

**K102\_3**

**Social media and networks in health and social care**

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# Contents

* [Introduction](#Introduction1)
* [Learning outcomes](#LearningOutcomes1)
* [1 The internet](#Session1)
  + [1.1 Advantages and disadvantages](#Session1_Section1)
  + [1.2 Health and care on the internet](#Session1_Section2)
  + [1.3 Children, young people and the internet](#Session1_Section3)
  + [1.4 Working with vulnerable young people online](#Session1_Section4)
* [2 The internet, social media and me](#Session2)
  + [2.1 Defining online social networks](#Session2_Section1)
  + [2.2 Reflecting on your digital footprint](#Session2_Section2)
  + [2.3 The ethical debate: Googling service users and patients?](#Session2_Section3)
  + [2.4 The ethical debate on PTG](#Session2_Section4)
* [Conclusion](#Session3)
* [References](#References1)
* [Acknowledgements](#Acknowledgements1)
* [Solutions](#Solutions1)

## Introduction

The focus of this course, Social media and networks in health and social care, will be on the concept of internet safety and the possible advantages and disadvantages the internet offers you in terms of health and social care.

You will reflect on your own use of online social networks, along with the ethical and professional issues associated with these when working in health and social care settings. You will be given the opportunity to consider the wide range of health technologies available, and you will also explore the advantages and disadvantages of the internet for vulnerable children and young people with developmental and intellectual disability. The course begins by exploring the theme of ‘the internet’.

This OpenLearn course is an adapted extract from the Open University course [K102 Introducing health and social care](http://www.open.ac.uk/courses/qualifications/details/k102).

## Learning outcomes

After studying this course, you should be able to:

* identify the advantages and disadvantages of using the internet in health and social care
* evaluate your own use of online social networks and the implications of these for workers in health and social care
* evaluate the impact of the internet on the experiences of users of health and social care services.

## 1 The internet

The internet is:

Start of Quote

a global network of computers that works much like the postal system, only at sub-second speeds. Just as the postal service enables people to send one another envelopes containing messages, the internet enables computers to send one another small packets of digital data.

(BBC, 2014)

End of Quote

Almost all adults (91%) in the UK use the internet and adults with disabilities are increasing their use of the internet too (78% of those with reported disability use the internet). Adults aged 65 years or over who report using the internet is also increasing year-on-year (Office of National Statistics (ONS), 2019a). Email is one of the most common uses of the internet used by adults in Great Britain (86%) and 63% of adults report using the internet to search for health-related information. Other popular uses of the internet include internet banking, reading news, making calls and using social media (ONS, 2019b). Over 84% of adults use the internet via a mobile or smartphone (ONS, 2019a).

Start of Activity

**Activity 1 Top five uses of the internet**

Start of Question

Drag and drop these uses of the internet in order of popularity.

End of Question

1.

2.

3.

4.

5.

Sending and receiving emails

Finding information about goods or services

Internet banking

Reading the news

Making video or voice calls

[View answer - Activity 1 Top five uses of the internet](" \l "Session1_Interaction1)

[View discussion - Activity 1 Top five uses of the internet](" \l "Session1_Discussion1)

End of Activity

## 1.1 Advantages and disadvantages

The internet provides a wealth of health and care related information. The majority of health and care organisations now have an online presence, providing information such as their staff, missions, values and services. Websites such as NHS Choices and patient info provide a range of information about signs, symptoms, diagnosis and treatment of conditions. In addition, National Institute for Health and Care Excellence (NICE) has a variety of knowledge sheets and provides guidance on the recommended diagnosis, treatment and care for lots of different conditions such as diabetes, obesity, high blood pressure and heart disease. NICE guidance in particular is good quality evidence to use in your academic work.

Other websites can be run by charitable organisations that provide information for service users, sources of advice and support. Many have discussion forums and/or social media pages where people can talk with others in the same or similar circumstances, e.g. AgeUK, the British Heart Foundation and Cancer Research UK. Pharmacies, GP consultations and private care services are also often available online.

Start of Activity

**Activity 2 What are the advantages and disadvantages of the internet?**

Start of Question

Using the drop down choices below, identify whether you think each of the following statements is an advantage or disadvantage of the internet for health and care, or both.

Start of Media Content

Interactive content is not available in this format.

