discuss the implementation of social media and practice guidelines and to evaluate its role in the organisation. There were two staff members present who were the administrators of the page and three clients in the focus group. The questions asked are available in Appendix N.

Report of focus group

Some of the themes which arose from the focus group were similar to the benefits reported in the individual interviews, they include reach, sharing information and cost effectiveness.

The focus group responded that there was an increase in people engaging with social media and talking about information that has been put up on it. People use it for sharing information. There has been an increase in attendance in groups and the organisation reported that it wouldn't have been successful without advertising on social media. It has been beneficial in advertising courses for September but also recruiting participants for summer camps at the centre.

> *"There were people who have never came to the centre who enrolled on our camp because they saw it advertised on the Facebook page" (Evaluation Focus group)*

Regarding cost effectiveness in terms of time, time creating posters & posting them to local services has been reduced but money still needs to be spent on advertising. The organisation was unable to report whether it had observed a financial gain but it certainly paid off in terms of footfall at the organisation.

The focus group reported that social media was most beneficial for its reach to others, quick to post information, easy access to information for clients, and to promote the work done at the organisation through photographs of completed projects and feedback.

A major challenge for the organisation is data protection concerning the use of imagery of children and clients on the Facebook page. Although many signed consent forms to allow their photos on the page, some people were still reluctant to allow it, therefore it was decided by the organisation not to use imagery for the duration of the pilot study

The focus group reported that clients regularly mentioned information that was put on the Facebook page, in particular an increase in enquiries about services at the centre. *"I definitely notice a lot more new faces coming in."* New clients joined more groups when they realised the services and groups that were available. Throughout the duration of the social media pilot there was a fundraising drive for donated items for the charity shop. Many people in the wider community took part in this.

The guidelines document was deemed adequate for implementing a Facebook page but it would need to be reviewed if the organisation were to use social media more often: *"we used them but we'd have to pay more attention if we're going to increase our use of social media."* The organisation would be open to new forms of social media, for example using social media for meetings, but at the moment they are trying to develop a website and they would like to take it one step at a time.

Chapter seven: Discussion

7.1 Discussion

The following chapter will review the findings of this research study in view of the literature researched. It will look at the current position of social media in social care. It highlights the ideas for including social media in social care from the point of view of practitioners and clients. The benefits and challenges of social media use in social care will be further developed. The importance of monitoring and guidelines to support the implementation of social media into a social care setting. The development of the social media pilot intervention and how it contributed to this study will also be discussed. The main findings and implications of the findings are discussed throughout this chapter.

The mixed method approach taken in this research contributed to the interpretation of data from semi-structured interviews with practitioners, focus groups with clients and a survey targeted at social care workers. Findings have demonstrated that social media is still a new phenomenon in social care. Most participants use it for their personal use. They use it primarily for leisure purposes, keeping in touch with friends or using fitness apps on their phone. Less than half of participants use social media in their professional role. The reason for this is mainly due to limited knowledge of how it is used, lack of confidence of the user engaging with it, a cost element to the organisation, and limited organisational support for its implementation. Some of the barriers include low availability of funds, lack of access to technology in the organisation's local area, for example, broadband or phone network coverage. The age of the manager or person in charge at an organisation is a factor on the influence of the use of social media. It becomes challenging for older practitioners when it is encouraged to be used in the workplace. Over half of the participants that participated in this survey were aged 25-34 which perhaps indicates that many people who use social media are from a younger generation, as the survey was targeted at those who had an account on Facebook as the link was posted to Facebook groups to be completed.

Findings suggest that traditional communication such as face to face and phone, in comparison to more modern communication is preferred in social care organisations. Face to face remains the most popular avenue of dissemination of information to the public domain with email second preference. The target groups of social care organisations are in the local area, therefore, using radio, newspapers, and flyers are very important to communicate with the local people and specific target groups.

If the use of social media was allowed and encouraged in the work place, it might help to change people's attitudes towards it, there is a lack of organisational support with its use as reported in the findings. Perhaps time limitations, and access to funding which have previously been mentioned, may be preventing its introduction to social care. Practitioner's view that they could use their time more efficiently, spending it in groups and meeting clients for one to one support. It is suggested that a designated person be available to update social media, therefore that person is given a job to be solely responsible with support from others at the organisation for putting information on social media.

The majority of respondents reported that social media should now be a part of their working life. Social media would be beneficial in social care although many find it challenging to use but that is mostly due to their partial knowledge of how it works, and limited time available to learn how to use social media and engage with it.

Findings reported that social media could be used for reaching a target audience quickly, promotion of the organisation, receiving support from other organisations and networking. Social media could be used to prepare daily online task sheets and checklists to speed up the administration tasks in the workplace. These are all tasks which are like marketing and administration duties. These are also similar to the benefits which were found in the interviews.

Practitioners felt that social media could be used for e-training, to support engagement in continuous professional development. It would avoid practitioners having to travel and they could take part in training in their own time in lieu of time off compared to dedicating extra time travelling to and from training sites. Practitioners felt it would be a more cost-effective option for the organisation also. Practitioners and clients in interviews reported that social media could be used for the development and maintenance of relationships. Using social media for professional networking. These also had benefits such as avoiding isolation and promoting the use of social media at an older age.

Practitioners reported they didn't know a lot about social media, however practitioners in the interviews had a lot of knowledge of potential uses and benefits but failed to explore them by using social media in their organisation. Practitioners view is that they are currently overworked. They see social media as another task to add to their workload. However, the suggestions of potential use particularly for administration tasks might aid in freeing up time for other activities or to spend time with clients.

Social care practitioners reported that social media could be useful for peer to peer support. Clients could interact with each other, practitioners could support clients and practitioners could support each other. It is reported that social media was unsuitable for counselling but could possibly be used as complementary support to therapy. Practitioners felt there was an opportunity for social care practitioners to support their colleagues, and that social media could be used to recruit potential new members to groups.

There were low percentages reported of clients who have requested to connect with practitioner via social media for work purposes. This is consistent with the focus groups reporting low engagement with clients, social media is not used for interaction between organisations and clients.

It was suggested in the interviews that social media be used for supervision and debriefing. This view was not supported in the survey where 70% disagreed that social media be used for supervision purposes, perhaps due to the sensitive nature of information to be discussed.

There are social media guidelines available in four of the organisations where practitioners were interviewed, but staff have a limited understanding of them, and they are not fully aware of what a social media policy means for them. For some organisations, there is no specific social media policy, the guidelines are mentioned in an internet usage policy. As a result of participating in the interview it is something they would consider reviewing and implementing a policy for the future. There appeared to be differences in the survey and interviews, many of the participants in the interviews did not have a specific social media policy in their organisation. Social media needs to be reviewed on a yearly basis. Practitioners felt that a social media policy was necessary for the successful implementation of social media in social care. It needs to be updated regularly and a specific person is required to monitor social media.

Social isolation, cyber-bullying, befriending and boundaries were all challenges discussed in the interviews and survey. These are reported as contributing factors as to, why people do not participate in using social media, potentially dealing with these issues in a formal document may encourage users to engage in social media use.

Findings reported that social media is not a suitable place for people to talk about the organisation that they work for and similar to a response in the vignettes where practitioners felt that where social media is a medium for voicing your opinion. When practitioners were asked should clients be allowed to give an opinion on information put up on social media, there

was strong agreement that it should be allowed. There was varied results when asked should social care workers be allowed to voice their opinion on social media, however a majority percentage supported that social care workers should be allowed to voice their opinions online. They must also be aware that they are representing themselves as a professional. In association with this was the requirement that information should be reviewed prior to going on the organisations social media site, a high percentage of practitioners agreed with this. Findings suggested that is essential that practitioners must report incorrect information, a breach of confidentiality or privacy on social media should it affect clients in a negative way.

The issue of befriending or making a connection with someone on social media was challenging for many. As reported in the interviews and survey, practitioners generally do not want to have an online personal relationship with people in work, yet they feel under obligation to do so. This is also the case that on occasion, clients do not want to befriend fellow group members, practitioners don't know how to address the issue of rejecting a client online and the boundaries that it crosses, what can and can't be discussed online and should they/or shouldn't they address the matter with the client. It appears from the results that it is necessary, indicate the ambiguity around connecting with people online professionally.

Consent is required to use any person's information on a social media page. It is important for organisation to acknowledge that they have ethical and legal obligations to maintain client privacy and confidentiality of using social media, consent, boundaries, confidentiality, privacy highlighted as most important. Practitioners demonstrated that a client's information could be searched for following an emergency and that if a client intends to harm themselves or others that the information must be disclosed.

Monitoring must be done by a designated person or manager at the organisation. It was suggested in the interviews that social media should be monitored by a client by the practitioners and clients who participated in the interviews but that is not considered in the survey.

The guidelines which were developed supported the implementation of the pilot study. Following review of the small-scale study, it was reported that social media was effective for the organisation particularly in advertising, sharing of information and recruitment of staff and volunteers. The staff reported an increase in attendance at the organisations and there were two designated people responsible who reported that they enjoyed it and would keep using the social

media page. It was not reported whether it was a cost-effective method. The social media policy would need to be reviewed for the organisation to make it more user friendly for the clients attending the centre. It is slow to adapt, but it appears beneficial for the family resource centre that participated in the study. Social media may be suitable for some activities in an organisation but not for others. It was used in a family resource centre which has a diverse range of services. The type of service needs to be considered further should the policy be used in a different service.

Following the implementation of the pilot study, the organisation found that there was an increase in attendance at the centre, more people demonstrating an interest in attending the organisation for classes. The staff are more enthusiastic about participating in social media. Practitioners reported that they felt more confident with the protection and support of the policy.

7.2 Knowledge of social media and social networking

The terms social media & social networking

The knowledge of participants surrounding social media and social networking is discussed throughout the qualitative aspect of the project. Findings report that social media is a "communication tool", somewhere to "watch videos" and "share information". In the survey, 98% of participants have experience of social media on a personal level, but only a small number (44%) use it for work purposes. There is common knowledge of social media platforms such as Facebook and twitter but only a small number of participants mentioned more modern social media (E, g, Instagram, Snapchat). In comparison, the interview participants responded that they are familiar with the term social media and identified social media as Facebook or twitter. Participants primarily use social media for 'leisure purposes'. In contrast, exploring the knowledge of social media among focus groups who were clients discussed various types of social media mentioning Facebook, Twitter and YouTube but none of them identified what exactly social media was or what it is used for, i.e. communication or sharing information. Social media sites Facebook, snapchat and YouTube are the most popular sites indicating the demand for interaction from users for video-content in comparison to least popular vine and Tumblr which are micro-blogging and interest sites. Similarly, terms used to describe social media in the literature are as follows: 'interactive', 'information sharing', 'co-creation', 'change content' and 'communication tool'. Some definitions refer to it as groups, which allow communication and creation. Definitions implying information sharing communication via the

web (Kietzmann, Hermkens, McCarthy, Silvestre,2011; Kaplan & Haenlein,2010). In contrast with the literature, participants did not identify with some descriptions of social networks in the literature such as social networking sites (SNS) as spaces for conversation, meeting new people and sharing content such as news and photos with others (Schinasi &Schultz, 2011; Taprial & Kanwar,2012). These descriptions are similar to the findings described on a personal level in that content is shared online but participants did not go into detail for professional purposes. From the findings suggested in the interviews, it would appear that social care workers are interested in developing a new method of communicating with their client groups. It is possible that practitioners assumed the uses of social media for meeting new people, and sharing conversations, the participants were not asked directly if this was the case. In this research, there appeared to be a focus on Facebook in each method of the research which indicates a lack of understanding around the use of social media for other purposes or a different type of social media.

Generation differences

Many older participants of the focus groups described social media as being the internet, not distinguishing between the internet and social media. Participants were familiar that social media may be accessed through a smart device/laptop but one focus group mentioned the internet. This focus group were particularly older in age which may indicate their limited knowledge of the subject. Older participants of the individual interviews addressed generation differences as an issue for engaging in social media and described it as a 'challenging experience'. There were some exceptions where practitioners felt it was necessary to embrace change and not to let the fear of learning something new inhibit their engagement.

Traditional methods versus modern methods of communication

The interviews and survey identified many mediums of communication in the organisations from traditional forms (e.g. newspaper, radio) to modern communication (email and social media). 'Face to face communication' remains the number one preference for social care workers when interacting with clients today due to the nature of the work that they do. Similar to this research, Cain (2011) discusses the role of social communication in society today. Social media applications such as Facebook and twitter are rapidly changing how we communicate with each other and changing communication patterns. Social communication is changing from an environment where we mostly used telephone & face-to-face communication to a digital

public with the use of social media. As described in Cheung et al, (2014), individuals engage online and perform communication in a style similar to face-to-face communication.

7.3 Current use of social media in social care

Levels of usage

Social media is used among 98% of survey participants and 44% use it for work purposes. There was limited use of it among interview participants, those in the focus groups use it regularly, apart from, as mentioned previously, older participant

s in the focus groups are not that familiar with it. Of those that use it for personal use, 90% reported using it 'more than once a day'. There is low engagement with social media for work purposes. Practitioners felt that social media poses too many challenges and risks with its use. This indicates that although people do not use it for work purposes they still have a familiarity with it. It would be used if people had more knowledge about it. It's possible that the challenges and risks that social care workers associate with its use for their professional role, perhaps is due to the lack of familiarity of using social media in a professional position.

Uses within the organisation

As previously mentioned, some of the current uses of social media in a professional context include sharing information, advertising, and networking with other agencies. It is also convenient for reaching clients and receiving feedback from potential clients about running a course or adapting the schedule of an event. Consistent with the research, Griffiths et al (2012) report that patients are accessing social networks healthcare platforms to obtain and contribute to health information. Information provided via social networks now complements traditional sources such as face to face rather than substituting for them. Similarly, Chou & Pi (2015) explored the use of Facebook for e-learning, they suggested that social media complements a classroom setting where learner is face to face with students. Findings suggest a designated person at the service to update information on social media, perhaps further scope may identify who the designated person is, for example a manager, staff, client. Most common response indicates that social media is updated more than once a month in their relevant organisations. When asked about their knowledge of social media and social networking, clients in the focus groups reported that social media is important for staying in contact with friends and family, researching information and linking in with other organisations were common themes which

arose throughout. These themes are consistent across this research. These findings are similar to the uses in social care for foster carers who use social media for peer to peer support (Monmouthshire County Council,2012) and individuals with learning difficulties who create social networks to keep in touch with their families(Warner,2008). Edwards (2011) discusses social media in terms of how the public interact and share information with each other. He explains that the interaction of social media sites contributes to facilitating the exchange of information about products and brands. Similar to these findings, social media allows people the convenience of keeping in contact with friends through Facebook and twitter, to create and maintain contact with professionals and conduct business and learn new skills through sites such as LinkedIn (Koles & Nagy,2012). Cain (2011) describes how social media helps improve communications and promote the efforts of the organisations and its members.

Social media in work

Findings reported a low engagement with social media for work purposes among interview and survey participants. This may indicate that social care workers have a limited understanding of the benefits social media can have for their work lives, these will be discussed in more detail in the next section. For those that do use it, they use it primarily for marketing and administration tasks. They use it for advertising events, promoting activities and services at their organisation. The limited use, may also indicate the limited organisational support in some organisations to incorporate change such as implementing social media. External factors such as access to broadband or suitable network coverage may inhibit the use of social media in rural social care organisations. Very few use it for delivering interventions and interacting with clients, which were suggested as potential uses in the interviews. The practitioners explored many potential uses and benefits which will be discussed further.

7.4 Incorporating social media into practice

The research generated many suggestions as to how social media could be implemented into social care, through exploration with social care workers and clients in the initial stages of the research interviews. These initial interviews generated data which was further explored in the survey. Many of the suggestions to incorporate social media in social care are discussed in the benefits section also. 84% of practitioners who participated in the survey indicated that it was important for organisations to engage with social media. Power &Phillips-Wren (2011) support the view that social media is changing how we obtain and process information for our personal

and work lives. Clients would like to engage but say they are limited by the policies of the services. Staff want to engage with social media but they feel that other mediums- more traditional methods such as face to face communication and phone calls to check in with clients are necessary for the type of work that they do. Franklin, Hossain & Coren (2016) report the limited involvement of young people in social work education, their voice is missing as such. Franklin et al (2016) reports that engagement with social media would encourage them to share their knowledge and experience related to health and social care. This is similar to the finding in this study that clients would like to take part in social care but are limited due to policy constraints of services.

Advertising

Organisations require alternative options as their resources are so stretched. Findings reported that social media could be a good option for advertising, helping to reduce costs so that funding could be spent on alternative activities, for example further education courses. Social media may also be used to demonstrate the work done at an organisation and profile the positive experiences of individuals. Similarly, Norton & Strauss (2013) reviewed health care organisations that have introduced social media. They report that social media is used to promote activities within the organisation, communicate opportunities for better health, introduce and explain new and advanced medical procedures, promote volunteer efforts and keep employees informed of weather related events and the impact it has had in the workplace.

Communication with others

Practitioners said social media would be beneficial for keeping in touch with other organisations. For example, the use of Skype for professional communication, collaboration and networking. The importance of this was emphasised in the focus groups when clients reported that they feel social media is important for maintaining relationships with friends and family. The potential of social media to reach many people is a good use in social care as it avoids having to send text messages, or letters which can be very time-consuming. In rural organisations it can help spread word about an event quickly, that of course depends on the individual engaging with it. In the initial interviews with practitioners it was mentioned that social media would be useful to connect with clients. When practitioners were asked in the survey: 'has a client ever suggested to contact you via social media for work purposes', 71% responded 'no' with 29% responding 'yes'. This finding question, if social care practitioners

are aware that their clients want to engage with them via social media. Eloff & Niemand (2014) developed a strategy to implement social networking to access wider audiences, send health related messages and provide a two-way communication channel. Similarly, the case study involved in this research had similar aims and found that social media is an effective method of keeping involved with the service. These findings are similar to Eckler et al (2010) using social media to interact, share information and present themselves as friends to form groups with shared interests and social connections.

Supervision

The use of social media for supervision and debriefing was initially suggested as an option for social care practitioners by practitioners in the interviews. The topic was further explored in the survey. 30% of respondents agreed that social media could be used for supervision in comparison to 70% who disagreed. 54% of respondents in the survey demonstrated an agreement that social media may be useful for staff debriefing following an incident. The survey represented a larger number of practitioners, therefore it appears that practitioners would not see social media as a suitable platform for supervision but may consider using it for debriefing. Considering supervision is such an important space for reflective practice for social care workers, perhaps this echoes the importance of engaging in supervision face to face. Anderson (2012) suggests that social media used for continuous professional development, which is an element of supervision, to observe what areas social care workers need to improve their training. She recommends social media for such tasks as reading articles and having online discussions about them with peers.

Engaging with clients

Interview participants identified that social media would be useful for empowering clients and keeping them involved in the organisation by posting motivational quotes and videos to social media. Clients who participated in focus groups want to engage with organisations via social media for access to up to date information about the service. Clients reported they would like to see social media used as a space to create groups and keep up-to-date with what's happening at the organisation. The mother and toddler group have a private group to share information about children's medical issues, looking after them as a parent and to check in between group meetings. Similar to the practitioners, using social media for promotion, and creating private social groups in the organisation would help them to keep in contact with peers outside the

service supporting the need for social support. Norris (2007) refers to the need of the users of social media to have a sufficient knowledge of how social media works to encourage trust, interact with others online and have an effective professional relationship.

E-learning

Practitioners in the interviews suggested engaging support workers and tutors in social media for e-learning. Being interactive on social media could encourage clients to provide opinions and feedback on coursework. It may also be an opportunity to provide extra support to class work in comparison to answering questions in class time. The development of online training programmes that staff could complete in their own time would benefit them in terms of work, time, money, that they wouldn't have to leave the service. This would avoid having to waste time attending a course where they have to travel or perhaps pay a lot of money for a facilitator to come to the organisation. These findings have proved beneficial for client groups. For example, Eyrich-Garg (2011) reports that homeless groups have explored engaging with technology for e-learning. Through completing a computer course, they reported it benefitted them in terms of social support. Those who have greater access to social support systems have better physical and mental health systems than those who do not (Eyrich-Garg,2011). These research findings are similar to the Chou & Pi (2015) study. They explored the use of Facebook groups to implement e-learning. Findings in the study demonstrated that there must be an easy to use interface to encourage engagement in e-learning and that Facebook can be used to support a face-to-face group. Similarly, Kirwan & McGuckin (2014) explored the implementation of social media for learning with social work students to share information, organise social events and network with colleagues. George & Dellasega (2011) research used social media to support a humanities course. The use of discussion boards and suggested readings were put on social media to support students. These studies although from various other disciplines, support the use of social media for e-learning in social care.

Administration support

As suggested in the interviews, there may be an opportunity for daily administration duties of staff to be managed via social media therefore saving time, and offering staff more time with the clients. Some of the duties could include rotas, care-plans, education plans, reflective journals, and engage in group-learning with their colleagues. The survey demonstrated that the most popular use of social media activities in social care would be raising awareness about

issues for clients, recruitment of staff and online discussion blogs. Ayres (2013) supports the use of social media for online discussion blogs in social care to help promote resources and social media innovation in social care. This is interesting as people may use social media for advocating for clients, the recruitment of staff possibly may influence how technologically advanced we have become yet participants in the interviews said they were unfamiliar with social media.

Online counselling

Practitioners in interviews reported that social media would be useful for online counselling, this was supported by clients in the focus groups. This topic was further explored in the survey but practitioners reported that using social media for online counselling was lowest ranked as a potential benefit in social care. This differs from reports in the interviews where they suggest using social media as a support method to individuals who are attending therapy. Social media needs to become a platform to support clients and direct them to appropriate services if they are seeking help on an online forum. Social care workers should be encouraged to engage if they feel necessary in a professional capacity. Joyce (2014) mentions that social media can be more a support tool to counselling than direct form of therapy via social media. This is further supported by Twomey et al (2014) where they evaluated a computer based CBT programme known as MoodGYM. Results demonstrated that the intervention was not suitable used on its own but using MoodGYM while waiting for treatment alleviated psychological stress and distress. In comparison to these studies, Robinson et al (2015) supports the use of social media for suicide prevention allowing users to support each other and to use it for the provision of professional support and treatment. Rogers, Quin-Griffin, Wykle & Fitzpatrick (2009) report a group of young people who attend therapy versus internet therapy. They prefer face-to-face therapy because they can express emotions such as depression, fear, and anxiety more easily.

Findings in this research from the point of view of social care workers and clients focussed on social media for marketing and business-related operations primarily, in comparison FutureGov (PatchworkHq,2013) in the UK are a social work service who focus on developing a social media application to interact with multi-disciplinary teams to support a vulnerable child in their care by connecting with their families. This is an avenue that was not mentioned as an opportunity in this research despite its benefits of time and cost-effectiveness.

Although there are many similarities in the findings between clients and staff, there are also some differences. As demonstrated in the findings, the practitioners focus for using social media is practical. Management want it to be cost effective to implement, compared to clients who are more concerned with the social approach and their ability to obtain information from the service.

7.5 Benefits of using social media in social care

Many of the benefits of social media were discussed interchangeably with the usage section by participants in the research. Participants in the survey agreed that social media is a useful tool in social care. Social media benefits were discussed simultaneously between potential uses in social care and the benefits section of the survey. Benefits outlined in the survey include audience reach, cost effectiveness, promotion of the organisation and receiving support from other organisations. Many of these benefits have been previously discussed, therefore this section briefly discusses them in reflection of the literature.

Cost-effective

Although 'cost-effectiveness' was a minor theme that emerged in the interviews, cost-effectiveness is one of the key benefits of social media addressed in the survey as a benefit for social care workers. Cost-effectiveness is discussed in terms of time and money for organisations. Social care is such a low funded area that it makes perfect sense that organisations want to save money for their relevant organisations. The survey of practitioners reported that social media is 'cost effective' and you can 'reach a target audience' much quicker. However, there is a cost element to setting up social media for an organisation for example access to appropriate technology for example broadband to connect to the internet. Similar to Winston et al (2012) due to funding cuts, healthcare organisations have had to explore new methods of communicating with their patient database. Hawn (2009) makes the point that healthcare has changed its interaction with clients to a more online platform. This has increased the sharing of information through its reach to a specific target group in a public or private manner.

Learning new opportunities

For older members of the gardening group they felt that social media opens new avenues for them such as 'learning information' about other services. There is a difference in the ages of

the participants of the focus groups with older participants, e.g. men's shed group seeing social media as 'new' compared to mother and toddler group or mental health group with younger participants who don't see social media as new and are accustomed to using social media. Perhaps that is why older generations are not as inclined to use it or have a fear of using it because they are not familiar with it. The benefits for clients include access to information, promotion events and connectedness for clients were some of the benefits discussed. A difference noted among some of the participants of the interviews was the issue of age, saying that at an older age social media offers new opportunities such as learning information about other services at the other organisation also. Social media may be more beneficial to some client groups in social care rather than others. As suggested in the findings by practitioners, social media could be beneficial to those with special needs in independent living to keep in touch with a social care worker and discuss their care plan(Warner,2008), access to reading for those who are struggling with mental health issues such as anxiety and depression, and for homeless people to access available emergency accommodation.

In relation to the literature, the participants in this research identified many benefits in social care that are similar to benefits associated with other professional settings. There is a growing trend towards the use of social media in health care for the education of patients, information sharing and professional- peer connections. As described in Anthenius, Tates & Nieboer (2013), there are many motivations to the use of social media in health care. They discussed increasing knowledge, doctor-patient communication, social support, exchange advice and self-care for clients. efficiency, communication with colleagues and marketing were discussed as motives for practitioners. Many of the barriers and motivations discussed in their study are similar to the ones found in this research. Eloff & Niemand (2014) outline some of the reasons that social media is deemed successful is for opportunity to share information, cost effective and the reach of a wide audience. Moorhead et al (2013) concluded that there are six key benefits of social media in healthcare. They include interaction with others, shared information, peer/social/emotional support, increased access to information, public health surveillance and potential to influence health policy. Social media offers an instant reaction in real time and has the potential to identify issues quickly. Ventola (2014) also describes the benefits of social media in five key areas: Professional networking, professional education, promotion of organisation, patient care and patient education. Professional networking offers an opportunity to share and exchange knowledge and skills of professionals to gather information and solve problems. The role of social media in professional education offers universities the chance to

recruit students, increase access to libraries, create virtual classroom environments. Promotion of the organisation using social media offers health care organisations improved communication, increasing visibility, fundraising and providing customer service and support. Patient care can be supported using social media to offer patient a chance to request prescription refills or ask doctors questions. Social media is beneficial in providing patient education. Patients can receive peer support through virtual communities, participate in research, request moral support and discuss personal progress of their ailments. The promotion of public health via social media offers opportunities to quickly spread information, and provide advocacy on public health issues. Although these benefits are outlined in healthcare and medicine, it demonstrates the similarities of the benefits that are found in this research from the findings of practitioners and clients. It is possible that the role of the professional or any organisation or institution that engages or communicates with members of the public have the same attitudes toward the use of social media in professionalism. Similarly, McBride (2011) remarks the benefits of social media for adolescents in enhancing communication, broadening social connections and learning technical skills. McBride discusses the promotion of social media for families to support a healthy use of social media.

7.6 Challenges of using social media in social care

There are also many challenges associated with using social media in social care. Several themes highlighted major challenges of using social media in social care for practitioners. Some participants described using social media for professional use as challenging. Challenges outlined lack of knowledge or familiarity with social media and a general fear of how to use it. Dealing with ethical issues because of social media use and how time consuming social media can be were also cited as issues. Access to the technology mediums to use social media e.g. smart devices, internet connection, were especially a challenge in more rural organisations. Organisational policy limitations and maintenance of social media can also prove difficult for services due to lack of training for staff. Te Velde et al (2013) reports challenges of social media use in healthcare, it causes an increase in workload for staff, and results in the impairment of a doctor-patient relationship.

A challenge for some of the organisations was the low numbers of people that engage with the service via social media. There are many reasons for this and it may be the target client group of the organisation are too old or young. Other challenges reported lack of familiarity, access to technology or a general fear of how to use it. Similar to the practitioners, clients experience

the influence of no policy in an organisation. The mental health support group expressed the difficulty of trying to set up a Facebook page. The organisation they attend would not allow them due to policy constraints, therefore demonstrating a lack of support from the organisation in the development of social media for the organisation. Cyber-bullying is also an issue for clients and many have experienced it, although when discussed with the men's shed focus group, cyber-bullying was not discussed as an issue, perhaps due to the older age of group participants. Drennan et al (2011) supports this claim, where a large amount of young people have been affected by cyber-bullying through social media on their phone. This is confirmed by Lenhart et al (2011) who report that 88% of participants in their study have witnessed or being part of people being mean or cruel on a social network site. Online connections with others can prove challenging as some of them don't want to connect with others, but feel they have to because they attend the service together. This finding is similar to practitioners, they have work colleagues that they do not want to make connections with and they are unsure of how to deal with that. Nobody takes responsibility for monitoring social media as they are unaware of how to deal with the risks associated with its use and of those that use it in work the manager feels an obligation to take responsibility but may not have the necessary skills to do so either. Practitioners reported in the interviews and survey that the use of social media avoids isolation. In comparison, clients reported that social media can be a major factor in social isolation. Clients reported this from the point of view of having the appropriate access to the technology necessary to use social media, for example a smartphone, a PC or, smart device. Practitioners report not being encouraged by their employers to use social media. Practitioners didn't think discussing information online broke professional boundaries but it possibly does if it involves clients' personal information or sensitive information of the organisation.

These findings are mostly consistent with previous research. Schinasi & Schultz (2011) discuss the negative influence of social media. It can further reinforce the isolation of individuals in their own environments, where they lack understanding and participation in society & culture. Usher (2012) indicates that health professionals are slow to adapt to using social media to interact with patient's due to their lack of knowledge, which is a finding repeated in the interviews, and survey of practitioners. As described in Anthenius, et al (2013), there are many barriers to the use of social media in health care. Some barriers included, privacy concerns, unreliability of information, legal grounds, lack of skills and no need for social media. Across all findings in this research, challenges are consistent with those in Anthenius et al (2013) study with risk of harm being a challenge for practitioners and clients alike. Machold et al (2012)

explored the hazards of using social networking sites. They include bullying, inappropriate contact, overuse and an association with addiction, also disclosure of personal information & invasion of privacy. It suggested further exploration of the use of social media and how this sedentary lifestyle may be linked with physical health problems such as obesity. This aspect of the influence of social media use on physical health is perhaps another avenue for research in the future. These hazards are similar to those outlined in the research findings, with social care workers reporting that they feel social media is becoming an addiction for the clients. The literature supports many of the findings that arose as challenging.

It is possible that the challenges which were discussed among practitioners in the findings are because practitioners may not have had the opportunity to explore the potential uses of social media in social care. The challenges which arose in the findings contributed to the development of a draft guidelines document for the users of social media in social care.

7.7 Best Practice Guidelines

The structure of social media guidelines for social care organisations is emerging. Findings report that clients and practitioners are both in agreement that guidelines will need to change as new social media emerge. Many social care organisations are cautious of using social media due to the vulnerable nature of some of the clients who attend social care services. A guidelines for use document helped to support the implementation of a social media pilot intervention in this study. The guidelines used in the intervention were developed as a result of the findings of the research. Ayres (2011) supports the necessity of guidelines for the use of social media in social care however, no study or organisation have explored or documented what these guidelines should be or contain. Kirwan (2012) also explored the necessity of ethics of social media use in social work from the position of the social worker, encouraging them to be aware of the pitfalls if care on social media is not adhered to. Although many social workers like to use social media for personal use they must ensure to have their social media private and that anything they say online also represents them as a professional.

There was consistency across most participants that the responsibility of monitoring social media must be done at the organisation. A majority reported it is the responsibility of a 'designated person' similar to the role of a child protection officer. The information that is being posted on social media must be controlled, reviewed and monitored regularly. This person would also be responsible for dealing with any issues that may arise because of using social

media. Having a designated person would avoid confusion for staff and clients alike. The designated person would require training for using social media in a professional capacity. Clients say the role of a designated person may limit the interactive nature of using a social media page for the organisation but due to the nature of the work it must be monitored for the protection of all parties involved.

There were mixed responses when asked was the monitoring of social media addressed in any document at the organisation. None of the practitioners who took part in the interviews were aware of a specific policy at the organisation. Existing policy was explored a little more in the survey, 75% of participants have a social media policy in place in their organisation with just 14% saying that they are in the process of developing one with others stating that social media use is addressed in a different policy at the organisation. Clients were unaware of any policy or guidelines at the organisation but referred to them as rules and were basic such as demonstrate respect to others online and ensure to sign in and out when using the computers to access social media at the organisation.