End of Media Content

End of Question

[View discussion - Activity 2 What are the advantages and disadvantages of the internet?](" \l "Session1_Discussion2)

End of Activity

## 1.2 Health and care on the internet

In the previous activity you will have identified a range of advantages and disadvantages of the internet for health and care. The motivation or reason for someone using the internet can play a role in whether it is seen as an advantage or disadvantage. Some of the most common uses of the internet for health and care include: seeking information about signs, symptoms, diagnosis and treatment; connecting with other patients or carers; linking with health and care providers; information about diet and nutrition. Many people use the internet as a primary source of information, over and above more traditional ‘printed’ information, talking to friends, family, colleagues and even health and care professionals (Jacobs et al., 2017).

The next activity gets you to think about how you might have used the internet for health and care.

Start of Figure



End of Figure

Start of Activity

**Activity 3 Using the internet for health information**

Start of Question

Think about how you might use or have used the internet for the purpose of health and care. In the box below, type in three things that describe how you have used the internet for these purposes.

End of Question

*Provide your answer...*

[View discussion - Activity 3 Using the internet for health information](" \l "Session1_Discussion3)

End of Activity

The next section will explore potential disadvantages and risks of the internet relevant to a particular group of vulnerable children and young people.

## 1.3 Children, young people and the internet

While the internet can offer a wealth of advantages, some of which you have explored in previous sections, there are a range of risks and challenges when using it, particularly for children and young people. Conversely, children and young people with developmental and intellectual disability or mental health conditions are particularly vulnerable to the risks of the internet.

Online abuse can reflect that which occurs in the offline world, such as emotional abuse, grooming, sexual abuse, sexual exploitation and radicalisation, but some is predominantly online only, such as cyberbullying and sexting (NSPCC, 2019). There might also be many others that you will come across in the next activity. Online abuse can occur through a range of platforms and can potentially lead to offline abuse, as you will see below.

Start of Box

**Cyberbullying:** This is bullying that occurs online. This type of bullying can follow the child wherever they use the internet or mobile technology.

**Emotional abuse:** This is the continuous emotional mistreatment of a child. This can happen both online and offline.

**Grooming:** This can happen online or offline and involves another person, typically an adult, building a relationship with a child with the intent to abuse or exploit them.

**Sexting:** This is the online use of messaging technology in a range of platforms with the purpose of sharing sexual or naked images or messages. Children can be coerced into sending these images.

**Sexual abuse:** This involves forcing a child into sexual activities, e.g. viewing or sharing sexual related content either online or offline.

**Sexual exploitation:** Being forced to create and/or share explicit content. This can happen online or offline.

**Radicalisation:** The process of persuading or coercing a child or young person to adopt extreme political, religious or social views.

End of Box

## 1.4 Working with vulnerable young people online

While it is recognised that all children and young people are vulnerable to the risks of the internet, there are, as indicated in the previous section, particular groups of children and young people who are especially vulnerable. Some research suggests that children and young people with intellectual disability, such as autistic spectrum disorder or attention deficit hyperactivity disorder, are at risk of ‘being left behind’ with regards to internet access (Agren et al., 2018). It is known that this particular group can be more at risk of the dangers associated with the internet: they might have poor insight and judgement about the dangers, have a desire to make friends and be ‘included’ and as a result of difficulties with peer-to-peer social skills they might feel more comfortable engaging with people online (Chiner et al., 2017; Buijs et al., 2017; Normand and Sallafranque-St-Louis, 2016).

The following activity explores the challenges when working with children and young people with intellectual disability, those who have experienced potentially traumatic events or frequent and significant life events, may live in foster care, with a special care order in place or in a specialist residential setting. It uses the real life experiences of a family support worker who works with children and young people from this group.

Start of Activity

**Activity 4 Discussions with a family support worker**

Start of Question

**Please note:** you are advised to undertake this activity on a desktop computer as the crossword may not appear correctly on smaller screens.

Note that the audios use pseudonyms to respect the confidentiality of the people and service users associated with the organisation in which the family support worker is employed.

Listen to each audio and then complete the crossword clues for each one.

Start of Media Content

Audio content is not available in this format.

Audio 1

[View transcript - Audio 1](" \l "Session1_Transcript1)

End of Media Content

Start of Media Content

Audio content is not available in this format.

Audio 2

[View transcript - Audio 2](" \l "Session1_Transcript2)

End of Media Content

Start of Media Content

Audio content is not available in this format.

Audio 3

[View transcript - Audio 3](" \l "Session1_Transcript3)

End of Media Content

Start of Media Content

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End of Media Content

End of Question

[View discussion - Activity 4 Discussions with a family support worker](" \l "Session1_Discussion4)

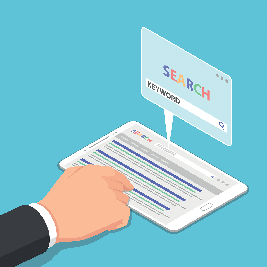
End of Activity

## 2 The internet, social media and me

In the digital age, almost all of us have a ‘digital footprint’. Your digital footprint is the data that you leave behind when you engage with the internet; this can be social media ‘likes’, posts, pictures or email. In other words, we have some information about us on the internet; this could be something as simple as email, online purchases or social media accounts.

Health and social care professionals have to make sure that they are able to justify their actions and decisions, work for the best interests of their service users and work within the confines of their employer policy. This is part of being ‘responsible’ and ‘accountable’ for actions and decisions.

Start of Figure



End of Figure

Healthcare Professional Targeted Googling (HCPTG) is a relatively new concept emerging in research literature. This is when patients or service users search for organisations or individual health and social care workers using the internet. Ryan et al. (2019) discussed this concept with some members of the public and there is evidence to suggest that it can have both a positive and negative affect on the perceptions of an individual or organisation. For example, certain ‘star’ systems and ‘reviews’ can tell us how a service is performing from the user perspective or, alternatively, it can give us professional information about health and social care workers through organisational online profiles.

However, if too much of our personal information is made to be public this could provide a negative view of the person, e.g. evidence of profane language, strong political/religious views, comments about the workplace, etc. In addition, some service users might try to contact professionals through platforms such as Facebook which could cross important boundaries between the patient/service user and professional/employee.

It is important that you have an awareness of your digital footprint and what types of information are publicly accessible.

The next section encourages you to explore this in the context of online social networks and social media.

## 2.1 Defining online social networks

The term ‘Online Social Network (OSN)’ refers to people connecting through a range of platforms, enabling users to share personal or professional information on a profile (Ryan, 2019). ‘Online Social Media (OSM)’ places its emphasis on social relationships, but is better used to describe the media by which those relationships exist (e.g. video, photos, blogs) (Ryan, 2019). Hence, OSNs represent the platform for the online presence and the relationships within it while OSM is a facilitator and method of communication that links the online presence (Ryan, 2019). The world of social media is constantly changing with new sites and apps being added to the offering. In 2019, the most popular social networks worldwide were Facebook, YouTube, WhatsApp, Facebook Messenger and WeChat (Statista, 2019).

Start of Figure



End of Figure

You might have heard of the following types of platform:

* wikis such as Wikipedia
* blogs such as WordPress and Tumblr
* microblogs such as Twitter
* video and media platforms such as YouTube, Instagram and Snapchat
* social networks such as Facebook and LinkedIn.

The next activity encourages you to think about different types of OSN and OSM and the purpose for which they are used.

Start of Activity

**Activity 5 Making the most of social networking**

Start of Question

Complete the following activities on the topic of social networks.

1. [Social networking: is it for me?](https://www.open.ac.uk/libraryservices/resource/learningobject:XJ0036&f=30561)
2. [Keeping up-to-date using online networking](https://www.open.ac.uk/libraryservices/resource/learningobject:XJ0031&f=30561)

End of Question

[View discussion - Activity 5 Making the most of social networking](" \l "Session2_Discussion1)

End of Activity

The next section further explores your interaction with OSN and OSM.

## 2.2 Reflecting on your digital footprint

Research has shown that many professionals and students training to be a professional have ‘awareness’ of their digital footprint but when they actually examine what they share online they are surprised by the amount of information that is available (Ryan, 2017a, b). The next activity will ask you to reflect on the type of information you share with the public in social media.

Start of Activity

**Activity 6 Assessing your own use of social media**

Start of Question

**Note: if you do not have a social media account then you should complete the ‘alternative’ activity which follows this one.**

Choose one of your personal social media profiles to focus on as part of this activity:

* Facebook
* Twitter
* Instagram

Once you have chosen one of these answer the questions in the following interactive.

Start of Media Content

Interactive content is not available in this format.

End of Media Content

Now, put yourself in the position of someone visiting your profile who doesn’t know you. Answer the same questions from their perspective, and at the end of the activity you’ll see how their perspective differs from yours.

Start of Media Content

Interactive content is not available in this format.

End of Media Content

End of Question

[View discussion - Activity 6 Assessing your own use of social media](" \l "Session2_Discussion2)

End of Activity

Start of Activity

**Alternative Activity 6**

Start of Question

**Undertake this activity if you cannot complete the activity above.**

1. Identify at least two health and social care organisations in your region, this could be an NHS trust, charity, care home or private organisation such as BUPA.
2. In your web browser, search for the name of the organisation.
3. Note down any social media profiles the organisation uses and have a look at some of the ‘user reviews’ if there are any available.
4. Open at least one of the social media pages for this organisation and look at some of the recent posts, then complete the table below. If user reviews are available for the organisation, have a look at some of the most recent.
5. Complete stages 1–4 for the second organisation you selected.