Findings demonstrated the need for the social media policy to be reviewed regularly at the organisation. For social media to be successful, there needs to be cooperation from clients and their relevant groups. It is recommended by those that participated in the survey that the social media policy must be reviewed once a year. This was a surprising result considering social media is to be updated at least once a week. The interviews unsurfaced some content to be explored further in the survey. Consent is required to take photos and videos of clients that is consistent across the board. Photos and videos should not be recorded on a personal device. Staff members must not vent about issues or complain about the organisation they are employed by as they must have an awareness that they are a member of an organisation, representing the views and policies of the organisation. Clients should not request connection with staff members at the organisation, it is not acceptable for a staff member to request a client's friendship online. Practitioners do not feel they should have to explain themselves to clients if they refuse a connection with them. Others felt it would be appropriate to outline that it is a professional relationship. Some practitioners said it may be convenient to make a connection online. It is also unclear from the findings whether staff should accept online friendships with colleagues, equal amounts agreeing and disagreeing on the statement. Finally, practitioners reported the importance of enforcing a policy, it must be user friendly and be able to implement it. Smith & Fitch (2012) discovered similar issues and explored the importance of guidelines

and friending clients on social media. They emphasise the need for a risk assessment to ensure that the client and practitioner are reading the same information about their professional relationship.

Vignettes in the research

The use of vignettes in this research were effective in exploring information to be included in the guidelines document and establishing an approach to the development of best practice for social care practitioners and clients to use social media in their organisations. Findings contributed to the exploration of the need for guidelines in the social care sector to use social media and suggestions for what needed to be written in those guidelines. Reamer(2013) described many ethical dilemmas that were experienced by social workers, for example, social workers commenting negatively about colleagues online, social workers speaking about clients online and a client discovering personal information about a social worker online. These examples contributed to the development of the vignettes which were used in this study.

Themes identified in the vignettes which could also be acknowledged as actions, such as 'seek clarity of information' and 'refer to code of practice', were themes which emerged when a scenario described briefly of a staff member who breached confidentiality of a client by naming them on social media. 'Seek clarity of information' refers to firstly seeing if the information is still available on social media before blaming anyone and secondly, referring to code of practice where the staff member will be referred to the board of management. These findings suggest the importance of being clear the information is on social media but also that the staff member be addressed for their actions. These findings are supported by Cain & Romanelli (2009) who specify the online presence of material that professionals put on social media, even in their personal life can be seen by the entire online community. This issue can lead to their professional integrity being compromised.

Practitioners felt that the organisation or designated person using social media at the organisation should take responsibility to engage with clients who are at risk or requesting help on social media. If the client requests help online then , staff members could direct clients to support services via social media. Staff could also discuss the issue with another staff member to help protect and support the client and perhaps encourage them to engage at a later date with a GP or counsellor if necessary. The findings from the interviews were supported by those in the survey. Practitioners in the survey reported that it is appropriate for social care workers to

search for information about a client following an emergency, this was indicated as important by 75% of practitioners. Findings from the survey indicate 79% agreement when asked whether social care workers should be obliged to disclose information obtained via an online relationship if the client intends to harm themselves or others. This finding shows that social care workers are aware they still have a duty of care to a client in an online situation. In contrast, clients in the focus groups reported that when requesting support their preference was to discuss the issue face to face or make contact by phone, both demonstrating that making contact with the person was necessary. The mental health group reported it depended on how well you knew the person, whether to make contact or not.

Boundaries need to be addressed when a staff member discloses information about a client online, when the information is disclosed it is the responsibility of the organisation to contact the family. Cain (2011) supports this demonstrating that staff have a responsibility of e-professionalism and that the organisations offline procedures should still be followed, for example keeping a patient informed but in the case of this research the client of the organisation.

When the bullying of a child via social media happens at an organisation it is necessary to support the victim and inform the child's family as reported by staff. In context, this is important to protect the reputation of the organisation. Clients concluded that the issue of cyber-bullying must be resolved as a group, because if it is not resolved it may result in the client no longer participating in a class. Machold et al (2012) & Drennan et al (2011) further explored the role of cyber-bullying and its hazardous effects on teenagers, when they experienced cyber-bullying. These effects included low self-esteem, issues with appearance overuse and addiction.

Practitioners were particularly concerned about clients recording them while working or photos being taken without permission. Following an incident of a client filming/recording a staff member, practitioners felt it was important to update the social media policy, inform manager of incident and identify/clarify boundaries with clients. 69% of practitioners in the survey reported that social care workers must not take photos or videos of clients on personal devices-including mobile devices, indicating their awareness of professional boundaries. Findings reported by the clients indicated that there was trust among the groups that it wouldn't happen, the older group again commented it wouldn't happen and the mother and toddler group were confident that it wouldn't happen in their group. It is important to highlight the mature approach of the groups that participated in the interviews.

Befriending issues were explored further in the vignettes. Practitioners responded to the scenario that staff should not accept clients as friends. They should acknowledge and explain to the client the reason why they didn't accept them because it may affect their professional relationship. Befriending was further explored in the survey, practitioners validating that workers should not accept clients as friends on social media, and disagreed when the question was posted different. When practitioners were asked if a staff member declines a friendship request with a client, they must explain why to the client, collectively, 64% agreed with this statement, again confirming what had been stated in the interviews.

Using blogs in organisations and allowing clients to engage in them resulted in some practitioners agreeing that a client has a right to an opinion online, in comparison to other practitioners who said they should be blocked from the social media site. Clients in the focus group reported that personal responsibility of the clients is important, that they do have a right to an opinion, and that they are entitled to say what they want but must be responsible in how they act on and offline. The location of the client, whether they are at the centre or not would be contributing factors to this scenario as to how practitioners would react. Survey findings confirmed that social media is not a suitable platform for staff to vent about issues they have with the organisation they work for. Practitioners reported in the survey that a client is entitled to give an opinion on social media be it positive or negative, collectively 78% agreed that they should be allowed, and when suggested that social care workers should be allowed to voice their opinions via social media, responses were varied.

There were four focus groups and the vignettes were explored with them. The vignettes guided the practitioners and clients to think about the guidelines using scenarios and was effective in doing so. The information obtained in the findings of the vignettes was used to develop some of the questions to explore the guidelines section of the survey also.

7.8 Implications of study

This study has gone some way towards enhancing our understanding of social media in social care at present. It has identified several implications for staff clients and social care practice It has demonstrated many benefits for the allied health professionals, education and business, and proved beneficial for those.

In light of the findings, it appears that social media needs to be introduced with the support of a policy for its implementation. Social care organisations need to embrace change and encourage staff to engage and familiarise themselves with social media. Clients want to engage with organisations they access through social media. They want to set up groups to keep in touch with each other, and promote the work done in their relevant groups. They can be supported in this, by accessing training to familiarise them with the technology associated with using social media to be provided by the organisation they attend. Older clients still prefer traditional communication such as newspapers and radio in comparison to more modern methods.

This study has highlighted the importance of the benefits of social media for organisations. Social media offers organisations an opportunity to continue affiliation with a group even though they may have left. Clients could keep up to date with what is happening at the organisation. It offers clients an opportunity to keep in touch with peers outside of groups. Likewise, it offers an opportunity to keep staff up to date on activities happening in the sector. They could use it in their daily work for example to create private groups to facilitate conversations on topics of interests to the groups. Social media could also be used for staff in their professional relationships, enhancing networking opportunities and sharing information through a multidisciplinary approach. Social media could be used for sharing information, (e.g.news, photos, blogs) communicating/interacting with clients, advertising, and monitoring feedback for services. Social media could potentially be used as complementary to therapy, to direct clients to online discussion support groups, helping the clients to stay engaged outside a session.

Social care organisations could use social media for recruitment of staff, volunteers and clients to their organisation on social media. This alleviates the cost of advertising in local newspapers or radio. In addition, other marketing and administration duties such as promoting the organisations work and sharing information of upcoming courses and events. Social media could be used for operational administration duties for creating checklists, tasksheets, appointments, social media would offer a faster way of completing these.

It would be appropriate for the organisation to provide the appropriate access to technology necessary for the implementation of social media in a service. This includes provision of access to a technological device and an efficient broadband service for access to sufficient wifi,

network coverage. Social care organisations would need to invest in specific social media training for staff suitable to the organisation.

Despite the challenges of social media use, it is recommended that social media be introduced into organisations for staff. If the implementation of social media was supported by a social media policy document it may encourage users to engage with its use. Practitioners are sceptical of the harm/ risk that social media can cause therefore needs to be addressed. Staff need to be trained on how to use social media and familiarise themselves with the area. A designated person is required in social care organisation to take responsibility of social media.

This research suggests that the staff team must be involved in developing a social media policy to safely implement social media in social care settings. A policy must be developed to protect clients, staff and organisations to have protection of the potential risks that social media poses. This policy must be distributed to all staff members and they need to be educated about it and enforce its implementation. The policy must highlight the issues of consent, professional boundaries, recording material, how to deal with risk of harm for clients. It should outline the awareness of cyber-bullying for clients, and specific guidelines on the procedures associated with befriending. Staff need to be updated as to any changes in the policy. Staff must emphasise the necessity of developing a social media policy. It is advised that the policy must be scheduled to review it once a year. In developing the policy, staff must have an awareness of vulnerable service users and aim to be inclusive of all. For those that do have a current policy encourage them to review it and ensure they are protected. Practitioners reported that if clients are affected in a negative way on social media e.g. confidentiality, privacy, incorrect information they have a responsibility to report it.

Staff must have an awareness of professionalism and not moan online about issues associated with the organisation or their job. Practitioners need to be responsible in their own personal use of social media as it could possibly have implications for their professional role in social care.

A further important implication, with consideration for the recent plea for the registered professionalisation of social care, there has never been a more suitable time to demonstrate diligence and innovation in our work. Social media has a potentially important role in supporting this transition, specifically its role in e-learning for continuous professional development. E-Learning has potential cost benefits and offers an opportunity and provides a wider access to people to be involved in discussion groups.

The use of social media for CPD, where training could be developed online for social care workers to avoid them travelling to other organisations wasting valuable money and time and it's something they could do in their own time or at work when suitable, in lieu of time off.

It was suggested in the findings that social media would be suitable for supervision and debriefing. While there were some suggestions it may inhibit the therapeutic nature of supervision, it may offer opportunity to discuss further training.

This study has contributed to the beginning of a conversation of the importance of social media guidelines in social care. Many of the organisations interviewed reported that they would be having a conversation with their staff team about the importance of the role of guidelines in using social media in social care. Staff must emphasise the importance of engaging with clients on social media, as it offers greater opportunities to enhance practice. The benefits of using social media outweigh the risks associated with it.

Summary

The findings reported appear to be more detailed than much of the previous literature reported on the topic. They are very practical and offer a much more practice based approach. Some suggestions reported in the literature are similar to these research findings. The organisation must develop, disseminate and discuss the social media policy and guidelines. Staff must be informed that they are representatives of the organisation not just representing themselves. There must be timely review and update of privacy settings on social media and regular provision of training opportunities for staff to use social media (Kirschner, 2013). Glasby & Lester (2007) report there must be consistency in providing information to policy makers as the policy makers are selective about the messages they provide to the users to support them in making an informed response to create a policy which applies to their well-being. The American Medical Association developed a social media policy to guide doctors in their professionalism and have encouraged the implementation of this policy to educate individuals on the importance of appropriate social media use. Good practice also includes health care professionals must be aware of e-professionalism and the institutions own policies and procedures in relation to this. (Cain, 2011) The findings reported are similar to the literature. There remains a lack of literature available on policy guidelines for the implementation of social media into social care settings.

Chapter eight: Conclusion

8.1 Conclusion

This research investigated the current uses of social media in social care, how it can be used in the future, the benefits and challenges of its use, and created guidelines to support the implementation of a small-scale pilot study using social media for those who work and clients who engage with a family resource centre

8.2 Research Summary

In Summary, this research has explored how social media is currently used and how it can be used in the future of social care. It has done this through identifying the current use in different areas of social care by interviewing social care practitioners and using a survey to access a larger sample of them. It also identified current use among a small number of clients through interviewing them in focus groups. It identified some suggestions for using social media in social care from the perspective of social care workers and clients. Benefits and challenges were also explored in interviews, focus groups and then in the survey. An important aspect of this project was the implementation of a small-scale social media pilot project. The ideas were implemented based on suggestions made for the implementation through the previous stages of the research. In combination with the implementation, a set of guidelines were developed. These were also developed from previous stages of the research.

Social care workers and clients from a diverse range of sectors in social care participated in the research. Currently, communication in social care organisations is predominantly traditional forms (e.g. newspapers, posters, radio) and direct communication (face-to-face & key worker systems). Social media is most common for personal use but very few use it for work purposes. In the majority, practitioners are familiar with social media sites. Facebook and twitter being the social media of choice. The older participants still referred to social media as the internet. For work purposes in social care organisations it is largely used for promoting events and sharing of information at the organisation, with practitioners reporting that they would like to learn how to do more with it. Highlights from focus group include using social media for the maintenance of relationships and creation of new connections.

Suggestions for the future use of social media in social care was investigated through the interviews, focus groups and survey also. The most common themes obtained in the interviews and focus groups was further investigated in the survey. Those suggestions were then included

in a social media pilot. Suggestions from the practitioners consisted of: promotion of the organisation, reach, professional communication, service delivery, e-training, peer support and networking. Suggestions from clients included sharing information, access to information and recruitment of members. Reports of the uses were consistent in the survey.

Many benefits and challenges were identified in the use of social media. Among the benefits of using social media in social care included information sharing, access to wider audiences, cost effectiveness, connectedness and information sharing. Amid the challenges were lack of familiarity with social media, where practitioners were unaware of how to use it effectively due to not knowing how, limited organisation support for social media in terms of financial support, provision of policy, limited access to connectivity-technology and internet connection, maintenance of social media, cyber-bullying and boundaries. Offering users awareness around the benefits and challenges of social media use in social care offers them an opportunity to decide if they wish to engage with social media or not. Perhaps if organisations were to see the benefits they would be more inclined to support the use of social media in social care.

Monitoring and guidelines for best practice were explored throughout the research. Again, the information obtained from the interviews informed the survey and both methods informed the social media based pilot which incorporated a set of guidelines to use social media. Participants reported the importance of social media policy. In conclusion, a designated staff member at the organisation should be responsible for monitoring social media and enforcing a social media policy at the organisation. Consent, responsibility of organisation, security and befriending were the most important themes to be included in the guidelines according to practitioners. Focus groups were aware that there were a set of rules in place described the action of signing in and out if using social media and collaborating with the organisation to use guidelines. The use of vignettes in the interviews further contributed to the exploration of the necessity of guidelines to use social media in social care. The vignettes were explored with social care workers and clients. The themes which arose described how to deal with incidents on social media, the use of confidential information, befriending issues, and the rights and responsibilities of clients when using social media.

The implementation of the small scale social media project with the guidelines for social media use in a family resource offered an insight into how social media could be used in social care. The researcher volunteered for eight weeks in the setting to support the implementation of a Facebook page with staff and clients at the organisation. It involved encouraging clients to 'like

& share' the page and to demonstrate to the administration staff how to use it and interact on it using the suggestions for implementation from previous stages of the research. The staff at the organisation were encouraged to read the social media guidelines and admin staff to pay attention to them. A focus group following the implementation highlighted that the Facebook page was a positive experience for the organisation. There was an increase in 'likes' of the page. Staff reported an increase in attendance at the organisation with clients reporting they had seen information about events on social media. The guidelines were sufficient for small scale project but would need to be further developed if the use of social media at the organisation was expanded.

The use of mixed methods research involves an extensive range of skills in collecting, analysing and interpreting data, although this was a difficult task it supported the research process and allowed the research to flow from one stage to the next. Following a mixed method approach in this research was effective in offering a broader perspective of the current use of social media in social care. It used qualitative and quantitative methods including, individual interviews, focus group interviews, survey and a small-scale pilot study. The research process involved, information from the literature informed the formation of research questions, research questions helped to develop the field questions for the interviews and focus groups. Following the process of thematic analysis, the most common themes in the interviews were used to inform the survey. The responses highlighted in the survey and previous themes were interview were used in the development of guidelines for using social media in social care and the implementation of a small-scale pilot study. Using qualitative research initially offered the opportunity to gain an in-depth perspective of the current situation in social care, following this the quantitative research aided in generalising the findings.