Make some notes in answering these questions.

Start of Table

|  |  |  |
| --- | --- | --- |
| **Question** | **Organisation 1** | **Organisation 2** |
| What types of information are available?  (e.g. is it promoting its service, success stories, health information?) | *Provide your answer...* | *Provide your answer...* |
| What are your immediate thoughts about this information and has it changed your opinion of the organisation?  Do you feel that they reflect positively or negatively on the organisation? | *Provide your answer...* | *Provide your answer...* |
| Why do you think you feel this way?  How would this make you feel about using the services of this organisation? | *Provide your answer...* | *Provide your answer...* |
| If you were to make three recommendations to this organisation about their online presence what would they be? | *Provide your answer...* | *Provide your answer...* |

End of Table

End of Question

[View discussion - Alternative Activity 6](" \l "Session2_Discussion3)

End of Activity

## 2.3 The ethical debate: Googling service users and patients?

Patient (or service user) targeted Googling (PTG) is an emerging topic for debate in health and social care and involves a health and social care professional using an internet search engine to find information (such as a social media profile) about a patient in their care. In 2019, the research into this topic was mainly focused on medicine and psychiatry but it is likely this will expand into other care professions. PTG can be defined as:

Start of Quote

[the] practice of searching the internet for information about patients. Googling is used as the general term to describe internet searches using the popular search engine, Google.

(Gershengoren, 2019)

End of Quote

Start of Figure



End of Figure

There are a range of arguments for and against such activities. Some research suggests that there are certain circumstances where searching for patients or service users on the internet is justified (Gershengoren, 2019; Thabrew et al., 2018; Chester et al., 2017); for example, when you believe someone to be a risk to themselves or others and service user safety is of concern. On the other hand though, it could be deemed to be an invasion of privacy.

Start of Activity

**Activity 7 Should you Google a service user?**

Start of Question

Do you think that it is acceptable for health and social care workers to Google service users in their care?

End of Question

*Provide your answer...*

[View discussion - Activity 7 Should you Google a service user?](" \l "Session2_Discussion4)

End of Activity

The next section will discuss this further.

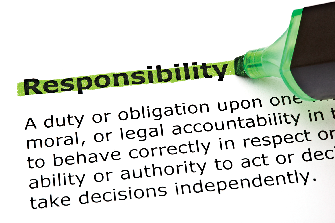
## 2.4 The ethical debate on PTG

You will have seen that there are a range of different perspectives about using internet search engines to find publicly accessible information about people. When working in health and social care it is important to put the service user at the centre of what you do and so the decisions you make about care need to be justified. In order to use the internet or social media responsibly in relation to service users, a study by Ryan et al. (2019) found members of the public felt that:

* the act needs to be in the best interests of the patient/service user
* curiosity is not enough to justify searching for a service user’s information
* wherever possible, consent should be sought and documented
* justification for the ‘search’ needs to be documented
* ethical principles need to be considered (i.e. beneficence, maleficence, autonomy and justice).

Ryan and Cornock (2019) and Ryan (2019) suggest a framework by which to consider the professional, employer, ethical and legal implications of PTG so that you can most effectively make and justify your decisions.

Start of Figure



End of Figure

The next activity guides you to think more carefully about the searching the internet for information about service users.

Start of Activity

**Activity 8 Making an internet search on a service user for the purpose of protection**

Start of Question

The following video describes the findings of a research project that examined how social workers should or should not use Facebook profiles as part of their practices in child protection. You are advised to watch this video on a full-sized monitor or laptop rather than a mobile device if possible.

This is a relatively challenging video, so don’t worry too much if you find it difficult to follow all of it. Focus on the main message, which is around the ethics of using information from social media as part of child protection assessments. As you watch this video, consider whether you think that professionals in health and social care should use social media to find information about their patients or service users.

How would you feel as a patient or service user if a professional did this to you? Make some notes about the circumstances when you think this would be appropriate.

Start of Media Content

Video content is not available in this format.

Video 1 Facebook: An unethical practice or effective tool in child protection?

[View transcript - Video 1 Facebook: An unethical practice or effective tool in child protection?](" \l "Session2_Transcript1)

Start of Figure



End of Figure

End of Media Content

Revisiting the activity in the previous section, has your opinion changed?

Do you think that it is acceptable for health and social care workers to use social media to find out information about service users in their care?

End of Question

*Provide your answer...*

[View discussion - Activity 8 Making an internet search on a service user for the purpose of protec ...](" \l "Session2_Discussion5)

End of Activity

## Conclusion

This free course, Social media and networks in health and social care, has invited you to explore some of the advantages and disadvantages of the internet. It discussed the risks of the internet for children and young people with developmental and intellectual disability and how this group is particularly vulnerable to certain types of online abuse such as sexual exploitation, sexual grooming, cybercrime and unhealthy relationships. This concluded with some top tips and recommendations about education of children, young people, parents, carers and professionals in this context.

You have explored the role of OSNs and OSM, how to use these effectively and considered your own digital footprint in relation to these, especially in the current climate where patients and service users are able to search for health and social care professionals. The later part of this course discussed the implications of patient-targeted Googling (PTG) and the ethical debate surrounding this concept.

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## Acknowledgements

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## Solutions

## Activity 1 Top five uses of the internet

#### Answer

**The correct matches are:**

1.

Sending and receiving emails

2.

Finding information about goods or services

3.

Internet banking

4.

Reading the news

5.

Making video or voice calls

[Back to - Activity 1 Top five uses of the internet](" \l "Session1_Activity1)

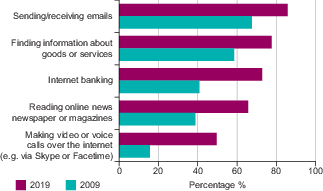
#### Discussion

The top five uses of the internet by percentage of adults over 16 years of age are:

1. Sending and receiving emails (86%)
2. Finding information about goods or services (78%)
3. Internet banking (73%)
4. Reading online news (66%)
5. Making video or voice calls (50%)

Figure 1 shows the top five uses of the internet between 2009 and 2019 (ONS, 2019b). The maroon lines show the figures for the year 2019 and the blue are from 2009. You will see that over the course of the decade the use of the internet dramatically increased.

Start of Figure



**Figure 1** Internet activities within the last three months, Great Britain, 2009 and 2019.

[View description - Figure 1 Internet activities within the last three months, Great Britain, 2009 and ...](" \l "Session1_Description1)

End of Figure

[Back to - Activity 1 Top five uses of the internet](#Session1_Activity1)

## Activity 2 What are the advantages and disadvantages of the internet?

#### Discussion

You might have come to different conclusions about whether each of these was an advantage or disadvantage. There are no right or wrong answers. Here are some example answers.

1. Fast and efficient communication – Advantage

The internet makes it easy to correspond with people in any geographic location and this is often viewed as an advantage. Professionals are able to network easily with others across the world.

1. Information can be lost easily – Disadvantage

Hackers, computer viruses and problems with hardware can often cause information to be lost or stolen very easily. Information lost this way is often irretrievable.

1. The internet is global – Both

The ability to network with people from around the world is a wonderful opportunity, especially if you have friends or relatives living overseas. However, health and care information, recommended guidance, services and policies vary greatly from country to country and might not be relevant or accurate for your particular location.

1. Privacy and security, spam and viruses – Disadvantage

The risk to privacy, the security of information and risk of computer viruses wiping or stealing information from your computer is frequently of concern for many. It is not always possible to know what data you are sharing or leaving behind every time you use the internet. Emails can easily be lost or sent to the wrong person.

1. Information can be shared easily – Both

Electronic health records are a great opportunity for professionals and organisations to share information about care and optimise care delivery. However, sometimes information is shared too freely and it is not always possible to know that you are sharing the right information with the right person at the right time.

1. Social networking: access to advice and other people in similar circumstances – Both

Social networks and access to online discussion forums can be a valuable source of support. This means that service users can obtain information from others in similar circumstances or ask questions and get responses very quickly. However, it is not always possible to confirm whether the person you are speaking with is who they say they are, or if they are providing the correct advice and information. There are also risks associated with sharing personal information in these platforms.

1. Finding information about professionals and organisations who provide care – Advantage

You can now find lots of information about NHS trusts, care homes and organisations who provide care. This helps you to understand what services they provide. For example, staff profiles let you see what qualifications and experience the professionals who care for you have. Online public reviews of these organisations also means you can provide and see others’ feedback about their performance.

1. Finding information about health, signs, symptoms and diagnosis – Both

Information about health and what to expect from treatments are very useful. It can also help you to make decisions about what service you need and in what circumstance, e.g. whether to go to your GP or urgent care centre. However, not all websites are created equally and the information available online is not always credible or accurate; it might be that it is only relevant to certain geographic locations too. Service users can also be deterred from seeking help when they actually need to and vice versa.