8.3 Limitations of study

The literature focuses on research from healthcare, educational or business due to the absence of literature for social care. Having limited access to information in social care meant that other areas needed to be approached therefore comparisons in findings are reported in terms of examples used in other sectors.

Another limitation of the study included the difficulty to access groups to participate. The participants in the focus groups who were clients of services were all aged over 24. For future research, it may be an option to look at different age groups across the sector. The researcher

had several meetings with different organisations who specialise in mainstream residential care, aftercare and homelessness. Some of the reasons given were time constraints from the organisations point of view and ethical implications. If the other organisations had committed to participating it may have offered a broader range of services to implement social media. Eventually, access was gained to a group who work in family support, it is possible that they agreed to participate due to the researcher having previously completed a work placement at the organisation, therefore there was an element of familiarity which the other organisations would not have had. During this research, the organisation that committed to participating changed project co-ordinator and childcare manager, therefore the researcher had to spend time engaging with those gatekeepers and discussing research again to encourage the organisation to remain committed to the research.

This research study used Facebook to post the link of the online survey to access social care workers to participate in the survey. Care must be taken if applying the findings to other types of social networks that target different groups of users as the nature of the social media site may differ, for example if you were to target professionals using LinkedIn.

The research used a purposive sample of participants. There were nineteen participants in the individual interviews, twenty-two in the focus groups and one-hundred and eighty-four in the survey. The participants in the research study were female by majority. The participants were involved in social care organisations through working there or attending as a service user. There were two focus groups with more than six participants, one with seven and one with eight which would indicate larger than usual size of a focus group. The sample for the interviews is not as representative as the researcher would have liked. The success of the research is very dependent on the voluntary participation of the clients. Many of the clients asked what they got out of participating, many did not participate as they had to give their time and were unable to see the potential benefits that social media had to offer for them. The data collection stage of the research was difficult in the initial stages arranging meetings to suit participants. When participants have to reschedule it can lead to the process becoming prolonged.

The survey had a response rate of one-hundred and eighty-four which was a large sample. As the survey progressed from beginning to end, a drop off in respondents occurred from question 21 onwards where respondents did not complete the survey, therefore limiting their opinions on benefits and challenges and the implication for policy. Missing values were categorised in SPSS as -1(minus one), and were not included in collating results from the survey.

Although there was a good response rate in the survey, there were only 44% of respondents who use social media for professional purposes. This suggests that the responses provided by the other 56% respondents may not be representative when they don't use social media for work purposes.

The guidelines generated for the purpose of this project were reported in a survey that was completed by social care workers in Ireland. A limitation would be that guidelines generated in Ireland may not be in line with legislation in a different country.

8.4 Future recommendations

For the purpose and timescale of this research it would not have been possible to explore all the suggestions provided for implementation of social media in social care.

There are many other sectors in social care that were not explored in this study, for example- the disability sector and addiction. The social media pilot used in this study would need to be adapted according to the needs of the clients.

This study focussed on the organisation being involved in disseminating and sharing information to clients. A suggestion for future development of social media could support clients to create and disseminate information to peers. The use of social media sites for professionals, for example LinkedIn, could explore the potential of different social media sites within the organisation. An opportunity suggested in the findings was to use social media for continuous professional development for social care workers.

There are currently no specific guidelines for the use of social media in social care in an Irish context. The guidelines for use document generated for this research could possibly be used as a draft document for organisations who would like to use social media in their organisation. Participants in the research felt that social media is always emerging and the document would need to be adapted for changing trends.

Development of an online weekly newsletter and creation of a discussion space for social care workers would be beneficial. Development of online blogs for social care workers by social care workers and for clients of services by the clients. Identify other client groups that may be interested in developing a social media pilot for their target groups.

In the social care sector, there are many volunteer opportunities. Social media may be used to provide some elements of volunteer training. If the issue with imagery and video use could be resolved, workers and clients could engage in the use of video profiles for the promotion of the organisations.

Although social media is a beneficial tool in social care it appears that face to face interaction is inevitably required for the nature of work that is done in the sector.

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Appendices

Appendix A
Information Letter to Organisations.

Hello,

My name is Angela Mahon & I am a Social Care Worker. I did a degree in Applied Social Studies in Social Care at Institute of Technology, Carlow. I am currently studying for a Master of Arts Degree by Research and thesis at IT Carlow. with my project titled *"Changing the way we provide care: the use of social media within social care"*.

The project will look at the current use of technologies and social media (Facebook, Twitter, Instagram, YouTube) in the social care sector. It will focus on how social media can benefit those in social care organisations including workers and users in the future. It will also look at existing guidelines that are in place to support workers and users to use social media.

I hope to carry out interviews and surveys with people involved with this organisation. I will ask questions about social media, what you like to use it for and how it could be used to help you engage with this organisation. I intend to record the interviews. Following on from this, I propose to prepare a set of guidelines and carry out a case study using social media in a social care organisation.

I've chosen to work with people who are engaging in the social care, community and voluntary sectors. I think there is an opportunity to improve the experience of people who use these services through social media.

To take part in this research, I require permission from anybody who agrees to take part. This will be arranged. Any information collected will be kept safe on my private profile on the college computer which is password protected. Printed material will be stored in a locked filing cabinet to protect the identity of you taking part. I will keep the material for a period of 3 years following the submission of the research project. My hope is to carry out the interviews in the months of November and December.

On completion, I believe this research will benefit the social care sector through the use of social media in the future.

If you wish to ask me any questions, you can contact me by email me at angela.mahon@itcarlow.ie.

I look forward to working with you soon....Angela.

Appendix B

Consent Form-Interview participant

Dear _____

My name is Angela Mahon & I am a social care worker. I am also studying for my Master of Arts Degree by research as a student at the Institute of Technology, Carlow.

Firstly, I wish to thank you for showing an interest in this project.

Social media includes blogs, podcasts, video-sharing sites such as YouTube & social networking sites such as Facebook & Twitter. This research study will explore the role of technology and social media within social care and the links it has for the users of services. It also aims to develop guidelines to use social media in the future.

As part of this research you will be asked to participate in an interview. The interview will address questions about technology, social media and how social media could be linked into services which are offered here.

Please read and understand the points below before the research begins

- The information in this research will be kept confidentially unless that you intend to harm yourself or others.
- The interviews will be recorded & all information collected in this project will be used solely for the purposes of the research and held for 3 years for the project to be published
- All information discussed will be held privately and password protected.
- The information will be held for 3 years following the completion of the research project.
- Your name will be changed to protect your identity throughout the project.
- On completion of this project a copy of the results may be provided to you at your request.
- If you feel uncomfortable about participating in this research you may leave the research at any time.
- If you have any further questions about my research do not hesitate to ask.
- The research proposal for this study has been approved by the IT Carlow Ethics Committee

I would appreciate if you could provide your signature as individual consent for participating in this research.

Contact Details: Angela Mahon, **e-mail:** angela.mahon@itcarlow.ie **Telephone:** (059) 9175376

I _____ agree to take part in this research.

I understand all of the information provided to me in the above points.

Signed: _____(Participant) Date: _____

Appendix C

Consent Form- Focus Group participant

Hi

My name is Angela Mahon & I am a social care worker. I am also studying in college at the Institute of Technology, Carlow.

Thank you for showing an interest in this project.

The reason I am doing this research is to find out how social media (Facebook, YouTube, Instagram, Twitter) and technology are used in social care. I hope that by you taking part, we can improve services for social care in the future.

As a participant in this research you will be asked to participate in an interview or a survey which will ask questions about technology, and how social media may be used in services which are offered here.

Please read and understand the following points:

- The interviews will be recorded and the information collected in this project will be used for the purposes of the research and used as part of the publication of the project.
- The information discussed in the research will be kept confidentially unless there is a concern that you intend to hurt yourself or others.
- To protect the identity of you your name will be changed to protect your identity throughout the creation of the final research project.
- All information discussed will be stored safely and password protected.
- If you feel uncomfortable about participating in the research you are free to leave the research at any time.
- The information will be held for 3 years following completion of the research project.
- On completion of this project, a copy of the results may be provided to you if you wish
- Please ask me if you have any further questions about this research.
- The research proposal for this study has been approved by the IT Carlow Ethics Committee.

I would appreciate if you could provide your signature as individual consent for participating in this research.

Contact Details: Angela Mahon **e-mail:**angela.mahon@itcarlow.ie **Telephone:** (059) 9175376

I agree to take part in this research. I have read and understood all of the information in the points above

Signed: _____(Participant) Date: _____

Individual Interview field questions.

GENERAL QUESTIONS

What are the services or supports that are offered here?

- How many engage in these services?

What is your role at work?

How do you communicate with the people who attend services here?

- Do you ever use email?

How has the cutting of funds impacted on the services that are offered here?

SOCIAL MEDIA & SOCIAL NETWORKING

What do you know about social media & social networking?

How do you feel about using social media…?

Do you use social media for the purpose of your organisation?*Who is currently responsible for updating it?is there potential to allow service users to have control over this?*

What do you think social media is most useful for?

Do you think is there potential to use social media at this organisation? *What could it be used for to make it more effective for workers? Do you think there is an opportunity to use social media to support you from a worker to worker perspective?Can service users access social media at this organisation?*

How could social media be incorporated into your working life?

What do you think are the benefits of using social media in social care?

What are the possible challenges of using social media within the sector?

MONITORING & GUIDELINES

How do you think social care workers could monitor the use of social media?

How do you think the use of social media could be monitored in your work?

Are you aware of any guidelines that cover the use of the internet or social media at this organisation at the moment?

Are there any existing guidelines around the monitoring of social media or technology usage at the organisation? (If so… What are they?)

What do you think is important include in a document on guidelines for the use of social media for the protection of staff and service users?

Have you any further comments/concerns to add about the use of social media in a setting similar to this….

Appendix E

Vignettes -Individual Interviews

1.You receive a report from a member of the public that a staff member has posted a message on a social media site that they are unhappy at work and they would prefer not to be working with the children they work with on a daily basis. They also name a family that attend the centre and give details about the reasons the family are attending the service. **Q.What would you do in this situation?**

2.Joan is a staff member at a family resource centre. The family resource centre is actively present on social media. One day when Joan is updating the page she notices that one of the clients who attends the service and is a "friend" on the page talks about how she is depressed and is looking for advice on where she can get support, saying she needs it immediately. **Q.How would you as a worker respond to that situation?**

3.Mairead is a social care worker who has worked with a mother and child in the parent and toddler group at the local centre. The child is about to leave the programme but Mairead has become emotionally attached to the child. She is concerned about the childs welfare. Mairead requests a photo to be taken with the child before she leaves. Mairead then posts the photo and her concerns on her personal social media site.**Q. If you were a manager what would you say to Mairead? As a manager, how would you deal with the situation?**

4.A young person under the age of 18 has reported that she is being bullied on social media by other young people that attend the after-schools group when they use the computers in the afternoon.**Q.How do you address a bullying situation where the young person is attending the centre?**

5.A staff member reports that she has been filmed while at work by a client and the video has been posted on Youtube.**Q. How would you deal with the client/staff member following this incident?**

6.A young person is reported to have requested a staff member as a "friend" on their page giving access to personal information. **Q.What would you suggest the staff member do?**

7.An organisation puts up a blog on social media in response to a press release from the Department of Social Protection on general social welfare cuts. The organisation gives information describing how it will affect each person at a practice level. A client responds to the blog in an abusive manner.**Q. How does the manager respond to the person who is abusive on the site?**

Appendix F

Focus Group field questions

General Questions

1.Can you tell me what you do here or how do the workers at this service help you?

2.How do you keep in contact with the service?

Social Media & Social Networking

3.Can you tell me what social media is…What do you know about it?

4.How often do you spend using social media…

5.How do you access social media?

6.What do you use it for?

7.How do you think social media could be used to improve services for you & others at this organisation?

8.What are the possible benefits of using social media in social care?

9.What would you like to see on a social media site for this organisation?

Monitoring & Guidelines

10.Can you think of any problems/challenges that could arise when using social media?

11.What are your roles and responsibilities when using social media?

12.How do you think social media could be monitored in a setting like this?

13.Are you aware of existing guidelines in relation to the use of social media at this organisation?

14.What would you like to see in a set of guidelines to protect social media users?

Appendix G

Vignettes for focus groups

1. You are an active member of your group and you are active on social media. You notice that another member of the group has put up that they are feeling low, it will be four days before you see this person again. *How do you respond to this person?*

2. A member has reported that they are being bullied on social media by other members of the group when they use the computers in the afternoon. *How would ye as a group deal with the situation?*

3. A member reports that they have been filmed while at the centre by another member and the video has been posted on Youtube- they are not happy about it. *How do you deal with this situation?*

4. An organisation puts up a blog on social media in response to a press release from the Department of Social Protection on general social welfare cuts. The organisation gives information describing how it will affect each person at practice level. A client responds to the blog in an abusive manner on the site. *How would you respond?*

Appendix H

Interview participant Job role

Interviewee No.	Discipline area
1	Project Co-Ordinator
2	Development Worker
3	Development Worker
4	Project Co-Ordinator
5	Project Co-Ordinator
6	Community Development Worker
7	Community Development Worker
8	Project Co-Ordinator
9	Outreach Worker
10	Counsellor
11	Residential(Community)
12	Manager
13	Manager
14	Residential(Children)
15	Manager
16	Community Outreach Manager
17	Community Development officer
18	Community Development Worker
19	Project Co-Ordinator

Coding frame for responses to questions and scenarios- Individual interviews

GENERAL QUESTIONS

What are the services or supports that are offered here?

CODE	THEME/EXPLANATION	EXAMPLE
E&T	Education and training- The organisation offers education and training to clients	Computers,Gardening,art,jobskills in preparation for returning to work
S *-F* *-ONE* *-C* *-Y*	Support services Interventions according to the needs of the local people *-family* *-one to one* *-community* *-youth*	-family-parent & toddler -one to one support-counselling,jobskills -community support-mental health,mens shed -youth;drop in centres
CC	Childcare:Provides childcare to community.	Creche, afterschool, playschool

What is your role at work?

CODE	THEME/EXPLANATION	EXAMPLE
SW *-D* *-C* *-FS* *-Y*	Support Worker:Help with the development of projects for the organisation • *Development* • *Counsellor* • *Family support* • *Youth*	• Development-Develop and implement recreational activities for the community • Counsellor-provide one to one and group counselling • Family support • Youth worker
M	Management role at organisation	Participant is a manager at organisation

How do you <u>communicate</u> with the people who attend services here?

CODE	THEME/EXPLANATION	EXAMPLE
TC	Traditional way of communicating	Newspapers,Newsletters,Posters,Radio,Snail mail
MC	Modern way of communicating with clients	Texting,social media,Email
DC	Direct Communication: meeting clients face to face or within group	Face to face and key worker system

4.How has the cutting of funds impacted on the services that are offered here?

CODE	THEME/EXPLANATION	EXAMPLE
LA/	Low availability of courses	Courses to the community are not available due to lack of funding
LS	Limited staff availability	Staff not spending enough time with clients

SOCIAL MEDIA & SOCIAL NETWORKING

What do you know about social media & social networking?

CODE	THEME/EXPLANATION	EXAMPLE

SMU	How social media is used: The use of social media for *-Health* *-Gaming*	• Health- used for monitoring health conditions, e.g. diabetes • Gaming-playing games in a virtual world.
TSM	Type of social media:Type of social media mentioned.	• Facebook • Twitter • Viber • Vine • YouTube
NF	Not familiar with using social media	User has little awareness of what social media is for

How do you feel about using social media?

CODE	THEME	EXAMPLE
PROU	Professional Use	Social media presents increased issues for the user in a professional setting
PERU	Personal Use:Positive experience	Interviewee expressed positive affirmation when using social media personally
AGE	Generation differences	Social media users of older generations find it more difficult to engage with social media than those of younger generations

How do you use social media within your organisation?

CODE	THEME	EXAMPLE
SI *D* *T&PD*	To Share information -sharing information among staff within the organisation *-debriefing* *-training and professional development*	• Debriefing: e.g.Private groups where staff support each other after shifts • Training and professional development: Staff share information on continuous professional development.
P	Promote organisation through blogging	Use blogs to promote the work done at the organisation.
AD	Advertising: Advertising and selling products	Mens sheds making and advertising products to sell online
NET	Networking:Creating networking opportunities with other organisations.	Creating online friendships with organisations nationally and internationally through Skype & interactive chat

What do you think social media is most useful for?

CODE	THEME/EXPLANATION	EXAMPLE
PRO *CI* *PO* *AI*	Promotion: Promotion of the organisation through the advertising of material on the organisations social media pages. • *Keeping clients informed of events and daily activities*	• Informing clients of day-to-day activities • Profiling positive experiences of individual service users • Accessing up-to-date information about organisation e.g.news feed

	• *Profiling the organisation* • *Access to Current information*	
REC	Recruitment for organisation	Recruitment of staff, volunteers &clients
COM	Communication: Communication and maintenance of relationships *-Personal* *-Professional*	**Personal** • Use of skype to stay in contact with family members and friends • Being affiliated to organisations/interest groups. **Professional** • Skype & video conferencing for the development and maintenance of social & professional relationships • Use of viber to contact staff via a group text to see if a shift can be covered. • colleagues linking in together to discuss different topics associated with sector
D	Discussion: Discussion amongst staff	Encouraging engagement and discussion among staff about different topics associated with the sector
R	Reach: Social media can access many people at once	• Social media has an instant audience for many people • Increase in reach to other organisations
ED	Education: Educating users about using social media safely	• Posting links of blogs about social media safety for people to read via social media • Streaming Presentations-e.g. community representation training for staff members
Other	Other: Current use of social media within social care	Alarm system- alarm mat to tell staff member if someone steps on a mat- an alarm is set off at a monitoring station to contact and link in with the person to make sure that they are not hurt.

How do you think social media could be used at this organisation?

CODE	THEME	EXAMPLE
OD	Online Discussion:To encourage staff and service users to engage in online discussion for support and sharing information with each other	• Motivation quotes for work for staff and clients • Create online peer support groups to encourage clients to ask questions
E	Empowering clients: To empower clients	Use motivational quotes, blogs, videos for clients
F	Feedback: Use social media for feedback	• Use social media to get feedback from people about courses they have participated in

		• Survey peoples interests in new courses
SD	Service Delivery: The use of social media in providing services to service users and staff	• Capture experiences of volunteers to promote engagement in volunteering at the organisation • Blogs • Use of daily task sheets/checklists for workers done via social media
T	Training: Development of training projects and delivery online	Staff members can conduct accredited training in their own time without having to travel anywhere
RFI	Recommendation for Implementation: How to implement social media to encourage people to engage with it and ensure it is user friendly	• Social media must grab your attention • Information should be short and snappy • Have technologically minded people working together
Other	Other: Use to assist people with hearing impairments	Social media application for deaf people to allow them to attend presentations- have a virtual interpreter who provides sign language for the presentation in real time.

How could social media be used to support your work?

CODE	THEME/EXPLANATION	EXAMPLE
EDU	Education: Educating staff on how to use social media appropriately	Workshops on how to use social media for staff to make them feel more confident in using it
C	Collaborating with colleagues in social care	Networking between different organisations in a region
PS	Peer Support: Allow clients and staff to support each other in groups online	• Supporting colleagues in times of crisis until they can get more sufficient support • Closed groups to discuss topics which have been learned during class time. E.g. discussion boards

What do you think are the benefits of using social media in social care?

CODE	THEME	EXAMPLE
IS	Information sharing: Distribution of information to staff and wider community	• Interaction among staff and client to explore shared ideas • Keeping informed of ongoing courses at organisation
ACC	Access: Access to wider audiences.	• Quick response time to large amounts of people • Accessing large amounts of people for events • Outreach may be done through social media • Accessing people in rural areas instantly

F	Feedback : Provide and receive feedback with clients	- Provide feedback to clients as follow up on courses - Receive feedback from clients about their satisfaction of courses.
A	Achievement	- Opportunity to increase confidence in clients - Use social media to enhance skills of service users-providing sense of achievement e.g. Youtube to demonstrate how to make things.
PW	Promotion work: Promoting the work of the organisation via social media	- Profiling the organisation - Event promotion - Easy to advertise reschedule events - Target specific groups - Sharing media- e.g. photos and videos
I	Instant: Social media has an instant effect	Easy to advertise rescheduled events
CE	Cost effective: Cost effective for the organisation *-time* *-money*	- Social media saves time that staff could spend doing something else - Saves money where training could be done remotely and staff don't have to travel

What do you think are the challenges of using social media within the sector?

CODE	THEME/EXPLANATION	EXAMPLE
MHM	Mental health affected	- Sleep deprivation - Addiction to Social media - Cyber-bullying
MSM	Maintaining social media	- Consistency between website and social media page - Keeping the page active - Comments on social media need to be reviewed before been shown publicly
I/WC	Issues with using material without consent of service users	- Image/Recordings being used without consent of service users - People giving an opinion without permission may cause offence
LE	Low engagement of users	- Low numbers of older people engaging with social media - Only small amount of older people engaging with social media
F	Fear associated with using social media	Staff afraid to use it
TC	Time consuming	Staff spending too much time showing how to use social media
T	Training & retraining required regularly	Staff require retraining as they have limited knowledge on how to use it properly

LA	Limited access to technology/connectivity	• Still have to use traditional methods of communication due to many people still not engaging with social media • Limited access to technology, e.g. smartphone, laptop. • wifi signal
RT	Response Turnaround slow	• Response from organisation too slow for clients
NP	No common policy	• Various rules & regulations in different jurisdictions by umbrella organisations • No clear written policy specific for social media
LOS	Limited organisation support for social media	• Child protection concerns • No funding provision for 'smart' technology in finance budgets • Social media not accepted in the workplace • Not supporting ethos of organisation • No collaboration approach
BB	Befriending boundaries	• Clients trying to befriend staff • Staff trying to befriend co-workers • Individuals feeling they have to delete private social media page due to uncontrolled privacy settings • Lack of awareness around professional boundaries
OSMS	Organisation social media security: this security could pose risk to the organisation	**Organisational security** • Confidentiality issues • Potential for false information to spread rapidly and cause offence • Password issues • Data protection
Other		Organisation couldn't use social media due to confidential nature of the work with clients

MONITORING & GUIDELINES

How do you think social care workers could monitor the use of social media?

CODE	THEME/EXPLANATION	EXAMPLE
SMC	Staff monitoring clients	Staff of organisation responsible for monitoring clients who use social media

How do you think the use of social media could be monitored in your work?*staff usage*

CODE	THEME/EXPLANATION	EXAMPLE

CODE	THEME/EXPLANATION	EXAMPLE
EP	Enforce policy	• Staff of organisation to enforce a written social media policy • General set of guidelines required for groups to be enforced by staff

Are you aware of any guidelines that address the use of social media at this organisation at the moment?

CODE	THEME/EXPLANATION	EXAMPLE
CP	Current policy: Current policy in place that supports the use of social media	• Policy for staff and service users • Social media policy • Media policy • Internet usage policy • Child Protection Policy
G	Guidelines: Important guideline within the policy document	• Consequences for incidents • Privacy and confidentiality • Up-to-date on security settings • Age restriction • Consent required for image to be used on social media
NAP	No awareness of specific policy for social media	Staff member is not aware of any policy in relation to social media
B	Befriending	Staff member to be aware of who they are befriending
SR	Staff members to monitor use of social media	Monitoring done by staff
R	Representative of organisation	Staff member to be aware that they are a member of an organisation and anything they say represents them
UR	Users Responsibility:role of user in monitoring and guidelines	• No bullying • Personal responsibility of inappropriate online behaviour • Members to sign consent form that their information can be put up.

What do you think is most important to include in a document on guidelines for the use of social media for the protection of staff and service users?

CODE	THEME/EXPLANATION	EXAMPLE
CON	Consent: Consent issues to be addressed within guidelines	• Consent for use of images

		• Procedure in requesting consent • Permission for staff members to use social media to be approved by line management
SG	Suggested guidelines for creating social media	• Keep information general • Update page regularly with upcoming events • Ensure page is user friendly • Page should be structured • Outline function of social media for service users • Structure how social media is accessed • Review information on page
T&S	Provide training and support for staff	• Staff to feel supported • Promote up-to-date training • Encourage engagement • Promote engagement opportunities to explore various uses within organisation
MON	Monitoring: How monitoring is controlled within the organisation	• External organisation to monitor • Specific role of monitoring a responsibility for one individual similar to child protection officer
R -DI -SU -RI	Responsibilities of organisation when using social media • *Dealing with incidents* • *Supporting users* • *Review policy information regularly*	**Dealing with incidents** • Statutory obligation in relation to duty of care to young people • Collaborate with board of management on serious issues **Supporting users** • Do not threaten people • Address how to support vulnerable users • Child protection Package for technology similar to child parental lock **Review policy information regularly** • Policy document must be updated and reviewed regularly

SEC -DC -M	Security :Safety and security issues which may arise in social media use -data collection -data maintenance	**Data collection** • Who is the owner of data collected • Private groups should never be made public **Data maintenance** • Where is data kept? • Staff must be educated to wipe computers regularly • Data protection concerns

Have you any further comments/concerns to add about the use of social media in a setting similar to this….

CODE	THEME/EXPLANATION	EXAMPLE
CPD	Social media could be used for continuous professional development in the future	• SM could be used for CPD to replace trainers in a remote location.
ST	Staff turnover results in many staff not being trained.	• Turnover of staff that may be trained leads to lack of engagement on social media

Scenarios

In line with your knowledge of best practice in relation to using social media how would you deal with the following situations.

1.You receive a report from a member of the public that a staff member has posted a message on a social media site that they are unhappy at work and they would prefer not to be working with the children they work with on a daily basis. They also name a family that attend the centre and give details about the reasons the family are attending the service. **Q.What would you do in this situation?**

CODE	THEME	EXAMPLE
SC	Seek clarity that information is on social media	Obtain evidence that the discussion has taken place on social media
DCOP	Direct staff member to code of practice of organisation	Remind the staff member that they are an employee of organisation and must follow code of practice including confidentiality
DA *-FM* *-DC* *-COP*	Staff member subject to disciplinary action • Formal meeting • Disciplinary committee • Code of Practice-Grievance procedures	• Formal meeting with manager • Meeting in front of disciplinary committee • Termination of employment

ICF	Inform client and family whose confidentiality has been breached	• Inform client about any decisions and offer apology on behalf of organisation.

2.Joan is a staff member at a family resource centre. The family resource centre is actively present on social media. One day when Joan is updating the page she notices that one of the clients who attends the service and is a "friend" on the page talks about how she is depressed and is looking for advice on where she can get support, saying she needs it immediately. **Q.How would you as a worker respond to that situation?**

CODE	THEME/EXPLANATION	EXAMPLE
SS	Direct client to support services Immediate support Helpline services Local health services	Contact client and encourage engagement with family or friends, appropriate reading material and counselling services for mental health.
DI	Discuss issue with another staff member	Discuss issue with another staff member and agree procedure
C	Contact Contact client online Contact client face to face	Engage with client online via private message or offer a face to face meeting.
CB	Staff member crossing boundaries	Staff member put themselves in professional dilemma if contact client outside work hours.

3.Mairead is a social care worker who has worked with a mother and child in the parent and toddler group at the local centre. The child is about to leave the programme but Mairead has become emotionally attached to the child. She is concerned about the childs welfare. Mairead requests a photo to be taken with the child before she leaves. Mairead then posts the photo and her concerns on her personal social media site.**Q. If you were a manager what would you say to Mairead? As a manager, how would you deal with the situation?**

CODE	THEME	EXAMPLE
B	Boundaries	Clear boundaries need to be identified for staff members
CF	Contact Family	Contact family to inform them of incident due to duty of organisation of keeping child's family informed so they don't hear about incident within the community.

4.A young person under the age of 18 has reported that she is being bullied on social media by other young people that attend the after-schools group when they use the computers in the afternoon.

Q.How do you address a bullying situation where the young person is attending the centre?

CODE	THEME	EXAMPLE
IP	Inform Parents/Guardians • Child self-report • Staff member to report	Report incident to parents/guardians of young person if the young person is under the age of 18. They can tell them themselves or staff will help them to tell them.
SV	Support Victim of incident	Offer emotional support to victim of bullying incident

5.A staff member reports that she has been filmed while at work by a client and the video has been posted on Youtube.

Q. How would you deal with the client/staff member following this incident?

CODE	THEME/EXPLANATION	EXAMPLE
UP *CG* *USE* *CON* *IU*	Update Policy • Clear guidelines • Include use of videos/cameras/phones • Staff and clients to obtain consent before filming • Inform users of change to policy	• As a result of incident, update organisational policy on use of videos/cameras in the organisation: include that staff & clients must obtain consent before being recorded & their image used online • Ensure staff and service users are made aware of change to policy
IM	Inform manager	Staff member should inform manager that incident has happened and you are unhappy.
IB	Identify Boundaries: Ensure staff & service users are aware of boundaries	• Make sure staff and service users are aware of boundaries and rights to privacy. • Explain to young person as they may be unaware that what they have done is wrong.
ED	Educate youth group: Educate young people about online bullying	Conduct a workshop around online bullying: Include information on privacy and confidentiality.

6.A young person is reported to have requested a staff member as a "friend" on their page giving access to personal information. **Q.What would you suggest the staff member do?**

CODE	THEME/EXPLANATION	EXAMPLE
DNA	Do Not Accept Client as 'Friend'	Staff member should not accept a client as a friend on facebook
IC	Inform client of reason request cancelled	Staff member to address why friend request cannot be accepted
C	Create guideline on friendships on social media	In guidelines advise that virtual friendships are not allowed between clients and staff

PB	Crossing professional boundaries	Professional relationship affected if accept friendship outside workplace
R	Report to Line management: staff member should inform line manager that client has requested online friendship	Staff member to inform line management that a client has tried to engage with them online via social media
P	Privacy: staff member should be encouraged to keep social media sites private	When creating any online profile, adjust privacy settings to avoid clients trying to engage via social media.

7.An organisation puts up a blog on social media in response to a press release from the Department of Social Protection on general social welfare cuts. The organisation gives information describing how it will affect each person at a practice level. A client responds to the blog in an abusive manner.**Q. How does the manager respond to the person who is abusive on the site?**

CODE	THEME/EXPLANATION	EXAMPLE
OP	Client has a right to have an opinion	Client can have an opinion and give feedback via comment threads on the blog but it must relate to the subject
EF	Encourage feedback on the blog	Encourage feedback and discussion via the blog
R	Person(in organisation) to review in a timely manner	Review responses to blog before they can be observed by members of the public

Appendix J

Coding frame for results of focus group interviews (Questions and scenarios)

General Questions

1.Can you tell me what you do here or how do the workers at this service help you?

CODE	THEME/EXPLANATION	EXAMPLE
E&T	Education & Training: Attend further education and training classes	• Horticulture • Art classes
Rec	Recreational Activities: Attend classes for recreational purposes	• Knit n stitch • Mother & Toddler group
SO	Socialise: People attend organisation for a chat and to socialise with other people informally	• E.g. Coffee mornings, Drop in hour.

2.How do you keep in contact with the service?

CODE	THEME/EXPLANATION	EXAMPLE
P	Phone: Use phone to call or text us	• Organisation primarily communicate through phone and text message
F	Face to Face Communication	• Organisation engages through face to face communication when a person attends the service.

Social Media & Social Networking

3.Can you tell me what social media is...?

CODE	THEME/CATEGORY	EXAMPLE
TSM *SNS* *VS*	Type of social media:Mentions type of social they are familiar with • *Social networking sites* • *Video sites*	Social Networking Sites • Facebook • Twitter • Viber • Bebo Video sites • Youtube • Skype
NF	Not familiar with social media	Have heard of it before but have never used/engaged with it

4.How often do you spend using social media…

CODE	THEME/EXPLANATION	EXAMPLE
O	Occasionally use social media: Service users don't use social media very often	• During the week when I get a chance • When I need to look up something

5.How do you access social media?

CODE	THEME/EXPLANATION	EXAMPLE
TD *ST* *TT*	Technological device: User accesses social media via a technological device -*Smart technology* -*traditional technology*	Smart Technology • Ipad • Smartphone Traditional technology • Laptop

6.What do you use it for?

CODE	THEME/EXPLANATION	EXAMPLE
RI	To research information	• Researching history • Looking up old tv series
CON	Connecting with others	• Mens sheds linking in with other organisations internationally. • Mother & toddler groups interacting with other groups in the local area.
MR	Maintaining relationships	• Maintaining friendships with people the user went to school with. • Maintaining social relationships

7.How do you think social media could be used to improve services for you & others at this organisation?