[Back to - Activity 2 What are the advantages and disadvantages of the internet?](" \l "Session1_Activity2)

## Activity 3 Using the internet for health information

#### Discussion

Jaks et al. (2019) and Moreland et al. (2015) suggest some reasons why people use the internet for health and care information:

* finding information to take to an appointment or consultation to discuss with the professional
* finding information about signs and symptoms to make decisions about seeking face-to-face support and the type of support. For example, whether to take a child with a fever to the GP or urgent care
* seeking information about a service provider
* getting responses to queries and questions quickly, 24 hours a day, particularly through social networks
* seeking emotional support and information from others with the same diagnosis/condition/situation
* to improve knowledge of a diagnosed condition and how to manage it
* finding information to improve health and wellbeing generally e.g. diet advice, weight loss.

As you have seen, there are plenty of benefits and reasons to use the internet for health and care purposes. However, the internet also brings with it a wide range of disadvantages and risks.

[Back to - Activity 3 Using the internet for health information](" \l "Session1_Activity3)

## Activity 4 Discussions with a family support worker

#### Discussion

You will have heard the family support worker talking about a range of challenges faced by children and young people in this vulnerable group. Children and young people who have experienced trauma, have developmental or intellectual disability or who are in a residential setting for these reasons are more vulnerable to the risks of the internet than those in mainstream education. They struggle more to understand and form appropriate relationships, find face-to-face social interaction challenging and lack awareness of the risks of sharing personal information.

You will have heard about a case where a young person used a parent’s credit card to gamble online, ran up a large bill and became obsessed with the activity. You have also heard about ‘Jess’, who was groomed online by someone she believed was a woman who she thought was her friend, eventually asking her to share inappropriate sexual images and was able to find her home address. This also raised the issues of sharing personal information online and leaving on ‘location service’ functions in online social networks such as Facebook or WhatsApp.

The family support worker manages online risks for this vulnerable group by:

* education of staff, children, young people, parents and carers

This education should be embedded into the curriculum and wherever information technology is being used. Staff in this setting are trained three times per year to make sure they are up to date with this rapidly changing technology. Parents and carers should be educated about privacy settings, monitoring these settings and also supervision of children while they are using the internet.

* carrying out individual or group work with those most at risk or where an incident has been reported

The group work allows for an honest and open conversation about information on the internet, e.g. that sites showing pornography are not ‘reality’.

* having a safeguarding policy that is regularly reviewed and updated
* referring to credible and reliable resources on the topic of internet safety

An example of these resources are those from [Child Exploitation and Online Protection Command](https://www.ceop.police.uk/safety-centre/) (CEOPs).

* being open and honest with the young people without the need to remove technology completely.

This encourages them to report any concerns they have, ask any questions and teach them how to use technology safely in day-to-day life, as they will have to when they are an adult.

[Back to - Activity 4 Discussions with a family support worker](" \l "Session1_Activity4)

## Activity 5 Making the most of social networking

#### Discussion

These activities enabled you to explore the different types of social networks and the different platforms appropriate for different purposes: general, professional and special interest. You might already use some or all of these types of social networks or you might have chosen not to engage with social networks at all. You will have considered the benefits of social networks and developed knowledge about how to select an appropriate platform for different purposes.

[Back to - Activity 5 Making the most of social networking](" \l "Session2_Activity1)

## Activity 6 Assessing your own use of social media

#### Discussion

You might have been surprised by the things that you thought would be available to the public, compared with those that were (i.e. what you thought you shared versus what you actually share and what information about you is actually available to the public). You might now decide to change your privacy settings or behaviour online as a result of this activity. You should check and update your privacy settings frequently, especially if platforms have made amendments or updates to these policies. You can revisit this tool at anytime in the future to help you think about what you ‘think’ you share compared to what you ‘actually’ share.

[Back to - Activity 6 Assessing your own use of social media](" \l "Session2_Activity2)

## Alternative Activity 6

#### Discussion

You might have noticed the range of information available – many organisations share information about their services, staff and promote different areas of health and social care. You will find that there are lots of organisations who use Twitter and that they link with different people and other organisations using # and @ in their posts. Some organisations also have staff profiles; for example, you will find that some Open University academics have staff profiles that give some background information, research activity and academic work.

If you found user reviews about your chosen organisation, you will most likely have found a ‘mixed bag’ with some positive and some negative. You should think carefully about the reviews you read on such platforms as it is not always possible to determine the accuracy and integrity of the content. However, this type of social media is becoming increasingly popular and can give an oversight of the performance of the organisation.