CODE	THEME/ EXPLANATION	EXAMPLE
AI	Information point: Groups use it to access information that other people in the group share and also to search for information	• Mother & Toddler group share links from Websites based on topics discussed in the group.
SM	Source new members: Recruit new members to the organisation	• Outreach to other members in the local area to join in the service.
DI	Discuss and share ideas	• Art group share ideas for their craft projects. • Gardening ideas
PA	Promote health awareness for clients: Share information about health related issues.	• For example, making mental health a topic for discussion on social media.

8.What are the possible benefits of using social media in social care?

CODE	THEME/EXPLANATION	EXAMPLE
C	Clients experience connectedness: Members feel a sense of belonging when they are interacting with other users online	• Members who are a member of a group on social media are less likely to feel isolated.
SCI	Source of current information	• People can access up to date information via social media when it is updated • Opportunity to ask questions and get a reply online

9.What would you like to see on a social media site for this organisation?

CODE	THEME/EXPLANATION	EXAMPLE
AD	Advertising: Advertisement of the activities of the different groups in the organisation.	• Advertising for national fundraiser days. • Reflecting on completed projects that groups have done.
I	Information about the organisation	• Profiling the organisation

Monitoring & Guidelines

10. What are the challenges faced by those using social media?

CODE	THEME/EXPLANATION	EXAMPLE
C	Cyber-bullying: Cyber-bullying can occur when you have individuals speaking to each other online	• Young people being targeted for cyber-bullying • People being 'vilified' via online interaction.
I	Isolation: People may become isolated from excessive use of social media	Social media can become addictive resulting in increased isolation
B	Information sharing boundaries: User not aware of boundaries on social media.	Users don't think about the information they are putting up on social media.
VF	Virtual friendship boundaries: clients not wanting to accept friendships of other clients online	Members of groups may not want to have a virtual friendship with another member of the group via social media
R	Restrictive: The use of social media in the organisation is too restrictive	Clients cant use photos or names of people or share blogs, this can be restrictive in the types of social media that users in groups can engage with.

11.What are your roles and responsibilities when using social media?

CODE	THEME/ EXPLANATION	EXAMPLE
P	Privacy :Respecting the privacy of others online	Abiding by privacy settings which are outlined by social media sites.
L	Limit technology usage	Spend short amounts of time using technology to be a role model for children to avoid social media becoming a bad habit.
DP	Designated Person:Designated person to engage with social media	If someone wants to put something up on social media page it must be given to the designated person.

12.How do you think social media could be monitored in a setting like this?

CODE	THEME/ EXPLANATION	EXAMPLE
SP	Specific person to monitor: Choose a specific person to monitor social media use(comments etc.)	• Similar role to child protection officer to monitor social media use at organisation. • Social media designated person could be the Health and safety officer or child protection officer
PI	Parents must be informed the organisation is using social media	Parents may like to monitor their childrens use/interaction with social media and parents decisions to be respected.

13. Are you aware of existing guidelines in relation to the use of social media at this organisation?

CODE	THEME/ EXPLANATION	EXAMPLE
S	Sign In/out: Sign in and out of a user book .	Each individual user must sign in and out of a user book when they are using the computers at the organisation.
NG	No existing guidelines: No social media guidelines that the clients are aware of	No social media guidelines that the clients are aware of
Other	Other	A designated person to observe the use of social media

14.What would you like to see in a set of guidelines to protect social media users?

CODE	THEME/EXPLANATION	EXAMPLE
L	Language used on social media of the organisation must be appropriate	Language used in the set of guidelines must be inclusive and easy to understand for all users
R	Demonstrate respect	Demonstrate respect to others while engaging with social media.
C	Collaboration between organisation and Client	Importance of collaboration between staff and service user when sending out information via social media.

SCENARIOS-FOCUS GROUPS

You are an active member of your group and you are active on social media. You notice that another member of the group has put up that they are feeling low, it will be four days before you see this person again. *How do you respond to this person?*

CODE	THEME/EXPLANATION	EXAMPLE
FTF	Discuss issue with the person face to face	Discuss the issue with the person when you meet them again.
Ph	Phone the person	Ring the person to see how they are getting on

A member has reported that they are being bullied on social media by other members of the group when they use the computers in the afternoon. *How would ye as a group deal with the situation?*

CODE	THEME/EXPLANATION	EXAMPLE
RE	Resolve issue as a group	Resolve issue through discussion as a group.

A member reports that they have been filmed while at the centre by another member and the video has been posted on Youtube- they are not happy about it. *How do you deal with this situation?*

CODE	THEME/EXPLANATION	EXAMPLE
T	Trust among group that it wouldn't happen	It wouldn't happen in their group.

An organisation puts up a blog on social media in response to a press release from the Department of Social Protection on general social welfare cuts. The organisation gives information describing how it will affect each person at practice level. A client responds to the blog in an abusive manner on the site. *How would you respond?*

CODE	THEME/EXPLANATION	EXAMPLE
PR	Personal Responsibility	Client needs to be responsible for his/her own actions
RO	Right to an opinion	The client that has responded to the blog has a right to have an opinion.
LIS	Location where information is shared from	Depending on location where the information was shared from would depend on the response of the organisation

Appendix K

Survey for practitioners

Project Title:

Changing the way we provide Care: The use of social media within social care.

Investigator(s):

Angela Mahon

Purpose of Study:

This study has been approved by the IT Carlow Board of Ethics. The purpose of this study is to investigate the current and potential use of social media in social care, the challenges and benefits of social media within the sector and recommendation for future policy to encourage social media use.

Procedures:

You will be asked to complete an anonymous online survey. All of your information and responses will be kept confidential and under strict password-protected computers.

Potential Benefits:

As a result of this study, you will be contributing information that may help to enhance how social media is used in social care and make the experience more effective for social care staff and clients.

Period of Time Required:

Up to 20 minutes.

Contact Person:

Should you require any further information please do not hesitate to contact me at my email at angela.mahon@itcarlow.ie

Consent

I have read the above information and I consent to partake in the survey by clicking the "next" button.

General questions

1

Which age category are you in?

[   ]

What is your gender?

[   ]

What is your current highest level of qualification?

[   ]

Which of the following best describes your position in social care at the moment?

○ retired from working in social care

○ working in social care

○ studying a social care degree

○ seeking work in social care sector

Please tick the sector which best describes the groups you work with?

☐ families

☐ community

☐ youth

☐ children

☐ intellectual disabilities

☐ homelessness

☐ mental health

Other (please specify)

[   ]

How do you provide information to the public?

- [ ] face-to-face
- [ ] texting
- [ ] email
- [ ] posters
- [ ] newsletters
- [ ] radio
- [ ] By post

General understanding and personal use of social media

Have you ever used social media for personal use?

[ ]

Which of the following social media sites are you familiar with?
Please tick all that apply.

- [ ] Facebook
- [ ] Twitter
- [ ] Vine
- [ ] Youtube
- [ ] Tumblr
- [ ] Instagram
- [ ] Pinterest
- [ ] Skype
- [ ] Snapchat
- [ ] Linkedin

3

What do you use it for?
Please tick all that apply

☐ Health

☐ Gaming

☐ Research

☐ Leisure

Other (please specify)

[   ]

How do you access social media?

☐ laptop

☐ smart device

☐ tablet

☐ PC-Personal Computer

☐ Other (please specify)

[   ]

Which of the following best describes how often you use social media?

[   ]

Current use of social media in the workplace/social care

Do you use social media for work purposes?

[   ]

How do you provide information to your clients?

☐ face-to-face

☐ texting

☐ email

☐ posters

☐ newsletters

☐ radio

☐ By post

4

Has a client ever suggested contacting you on social media for work purposes?

☐

Do you ever use social media to communicate with your clients?

☐

In a work situation what would you use social media for?
Please tick all that apply

☐ blogging-sharing thoughts and opinions on various subjects

☐ advertising upcoming events at the organisation

☐ broadcasting a message from the organisation

☐ Connecting with other organisations for work purposes

☐ accessing wide audiences

Would clients be interested in interacting with social care organisations through social media?

○ Most interested

○ Interested

○ Somewhat interested

○ Somewhat disinterested

○ Disinterested

○ Not interested at all

How important is it for social care organisations to use social media?

○ Most important

○ Important

○ Somewhat important

○ Somewhat unimportant

○ Unimportant

○ Not important at all

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Who is responsible for updating your social media?

◯ External company

◯ Staff

◯ Client

◯ Designated person

◯ marketing professional

◯ volunteer

How often is your social media site updated?

◯ more than once a day

◯ once a day

◯ 2-3 times per week

◯ more often than 2-3 times per week

◯ once a week

◯ more than once a month

◯ never

Current policy for using social media in social care

Do you have a social media policy for this organisation?

◯ Yes

◯ We are in the process of developing one

◯ No

Guidelines for the use of social media is addressed in which document at this organisation?

☐ Media policy

☐ Internet usage policy

☐ Child protection policy

☐ social media policy

Other (please specify)

[   ]

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How often should the social media policy be reviewed?

◯ Daily

◯ Weekly

◯ Monthly

◯ yearly

Improving social media policy in social care

Please indicate how you feel about implementing a policy for social media in social care by ticking Strongly agree to strongly disagree on the following statements.

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
It is necessary for social media to be monitored at this organisation	◯	◯	◯	◯	◯	◯
It is necessary to have a social media policy to deliver social media interventions via the internet	◯	◯	◯	◯	◯	◯
Social media can be used in a personal capacity at the organisation providing it doesn't interrupt work duties	◯	◯	◯	◯	◯	◯
Staff members are aware of the boundaries associated with using social media at this organisation.	◯	◯	◯	◯	◯	◯
It is acceptable for the organisation to discuss the values and beliefs of clients online	◯	◯	◯	◯	◯	◯
Social care workers must not take photos or videos of clients on personal devices including mobile devices	◯	◯	◯	◯	◯	◯
Clients must not take photos or videos of staff on personal devices including mobile devices	◯	◯	◯	◯	◯	◯

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	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
A private group on social media is a suitable environment for clients to discuss personal stories and assume confidentiality	○	○	○	○	○	○
Clients should be blocked from interacting with the organisations social media site if they do not comply with the suggested guidelines of the site	○	○	○	○	○	○
Workers should accept clients as friends on social media.	○	○	○	○	○	○
Workers should accept co-workers as friends on social media.	○	○	○	○	○	○
If a staff member declines a friendship with a client online, they must explain why to the client	○	○	○	○	○	○
It is acceptable for a client to request another clients' friendship on social media.	○	○	○	○	○	○
It is acceptable for a staff member to request a clients friendship online.	○	○	○	○	○	○
It is acceptable to request a colleagues friendship online	○	○	○	○	○	○
Social media is a suitable platform for social care workers to vent about issues they have with the organisation they work for	○	○	○	○	○	○

Improving social media policy in social care

Please rate the importance of including the following information in a social media policy

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	Most important	Important	Somewhat important	Somewhat unimportant	Unimportant	Not important at all
Every client is entitled to give an opinion on information put up on social media be it positive or negative	◯	◯	◯	◯	◯	◯
It is appropriate for a social care worker to interact with their clients via social media	◯	◯	◯	◯	◯	◯
It is appropriate for social care workers to search information about a client following an emergency	◯	◯	◯	◯	◯	◯
It is necessary to request consent to use a clients personal information on the organisations social media page	◯	◯	◯	◯	◯	◯
A social care worker should be present if clients are using the organisations social media page to post information	◯	◯	◯	◯	◯	◯
Social care workers must ensure safety for their clients on social media	◯	◯	◯	◯	◯	◯
Social care workers must not disclose a client's personal information on social media	◯	◯	◯	◯	◯	◯
Social care workers are obliged to disclose information obtained via an online relationship if the client intends to harm themselves or others.	◯	◯	◯	◯	◯	◯
It is necessary to ask a social care organisation for permission before publishing any information for public viewing on their social media site	◯	◯	◯	◯	◯	◯

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	Most important	Important	Somewhat important	Somewhat unimportant	Unimportant	Not important at all
It is necessary to have a complaints procedure in place before using social media at the organisation	○	○	○	○	○	○
Information should be reviewed before it is put on the organisations social media site	○	○	○	○	○	○
It is the responsibility of the social care worker to report inappropriate material relating to the organisation online	○	○	○	○	○	○
Social care workers have a responsibility to report incorrect information posted on social media which may affect clients in a negative way	○	○	○	○	○	○
Social care workers must acknowledge they have ethical and legal obligations to maintain client privacy and confidentiality while using social media	○	○	○	○	○	○
Social care workers must be careful when using personal devices to access the work related social media account	○	○	○	○	○	○
Social care workers must discuss with their line manager before posting work related information on social media	○	○	○	○	○	○
Social care workers must ensure safety for their colleagues on social media.	○	○	○	○	○	○
Social care workers must ensure safety for themselves on social media.	○	○	○	○	○	○

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	Most important	Important	Somewhat important	Somewhat unimportant	Unimportant	Not important at all
Social care workers must maintain professional boundaries in the use of electronic media.	○	○	○	○	○	○
Social care workers must not make critical remarks about employers or work colleagues on social media	○	○	○	○	○	○
Social care workers must report any identified breach of confidentiality or privacy	○	○	○	○	○	○
Social care workers should be allowed to voice their personal opinion via social media	○	○	○	○	○	○
Commenting on posts on social media should be restricted.	○	○	○	○	○	○
Social care workers should receive training regularly to use social media	○	○	○	○	○	○

Potential of social media use in social care

How could social media be monitored at this organisation?

○ External company

○ manager of organisation

○ staff at organisation

○ client

○ Designated person

○ marketing professional

○ trained volunteer

Please indicate the level of agreement with the following statements for the potential use of social media in social care

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	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
Social media is a useful tool to access current up-to-date information about a social care organisation	◯	◯	◯	◯	◯	◯
Social media could be used to support a client together with one to one work in the social care organisation	◯	◯	◯	◯	◯	◯
Social media could be used to support a client in social care in replacement of an intervention	◯	◯	◯	◯	◯	◯
Social media could be used to deliver programs to clients at your social care organisation	◯	◯	◯	◯	◯	◯
With appropriate training would you feel comfortable presenting online video content about the service for clients	◯	◯	◯	◯	◯	◯
Social media could be used to intervene quickly if a client expressed intention to harm themselves or others	◯	◯	◯	◯	◯	◯
Social media could be used for social care organisations to receive feedback from clients	◯	◯	◯	◯	◯	◯
Social media could be useful for clients to support clients	◯	◯	◯	◯	◯	◯
Social media could be useful for multidisciplinary interaction	◯	◯	◯	◯	◯	◯
Social media is a useful tool for social care colleagues to debrief each other.	◯	◯	◯	◯	◯	◯
Social media is a useful method for social care workers to receive supervision	◯	◯	◯	◯	◯	◯

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	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
Social media would be useful for advertising for social care organisations	○	○	○	○	○	○

Would you consider using social media for the following in social care?
Please tick all that apply.

☐ further training and development

☐ Recruitment of staff

☐ online discussion blogs

☐ feedback from clients

☐ raising awareness about issues

☐ advocacy of clients

☐ online counselling

☐ online peer support

Challenges of using social media in social care

Social media use in social care poses many challenges.
To what extent do you agree or disagree with the following statements.

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
Social care workers are unsure of how to respond to online ethical dilemmas	○	○	○	○	○	○
Social care workers feel unsupported in using social media for work purposes	○	○	○	○	○	○
Staff who are administering the site may lack knowledge of how to use the site properly	○	○	○	○	○	○
Site administrators are not skilled enough to deliver support to people	○	○	○	○	○	○

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	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
If you felt that a client was a potential risk to themselves or others a staff member should contact them via social media.	○	○	○	○	○	○
Clients who use the social media site may be at risk of harming others by what they say	○	○	○	○	○	○
Clients may develop unhealthy relationships with other users of the social media site	○	○	○	○	○	○
Incorrect information may be distributed to the clients via other sites	○	○	○	○	○	○
Social media may become addictive for clients in social care	○	○	○	○	○	○
The organisation is limited to the amount of social care clients it can reach on social media	○	○	○	○	○	○
Interacting with others on social media is time consuming	○	○	○	○	○	○
Staff training & retraining is required regularly to use social media	○	○	○	○	○	○
Clients and staff are unaware of boundary issues associated with using social media	○	○	○	○	○	○
Social media presents confidentiality issues for clients	○	○	○	○	○	○
Social media presents confidentiality issues for staff	○	○	○	○	○	○
Social media presents data protection issues for clients	○	○	○	○	○	○
Social media presents data protection issues for staff	○	○	○	○	○	○

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	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
Social media can cause privacy concerns for clients	○	○	○	○	○	○
Social media can cause privacy concerns for staff	○	○	○	○	○	○

Benefits of social media use in social care

Please indicate your level of agreement with the following statements

	Strongly agree	Somewhat agree	Agree	Disagree	Somewhat disagree	Strongly disagree
Social media is a useful tool in social care	○	○	○	○	○	○
Social media has potential to reach a target audience quickly.	○	○	○	○	○	○
Social media is a cost effective method for reaching out to clients.	○	○	○	○	○	○
Social media is useful for promoting the social care organisation.	○	○	○	○	○	○
Social media is a good platform for clients to express their feelings	○	○	○	○	○	○
Social media is useful for Receiving support from other social care organisations.	○	○	○	○	○	○

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Social media is most beneficial for the following work in social care...
Please rank from 1 to 10 (Number 1 being most beneficial with Number 10 being least beneficial)

	Providing information to the public about the organisation.
	Promotion of activities in the organisation
	Peer support
	Advocating for clients
	raising awareness about issues affecting clients
	Sharing inspirational messages
	Empowering clients
	Volunteer recruitment
	Providing education and training
	Prevention work in social care

Final Question

Would you agree/disagree that the potential benefits of using social media outweigh the risks associated with online social media use.

◯ Agree

◯ Disagree

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Appendix L

Summary of results of survey

1. Which age category are you in?		
Answer Options	**Response Percent**	**Response Count**
15-24	16%	29
25-34	51%	92
35-44	18%	33
45-54	14%	25
55-64	2%	3
64+	0%	0
	answered question	**182**
	skipped question	**2**

2. What is your gender?		
Answer Options	**Response Percent**	**Response Count**
Male	20%	36
Female	80%	146
	answered question	**182**
	skipped question	**2**

3. What is your current highest level of qualification?		
Answer Options	**Response Percent**	**Response Count**
Leaving certificate	1%	2
Level 5 certificate	3%	5
Level 6 certificate	2%	3
Level 7 degree	21%	38
Level 8 honours degree	53%	96
Level 9 masters degree	20%	36
Level 10 doctorate	0%	0
	answered question	**180**
	skipped question	**4**

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4. Which of the following best describes your position in social care at the moment?

Answer Options	Response Percent	Response Count
retired from working in social care	2%	3
working in social care	84%	148
studying a social care degree	9%	15
seeking work in social care sector	6%	11
	answered question	**177**
	skipped question	**7**

5. Please tick the sector which best describes the groups you work with?

Answer Options	Response Percent	Response Count
families	18%	30
community	18%	31
youth	32%	54
children	20%	34
intellectual disabilities	44%	75
homelessness	12%	21
mental health	21%	36
Other (please specify)		23
	answered question	**170**
	skipped question	**14**

6. How do you provide information to the public?

Answer Options	Response Percent	Response Count
face-to-face	76%	134
texting	28%	50
email	53%	94
posters	26%	46
newsletters	26%	45
radio	7%	13
By post	20%	35
	answered question	**176**
	skipped question	**8**

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7. Have you ever used social media for personal use?

Answer Options	Response Percent	Response Count
Yes	98%	166
No	2%	4
	answered question	**170**
	skipped question	**14**

8. Which of the following social media sites are you familiar with?Please tick all that apply.

Answer Options	Response Percent	Response Count
Facebook	98%	176
Twitter	59%	107
Vine	16%	28
Youtube	89%	160
Tumblr	15%	27
Instagram	59%	106
Pinterest	58%	104
Skype	69%	124
Snapchat	74%	134
Linkedin	54%	97
	answered question	**180**
	skipped question	**4**

9. What do you use it for?Please tick all that apply

Answer Options	Response Percent	Response Count
Health	31%	55
Gaming	10%	17
Research	57%	102
Leisure	97%	174
Other (please specify)		13
	answered question	**179**
	skipped question	**5**

10. How do you access social media?		
Answer Options	**Response Percent**	**Response Count**
laptop	62%	111
smart device/smart phone	92%	166
tablet	43%	77
PC-Personal Computer	24%	43
Other (please specify)	2%	4
	answered question	**180**
	skipped question	**4**

11. Which of the following best describes how often you use social media?		
Answer Options	**Response Percent**	**Response Count**
more than once a day	87%	153
once a day	7%	13
2-3 times per week	2%	4
more often than 2-3 times per week	2%	4
once a week	1%	1
more than once a month	1%	1
never	0%	0
	answered question	**176**
	skipped question	**8**

12. Do you use social media for work purposes?		
Answer Options	**Response Percent**	**Response Count**
Yes	44%	71
No	56%	90
	answered question	**161**
	skipped question	**23**

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13. How do you provide information to your clients?		
Answer Options	**Response Percent**	**Response Count**
face-to-face	94%	153
texting	39%	64
email	31%	50
posters	26%	42
newsletters	19%	31
radio	3%	4
By post	18%	29
	answered question	**163**
	skipped question	**21**

14. Has a client ever suggested contacting you on social media for work purposes?		
Answer Options	**Response Percent**	**Response Count**
Yes	29%	48
No	71%	118
	answered question	**166**
	skipped question	**18**

15. Do you ever use social media to communicate with your clients?		
Answer Options	**Response Percent**	**Response Count**
Yes	19%	31
No	81%	133
	answered question	**164**

16. In a work situation what would you use social media for?Please tick all that apply

Answer Options	Response Percent	Response Count
blogging- sharing thoughts and opinions on various subjects	28%	40
advertising upcoming events at the organisation	64%	92
broadcasting a message from the organisation	47%	68
Connecting with other organisations for work purposes	51%	73
accessing wide audiences	33%	48
answered question		**144**
skipped question		**40**

17. Would clients be interested in interacting with social care organisations through social media?

Answer Options	Response Percent	Response Count
Most interested	5%	8
Interested	23%	37
Somewhat interested	32%	51
Somewhat disinterested	11%	17
Disinterested	6%	9
Not interested at all	23%	37
answered question		**159**
skipped question		**25**

18. How important is it for social care organisations to use social media?

Answer Options	Response Percent	Response Count
Most important	17%	27
Important	29%	47
Somewhat important	39%	64
Somewhat unimportant	9%	14
Unimportant	4%	7
Not important at all	3%	5
answered question		**164**
skipped question		**20**

19. Who is responsible for updating your social media?

Answer Options	Response Percent	Response Count
External company	9%	13
Staff	29%	43
Client	1%	1
Designated person	54%	80
marketing professional	5%	8
volunteer	1%	2
answered question		**147**
skipped question		**37**

20. How often is your social media site updated?

Answer Options	Response Percent	Response Count
more than once a day	7%	11
once a day	8%	12
2-3 times per week	22%	34
more often than 2-3 times per week	5%	7
once a week	8%	13
more than once a month	29%	45
never	21%	33
answered question		**155**
skipped question		**29**

21. Do you have a social media policy for this organisation?		
Answer Options	**Response Percent**	**Response Count**
Yes	75%	54
We are in the process of developing one	14%	10
No	11%	8
answered question		**72**
skipped question		**112**

22. Guidelines for the use of social media is addressed in which document at this organisation?		
Answer Options	**Response Percent**	**Response Count**
Media policy	39%	25
Internet usage policy	54%	35
Child protection policy	48%	31
social media policy	49%	32
Other (please specify)		6
answered question		**65**
skipped question		**119**

23. How often should the social media policy be reviewed?		
Answer Options	**Response Percent**	**Response Count**
Daily	8%	6
Weekly	7%	5
Monthly	19%	14
yearly	65%	47
answered question		**72**
skipped question		**112**

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24. Please indicate how you feel about implementing a policy for social media in social care by ticking Strongly agree to strongly disagree on the following statements.							
Answer Options	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree	Response Count
It is necessary for social media to be monitored at this organisation	86	40	12	4	2	0	144
It is necessary to have a social media policy to deliver social media interventions via the internet	77	35	18	10	2	1	143
Social media can be used in a personal capacity at the organisation providing it doesn't interrupt work duties	24	31	44	20	9	14	142
Staff members are aware of the boundaries associated with using social media at this organisation.	71	43	18	5	4	3	144
It is acceptable for the organisation to discuss the values and beliefs of clients online	14	7	29	37	18	39	144
Social care workers must not take photos or videos of clients on personal devices including mobile devices	99	13	17	9	3	3	144
Clients must not take photos or videos of staff on personal devices including mobile devices	93	18	16	8	3	5	143
A private group on social media is a suitable environment for clients to discuss personal stories and assume confidentiality	14	17	34	37	12	30	144
Clients should be blocked from interacting with the organisations social media site if they do not comply with the suggested guidelines of the site	47	35	33	13	8	6	142
Workers should accept clients as friends on social media.	6	2	9	36	15	75	143

Workers should accept co-workers as friends on social media.	7	29	65	27	5	9	142
If a staff member declines a friendship with a client online, they must explain why to the client	30	28	34	12	8	30	142
It is acceptable for a client to request another clients' friendship on social media.	29	44	51	12	2	6	144
It is acceptable for a staff member to request a clients friendship online.	1	2	16	36	15	74	144
It is acceptable to request a colleagues friendship online	22	57	51	10	3	1	144
Social media is a suitable platform for social care workers to vent about issues they have with the organisation they work for	2	2	19	37	17	65	142
answered question							**145**
skipped question							**39**

25. Please rate the importance of including the following information in a social media policy							
Answer Options	Most important	Important	Somewhat important	Somewhat unimportant	Unimportant	Not important at all	Response Count
Every client is entitled to give an opinion on information put up on social media be it positive or negative	31	59	17	4	3	2	116
It is appropriate for a social care worker to interact with their clients via social media	6	12	25	16	18	40	117
It is appropriate for social care workers to search information about a client following an emergency	20	28	39	9	10	10	116
It is necessary to request consent to use a clients personal information on the organisations social media page	88	11	10	3	1	4	117
A social care worker should be present if clients are using the organisations social media page to post information	67	26	13	3	5	3	117
Social care workers must ensure safety for their clients on social media	87	22	6	0	2	0	117
Social care workers must not disclose a client's personal information on social media	108	6	0	2	0	0	116
Social care workers are obliged to disclose information obtained via an online relationship if the client intends to harm themselves or others.	93	10	8	2	1	3	117

It is necessary to ask a social care organisation for permission before publishing any information for public viewing on their social media site	92	18	4	2	1	0	117
It is necessary to have a complaints procedure in place before using social media at the organisation	89	20	3	2	1	1	116
Information should be reviewed before it is put on the organisations social media site	91	22	3	0	1	0	117
It is the responsibility of the social care worker to report inappropriate material relating to the organisation online	87	20	3	2	2	3	117
Social care workers have a responsibility to report incorrect information posted on social media which may affect clients in a negative way	94	17	4	0	1	1	117
Social care workers must acknowledge they have ethical and legal obligations to maintain client privacy and confidentiality while using social media	107	8	1	0	0	1	117
Social care workers must be careful when using personal devices to access the work related social media account	87	24	4	1	1	0	117
Social care workers must discuss with their line manager before posting work related information on social media	64	34	14	2	1	1	116
Social care workers must ensure safety for their colleagues on social media.	75	27	7	2	3	3	117

Social care workers must ensure safety for themselves on social media.	88	24	2	0	1	1	116
Social care workers must maintain professional boundaries in the use of electronic media.	98	15	2	0	0	1	116
Social care workers must not make critical remarks about employers or work colleagues on social media	95	16	4	0	1	1	117
Social care workers must report any identified breach of confidentiality or privacy	102	12	1	1	1	0	117
Social care workers should be allowed to voice their personal opinion via social media	22	20	29	16	10	18	115
Commenting on posts on social media should be restricted.	21	29	27	14	15	9	115
Social care workers should receive training regularly to use social media	56	32	22	3	1	3	117
						answered question	**118**
						skipped question	**66**

26. How could social media be monitored at this organisation?		
Answer Options	**Response Percent**	**Response Count**
External company	12%	13
manager of organisation	16%	18
staff at organisation	10%	11
client	0%	0
Designated person	53%	58
marketing professional	6%	6
trained volunteer	4%	4
answered question		**110**
skipped question		**74**

27. Please indicate the level of agreement with the following statements for the potential use of social media in social care

Answer Options	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree	Response Count
Social media is a useful tool to access current up-to-date information about a social care organisation	64	30	12	3	1	0	110
Social media could be used to support a client together with one to one work in the social care organisation	27	34	27	12	7	3	110
Social media could be used to support a client in social care in replacement of an intervention	14	10	26	15	25	20	110
Social media could be used to deliver programmes to clients at your social care organisation	30	28	23	12	10	7	110
With appropriate training would you feel comfortable presenting online video content about the service for clients	34	41	22	3	5	5	110
Social media could be used to intervene quickly if a client expressed intention to harm themselves or others	28	22	28	13	7	11	109
Social media could be used for social care organisations to receive feedback from clients	40	28	24	6	5	7	110

Social media could be useful for clients to support clients	35	36	22	8	5	4	110
Social media could be useful for multidisciplinary interaction	33	21	24	11	9	12	110
Social media is a useful tool for social care colleagues to debrief each other.	16	12	30	15	17	20	110
Social media is a useful method for social care workers to receive supervision	12	5	15	15	19	44	110
Social media would be useful for advertising for social care organisations	61	25	19	1	2	2	110
						answered question	**110**
						skipped question	**74**

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28. Would you consider using social media for the following in social care?Please tick all that apply.		
Answer Options	**Response Percent**	**Response Count**
further training and development	65%	70
Recruitment of staff	77%	83
online discussion blogs	60%	65
feedback from clients	44%	47
raising awareness about issues	80%	86
advocacy of clients	35%	38
online counselling	26%	28
online peer support	53%	57
answered question		**108**
skipped question		**76**

29. Social media use in social care poses many challenges. To what extent do you agree or disagree with the following statements.							
Answer Options	**Strongly agree**	**Agree**	**Somewhat agree**	**Somewhat disagree**	**Disagree**	**Strongly disagree**	**Response Count**
Social care workers are unsure of how to respond to online ethical dilemmas	21	38	32	7	5	1	104
Social care workers feel unsupported in using social media for work purposes	28	40	26	7	2	1	104
Staff who are administering the site may lack knowledge of how to use the site properly	24	42	28	5	2	3	104
Site administrators are not skilled enough to deliver support to people	24	34	28	10	4	3	103
If you felt that a client was a potential risk to themselves or others a staff member should contact them via social media.	15	14	22	17	10	27	105
Clients who use the social media site may be at risk of harming others by what they say	36	26	33	7	2	1	105
Clients may develop unhealthy relationships with other users of the social media site	39	34	22	7	2	0	104
Incorrect information may be distributed to the clients via other sites	43	36	18	4	3	1	105
Social media may become addictive for clients in social care	37	41	22	5	0	0	105

The organisation is limited to the amount of social care clients it can reach on social media	30	28	30	7	5	4	104
Interacting with others on social media is time consuming	24	28	37	12	2	2	105
Staff training & retraining is required regularly to use social media	41	33	20	6	2	3	105
Clients and staff are unaware of boundary issues associated with using social media	33	23	24	12	8	5	105
Social media presents confidentiality issues for clients	55	30	14	2	3	1	105
Social media presents confidentiality issues for staff	55	31	15	2	1	1	105
Social media presents data protection issues for clients	58	28	14	2	3	0	105
Social media presents data protection issues for staff	56	31	11	5	2	0	105
Social media can cause privacy concerns for clients	58	36	9	1	1	0	105
Social media can cause privacy concerns for staff	57	34	11	2	1	0	105
						answered question	**105**
						skipped question	**79**

30. Please indicate your level of agreement with the following statements							
Answer Options	Strongly agree	Somewhat agree	Agree	Disagree	Somewhat disagree	Strongly disagree	Response Count
Social media is a useful tool in social care	28	45	18	8	1	0	100
Social media has potential to reach a target audience quickly.	46	31	17	4	0	1	99
Social media is a cost-effective method for reaching out to clients.	31	31	19	15	3	1	100
Social media is useful for promoting the social care organisation.	49	30	13	7	1	0	100
Social media is a good platform for clients to express their feelings	16	24	16	27	10	7	100
Social media is useful for Receiving support from other social care organisations.	25	31	19	16	6	3	100
						answered question	**100**
						skipped question	**84**

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31. Social media is most beneficial for the following work in social care...Please rank from 1 to 10 (Number 1 being most beneficial with Number 10 being least beneficial)												
Answer Options	**1**	**2**	**3**	**4**	**5**	**6**	**8**	**9**	**10**	**Rating Average**	**Response Count**
Providing information to the public about the organisation.	20	8	7	2	3	0	2	3	2	3.35	51
Promotion of activities in the organisation	8	20	5	8	2	4	4	1	8	4.34	64
Peer support	4	5	8	9	9	6	5	6	4	5.22	58
Advocating for clients	2	5	13	5	7	11	2	4	6	5.40	63
raising awareness about issues affecting clients	6	6	8	13	7	3	6	2	4	4.87	62
Sharing inspirational messages	3	0	6	10	10	6	7	4	8	5.98	58
Empowering clients	5	4	3	6	7	10	9	8	6	6.12	69
Volunteer recruitment	13	8	10	7	6	7	8	7	4	4.90	78
Providing education and training	8	4	5	7	11	8	11	10	6	5.88	80
Prevention work in social care	9	6	5	6	13	7	10	11	22	6.39	94
									answered question		**100**
									skipped question		**84**

32. Would you agree/disagree that the potential benefits of using social media outweigh the risks associated with online social media use.		
Answer Options	**Response Percent**	**Response Count**
Agree	60%	61
Disagree	40%	40
	answered question	**101**
	skipped question	**83**

Appendix M

Guidelines for Use Document

GUIDELINES FOR THE IMPLEMENTATION OF SOCIAL MEDIA

These guidelines are in place for the protection of the organisation, staff and clients who attend the organisation.