[Back to - Alternative Activity 6](" \l "Session2_Activity3)

## Activity 7 Should you Google a service user?

#### Discussion

Your response was likely to be informed by your background, experience and own attitudes (Ryan et al., 2019).

[Back to - Activity 7 Should you Google a service user?](" \l "Session2_Activity4)

## Activity 8 Making an internet search on a service user for the purpose of protection

#### Discussion

This is a relatively new area of debate and there are a range of ethical, legal and professional issues associated with using the internet to find information about service users. You might agree with such activity because anything you might find through an internet search is publicly accessible, or it might be that you feel there needs to be more awareness about what people share and how they share it.

Either way, it is important to make sure that anything you do as a professional or employee in health and social care is clearly justifiable and in the best interests of the people in your care. You should consider Beauchamp and Childress’s (1989) four components of ethics and make sure you are operating within current professional guidance, policy and procedure.

[Back to - Activity 8 Making an internet search on a service user for the purpose of protection](" \l "Session2_Activity5)

# Figure 1 Internet activities within the last three months, Great Britain, 2009 and 2019.

## Description

The graphic shows five internet activities and the percentage of adults in Great Britain who engage with them, year 2009 compared with 2019. The five activities and the percentages in 2009 and 2019 are: Sending and receiving emails: 2009 – 68%, 2019 – 86%; Finding information about goods and services: 2009 – 59%, 2019 – 59%; Internet banking: 2009 – 41%, 2019 – 73%; Reading online news, newspapers or magazines: 2009 – 39%, 2019 – 66%; Making video or voice calls over the internet (e.g. Skype or Facetime): 2009 – 16%, 2019 – 50%.

[Back to - Figure 1 Internet activities within the last three months, Great Britain, 2009 and 2019.](" \l "Session1_Figure1)

# Audio 1

## Transcript

Most young people that are referred to us all have a diagnosis of autism, attention deficit and hyperactivity disorder, they have mental health difficulties, attachment issues and trauma based behaviours. A lot of the young people I have worked with have had a lot of traumatic early years experience in education. They’ve been excluded on numerous times and been to different mainstream settings and in and out of education for maybe four or five years. Some of the young people have also been home educated for long periods of time. A lot of the young people that we look after are on care orders so they could be fostered, adopted or under special guardianship order.

The challenges that I face every day with working with this specific group of children on the internet is that they have difficulties with their social interactions with peers and they find it hard to form appropriate relationships and sustain them. Our young people are also desperate to have friends and they will put themselves in vulnerable positions to form relationships; i.e. sending inappropriate pictures or talking to strangers or sending explicit texts. They also end up having arguments over the internet which causes conflict in the setting, young people not always recognising the dangers of the internet and the risks that they put themselves under. Also they can, like, grooming or watching harmful material, pornography and they also can access, like, self harm videos in order to hurt themselves.

I’ve seen child sexual exploitation, child criminal exploitation, online sexual abuse. Radicalisation which is where you are groomed to be involved in terrorism.

Online gambling, now this is quite a recent one that I’ve been involved with, where a young person actually stole the credit card – parent’s credit card and is quite fixed actually and got a, like, an addiction to it and has spent thousands of pounds on mum’s credit card.

So the specific group of children that I work for all have experienced some significant trauma or event and this has had such a huge impact on their emotional and social needs, therefore leaving them completely vulnerable to online grooming. They are so desperate to make friends and this can look very obsessive to us because they haven’t got the social skills.

Young people may display risky behaviours online, particularly on the chatrooms like Facebook, Whatsapp. They may feel more confident in talking to strangers than they do to their own friends or family. They share their personal information including names, addresses, phone numbers, where they live and what school they go to and they don’t actually realise that the person on the other end could be an abuser. Young people may exchange self sexual images or videos through mobile phones or other devices, Facebook being top of the list for this. These images can be shared to other members of the group and also they don’t realise that once they’ve put this picture up it’s there for good.

[Back to - Audio 1](" \l "Session1_MediaContent2)

# Audio 2

## Transcript

The children have training in internet safety. We recognise that actually having taken the internet away and sanctioning is not helping the young people because at the end of the day this is their life. This is what they need all the time and also as they go into employment the internet is going to be there so our kind of philosophy on it is to teach them better ways and to help them keep safe online. So what we do we have got planned online safety programmes that are led through the ICT lessons and also this is readdressed in tutor times as well.

Within my group work I address pornography and we look at fantasy versus reality and the fact that actually pornography isn’t actually real. They think it’s real because they’re watching it but actually it’s quite violent and they do things that perhaps in a normal loving relationship people wouldn’t want to do. We explore that and we talk about it open and honestly so that the young people have a clear understanding that actually pornography is not real.