The guidelines are for the safety of all who use & interact on the social media site of the organisation

An affiliation to the organisation is demonstrated by simply 'liking' or 'following' the organisations social media page

GENERAL GUIDELINES FOR THE USE OF SOCIAL MEDIA
- Demonstrate respect to others when using social media
- Maintain user privacy and confidentiality at all times
- Do not publish confidential information of any person online
- Always consider that the content(imagery or text) will remain forever on social media and be available to everyone
- Ensure social media is password protected
- Register social media accounts in the organisation name: Make it clear where the official social media is coming from.
- It is the responsibility of the organisation to provide a safe online environment for the implementation of social media within the organisation (e.g. appropriate internet security software to minimize the risks to users)
- Be aware of and adhere to legal, regulatory, institution , employer requirement, guideline and policy
- All complaints relating to social media should be reported to the organisation.
- Private groups on social media are to be used to exchange personal experiences and confidentiality is assumed by the organisation.
- State that your views are your own if you are identifiable. State that the views that you are taking are your own and not that of the organisations.
- Anyone engaging with the organisations social media should sign the policy and in doing so agreeing to its terms and conditions.

GENERAL SOCIAL MEDIA GUIDELINES FOR STAFF
- Staff must not disclose a client's personal information on social media
- Staff members have a right to privacy
- Staff must report any identified breach of confidentiality or privacy
- Staff members must not take photos or videos of clients on personal devices including mobile devices

- Staff must not make critical remarks about employers or work colleagues on social media
- Staff must discuss with their line manager before posting work related information on social media
- Social media may be used in a personal capacity at work on breaks providing it doesn't interrupt work duties
- Take action if you are the subject of complaints or abuse via social media
- Staff permission must be sought from line management for to use the organisations social media
- Always disclose potential conflicts of interest.
- Content should not be posted in anger. Defamation law may apply to any comment made in the public domain.
- Do not discuss work related issues online: this includes conversations about clients online or complaints about colleagues doing so may result in disciplinary action.
- Maintain clear & appropriate boundaries, staff should be aware not to accept clients as "friends" on social media.

STAFF TRAINING &SUPPORT
- Staff should receive training regularly to use social media
- Staff and employees must be supported in the development of social media resources
- Employee training: Educate fellow staff about the guidelines document.

BEFRIENDING
- Do not accept a client as a friend on Facebook. Be direct about the reason that you did not accept the person e.g. Advise that virtual friendships are not allowed between clients and staff
- It is acceptable to request a colleague's friendship online
- Staff member should discuss with line manager before requesting a virtual connection with a client if the worker feels the connection would help the client in a professional capacity
- For staff members adjust privacy settings to stop clients to engage with you via social media(e.g.Select "Friends only" option on facebook)

MONITORING
- The organisational communication systems will be monitored regularly
- Information or content that is to be uploaded to the organisations social media page should be provided to a designated person.
- Information should be reviewed before it is put on the social media site by the designated person
- Responses should be reviewed and approved before they are put on social media. (If the answer is anything other than "yes" to the question: Would I pin this on a public notice board? Do not post it on social media. Ask the question is this information respectful, appropriate and inoffensive?)

- A staff member must be present if a client is using the organisations social media page to post information
- Staff at the organisation should support the designated person to monitor the use of social media.
- The nominated person should observe social media once daily and be the role of the moderator

DEALING WITH INCIDENTS
- Seek clarity that information is on social media
- Direct staff member to code of practice of the organisation
- Staff member to attend formal meeting to discuss incident
- Consult with another staff member (When it occurred; who was involved; Is there a follow up required?)
- Contact the individual involved (Parent/guardian if the person is under the age of 18) and offer support and follow up if required.
- When an issue arises discuss the problem directly with the client/service user
- Board of management/management committee should be informed should a serious issue occur and be informed of any action taken
- The organisation has a duty of care to vulnerable clients at the organisation
- Disciplinary action: Make it clear what action will be taken if there are violations of the policy.

POLICY REVIEW & UPDATE
- Social media guidelines must be reviewed every 6 months to incorporate any changes required due to new social media as social media technology is being developed all the time.

PERSONAL INFORMATION & IMAGERY
- A client's personal information should not be distributed via social media.
- Advise clients through a notice that photographs are taken in the centre. Should you wish that your image is not included on Facebook please ensure to let a member of staff know.
- Do not distribute by electronic media, client related images or information which may violate a person's rights to privacy/confidentiality or embarrass the client
- Abide by the privacy settings outlined by third party social media sites

STAFF RESPONSIBILITY TO ORGANISATION
- Employees should be aware that if they state the organisation they work for on their social media that they are a representative of the organisation.
- If you are posting as a professional you should identify yourself people posting anonymously should be very careful in this regard as content could always be traced back to its origins, particularly if it became a matter for complaint

- Your behaviour online must align with the standards of your profession. Be aware that what you post even in a perceived personal environment such as Facebook is potentially accessible by your employers.
- Ensure staff member does not cross professional boundaries online
- Staff must acknowledge that they have ethical and legal obligations to maintain client privacy and confidentiality while using social media
- Staff are obliged to disclose information obtained via an online relationship if the client intends to harm themselves or others to their line manager
- Inform colleagues if you feel that they have posted content which may be deemed inappropriate and advise to remove
- Staff have a responsibility to report incorrect information posted on social media which may affect clients in a negative way.
- It is the responsibility of staff to report inappropriate material relating to the organisation online

CLIENT RESPONSIBILITY TO THE ORGANISATION
- Clients must take personal responsibility of their own online behaviour.
- Clients must be blocked from interacting with the organisations social media site if they do not comply with the guidelines of the site
- Clients must not take photos or videos of staff on personal devices including mobile devices
- It is acceptable for a client to request another clients friendship on social media.
- It is necessary to request consent to use a clients personal information on the organisations social media page
- Protect user privacy and confidentiality at all times
- There is an ethical and legal duty to protect user confidentiality at all times and this equally applies to online communication including social media.
- A client must be aged 13 to interact with the organisations social media site and should have the permission of their parent
- It is necessary to ask a social care organisation for permission before publishing any information for public viewing on their social media site
- Every client is entitled to give an opinion on information put up on social media be it positive or negative

Appendix N

Questions used for focus group to evaluate pilot social media intervention

Do you think social media has helped forward steps?

Do you think using social media has been cost effective for your organisation?

Do you think it has reached a wider network of people?

What do you think social media was most beneficial for?

What do you think were the challenges using social media?

Did client groups find it useful?

Do you think the guidelines were effective for implementing social media in this organisation?

Would you consider expanding the use of social media in the future?

Tables

Table 6

Statistical test-Chi square: Gender&Social media for personal use

Table 6 Chi-Square: Gender&social media for personal use

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Social media-Personal Use	169	91.8%	15	8.2%	184	100.0%

Gender * Social media- Personal Use Crosstabulation

Count

		Social media- Personal Use		Total
		Yes	No	
Gender	Male	28	2	30
	Female	137	2	139
Total		165	4	169

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.918[a]	1	.088		
Continuity Correction[b]	1.094	1	.296		
Likelihood Ratio	2.221	1	.136		
Fisher's Exact Test				.145	.145
Linear-by-Linear Association	2.901	1	.089		
N of Valid Cases	169				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .71.

b. Computed only for a 2x2 table

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Table 7

Statistical Test-Kruskal Wallis: How often social media is used&importance of using social media in social care

Table 7 Kruskal-Wallis: How often social media is used and importance of using social media in social care

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Social media use-How often	176	1.24	.741	1	6
Importance of using social media in social care	164	2.65	1.166	1	6

Kruskal-Wallis Test

Ranks

	Importance of using social media in social care	N	Mean Rank
Social media use-How often	Most important	26	79.02
	Important	45	87.73
	Somewhat important	63	78.09
	Somewhat unimportant	14	80.29
	Unimportant	7	69.50
	Not important at all	5	69.50
	Total	160	

Test Statistics[a,b]

	Social media use-How often
Chi-Square	5.508
df	5
Asymp. Sig.	.357

a. Kruskal Wallis Test

b. Grouping Variable: Importance of using social media in social care

Table 8

Statistical Test: Chi square: Youth&Social media for work purposes

Table 8 Chi-square: youth and social media for work purposes

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Youth * Social Media-Work Purposes	160	87.0%	24	13.0%	184	100.0%

Youth * Social Media-Work Purposes Crosstabulation

			Social Media-Work Purposes		
			Yes	No	Total
Youth	No	Count	46	67	113
		Expected Count	50.1	62.9	113.0
	Yes	Count	25	22	47
		Expected Count	20.9	26.1	47.0
Total		Count	71	89	160
		Expected Count	71.0	89.0	160.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.096[a]	1	.148		
Continuity Correction[b]	1.620	1	.203		
Likelihood Ratio	2.088	1	.148		
Fisher's Exact Test				.165	.102
Linear-by-Linear Association	2.083	1	.149		
N of Valid Cases	160				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.86.

b. Computed only for a 2x2 table

Table 9

Statistical test- Chi-square:Gender&social media for work purposes

Table 9 Chi-square: Gender and social media for work purposes

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Social Media-Work Purposes	160	87.0%	24	13.0%	184	100.0%

Gender * Social Media-Work Purposes Crosstabulation

			Social Media-Work Purposes		Total
			Yes	No	
Gender	Male	Count	18	12	30
		Expected Count	13.1	16.9	30.0
	Female	Count	52	78	130
		Expected Count	56.9	73.1	130.0
Total		Count	70	90	160
		Expected Count	70.0	90.0	160.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.962[a]	1	.047		
Continuity Correction[b]	3.191	1	.074		
Likelihood Ratio	3.937	1	.047		
Fisher's Exact Test				.065	.037
Linear-by-Linear Association	3.937	1	.047		
N of Valid Cases	160				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.13.

b. Computed only for a 2x2 table

Table 10: Statistical Test-Kruskal wallis: Age&Importance of using social media in social care

Table 10 Kruskal-Wallis: Age & importance of using social media in social care

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
Age Category	182	2.35	.961	1	5	2.00	2.00	3.00
Importance of using social media in social care	164	2.65	1.166	1	6	2.00	3.00	3.00

Kruskal-Wallis Test

Ranks

	Importance of using social media in social care	N	Mean Rank
Age Category	Most important	27	90.87
	Important	46	82.85
	Somewhat important	64	78.23
	Somewhat unimportant	14	75.54
	Unimportant	7	79.86
	Not important at all	5	95.70
	Total	163	

Test Statistics[a,b]

	Age Category
Chi-Square	2.441
df	5
Asymp. Sig.	.785

Table 11

Statistical Test-Mann-Whitney test: Social media is a useful tool in social care&Social media for work purposes

Table 11 Mann-Whitney test: Social media is a useful tool in social care & social media for work purposes

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
Social media is a useful tool in social care	100	2.09	.933	1	5	1.00	2.00	3.00
Social Media-Work Purposes	161	1.56	.498	1	2	1.00	2.00	2.00

Mann-Whitney Test

Ranks

	Social Media-Work Purposes	N	Mean Rank	Sum of Ranks
Social media is a useful tool in social care	Yes	38	38.58	1466.00
	No	57	54.28	3094.00
	Total	95		

Test Statistics[a]

	Social media is a useful tool in social care
Mann-Whitney U	725.000
Wilcoxon W	1466.000
Z	-2.909
Asymp. Sig. (2-tailed)	.004

a.   Grouping Variable: Social Media-Work Purposes

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Table 12

Statistical test- Chi-square: Gender&Social media being used to communicate with clients.

Table 12 Chi-square: Gender & social media being used to communicate with clients

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Social media used to communicate with clients * Gender	163	88.6%	21	11.4%	184	100.0%

Social media used to communicate with clients * Gender Crosstabulation

			Gender		
			Male	Female	Total
Social media used to communicate with clients	Yes	Count	14	17	31
		Expected Count	6.1	24.9	31.0
	No	Count	18	114	132
		Expected Count	25.9	106.1	132.0
Total		Count	32	131	163
		Expected Count	32.0	131.0	163.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	15.813[a]	1	.000		
Continuity Correction[b]	13.878	1	.000		
Likelihood Ratio	13.616	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	15.716	1	.000		
N of Valid Cases	163				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.09.

b. Computed only for a 2x2 table

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Table 13

Statistical test-Mann-Whitney: Social media is useful method for social care workers to receive supervision & social media for work purposes.

Table 13 Mann-Whitney: Social media is useful for SCW for supervision & social media for work purposes

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Social media is a useful method for social care workers to receive supervision	110	4.42	1.710	1	6
Social Media-Work Purposes	161	1.56	.498	1	2

Mann-Whitney Test

Ranks

	Social Media-Work Purposes	N	Mean Rank	Sum of Ranks
Social media is a useful method for social care workers to receive supervision	Yes	45	52.29	2353.00
	No	60	53.53	3212.00
	Total	105		

Test Statistics[a]

	Social media is a useful method for social care workers to receive supervision
Mann-Whitney U	1318.000
Wilcoxon W	2353.000
Z	-.216
Asymp. Sig. (2-tailed)	.829

a. Grouping Variable: Social Media-Work Purposes

Table 14

Statistical test-Mann-whitney test: Social media for work purposes& with training to use video to promote the service for clients

Table 14 Mann-Whitney test: Social media for work purposes & with training to use video to promote the service for clients

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
With appropriate training would you feel comfortable presenting online video content about the service for clients	110	2.26	1.304	1	6
Social Media-Work Purposes	161	1.56	.498	1	2

Mann-Whitney Test

Ranks

	Social Media-Work Purposes	N	Mean Rank	Sum of Ranks
With appropriate training would you feel comfortable presenting online video content about the service for clients	Yes	45	45.38	2042.00
	No	60	58.72	3523.00
	Total	105		

Test Statistics[a]

	With appropriate training would you feel comfortable presenting online video content about the service for clients
Mann-Whitney U	1007.000
Wilcoxon W	2042.000
Z	-2.329
Asymp. Sig. (2-tailed)	.020

a. Grouping Variable: Social Media-Work Purposes

Table 15

Statistical test- Mann whitney: Organisations that currently have a policy & that feel it is necessary to have a social media policy to deliver social media interventions via the internet.

Table 15 Mann-Whitney U test: Organisations that currently have a policy & that feel it is necessary to have a social media policy to deliver social media interventions via the internet

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
It is necessary to have a social media policy to deliver social media interventions via the internet	143	1.80	1.072	1	6
Does organisation have a current social media policy?	72	1.36	.678	1	3

Mann-Whitney Test

Ranks

	Does organisation have a current social media policy?	N	Mean Rank	Sum of Ranks
It is necessary to have a social media policy to deliver social media interventions via the internet	Yes	49	28.98	1420.00
	No	8	29.13	233.00
	Total	57		

Test Statistics[a]

	It is necessary to have a social media policy to deliver social media interventions via the internet
Mann-Whitney U	195.000
Wilcoxon W	1420.000
Z	-.025
Asymp. Sig. (2-tailed)	.980
Exact Sig. [2*(1-tailed Sig.)]	.991[b]

a. Grouping Variable: Does organisation have a current social media policy?

b. Not corrected for ties.