Recently I’ve been involved with a case. Her name was Jess and she’s a looked after child in the foster care system. She’s particularly vulnerable because she has been in and out of several different foster placements since two years old. She has obviously been through the trauma of going into care from birth and then moved so many different times and then she was placed with us when she was twelve. She became a little bit more settled but she liked her internet and at the weekends she used to go home to her foster placement. She had a love of makeup, hair, fashion.

She used to take lots of selfies of herself and then when one night she was at home on her own and doing what she does on the internet she made a fake Facebook account and put on her profile where she lived, the settings and her phone number and she also put her address on. She also, within that device, her location settings were set on so you know that means that some people outside can find you. She started posting her pictures, her modelling pictures, her selfies and she made herself up with all her makeup. Some of the pictures were quite provocative and then she was chatting with her friends and then this message came up from a lady saying, oh I like your picture.

Showing an interest in that she said thank you and then the lady said to her you are absolutely beautiful and the girl was really taken, all girls like to feel beautiful. This lady then made her feel really special and wanted and Jess started opening up to her saying she was unhappy and she’d been through the care system but she really, really as she gets older, wants to be a model. The woman then started to manipulate, saying you could be a model, I know someone. Just send me some more pictures. I can help you. The woman showing interest in her, again complimenting her all the time now developing her trust in a warming relationship. The woman now said well I do know someone but I need to see you topless. Is that okay? Jess complied because she thought she was gonna be a model and the woman replied she wants to come over to her house and do some real pictures. Jess at that point got scared and said no.

The woman said to her if you don’t let me come to your house I will share your naked pictures with all your friends and all your family and then she text back her address and I know where you live and actually wrote her address. Luckily Jess at that time turned everything off and came to see a member of staff and disclosed this. At the time we were really scared for her because we thought who is this woman.

She talked to the staff and the staff obviously then passed it on to the designated safeguarding lead which is where I got involved. Having seen this information we were really concerned about who this woman was and so we called the police and we also made a referral to social services. Within 24 hours the police went round to Jess’s house and removed all the devices. This actually took nearly eight months for the police to actually go through the device and find out exactly have had gone on. It was concerning because obviously this woman did have this girl’s address so we did put safeguarding concerns in place. We let the foster carers know and, you know, they kept a close eye. After the investigation was over a man of 48 years old was arrested for sexual abuse online for ten girls all under the age of twelve.

[Back to - Audio 2](" \l "Session1_MediaContent3)

# Audio 3

## Transcript

Online safety messages should be put on throughout the curriculum even if you are doing maths, English and science, just as a reminder that if you are working on IT that there are still risks around that.

Young people should be helped to understand the need of online safety to be open and honest and discuss the risk and discuss their concerns as well. Adults should also I think show a positive role model when using the internet within their setting and teach them safer ways. So there’s many websites out there to help parents and professionals to keep their children safe online. However, it’s a huge task as everything changes all the time.

The young people also are always one step ahead of us as we and the parents and carers need to be alert of that and just keep checking that the parenting controls remain because the students obviously know how to turn them off. Parents are also unaware of all the online dangers themselves. Often leaving the children unsupervised for long periods of time whilst on the internet on games consoles, particularly this year Fortnite’s been an absolute nightmare where grooming has taken place where young people have been talking to strangers over the line and you know they buy them skins.

I have had many naked pictures sent to me by parents saying oh my goodness please help my children I don’t know what to do. What they don’t actually realise is that by sharing that naked picture with me they’ve just broken the law and actually what they are doing is sharing child pornography.

They don’t report concerns very much. It’s often when the staff do spot checks online and they look at their devices that we find things.

My top ten kind of tips would be it’s all about education and making the parents and carers and the staff aware about the vulnerability of this particular group of young people.

In my group work and in the work that you do with young people we need to look at them building healthy relationships with staff and their carers so they feel that they can come to you with any concerns. It’s also looking at a healthy relationship. A lot of young people I work with don’t really understand what a healthy relationship is. They think it’s acceptable for people to emotionally abuse you or to maybe give you a slap. They think that’s acceptable because that’s what they’ve been brought up in.

Education on grooming and what that looked like, how it happens and how the grooming process works. Sexting and the law, a lot of the time when I do the group work all that comes out of it is the fact that the children don’t understand that they can have sex at sixteen which is physical and yet they can’t look at naked pictures or pornography.

That is one that comes up all the time and to be honest I’m honest with the young people and say I actually don’t know but what I do know is that you are breaking the law and you will get yourself in trouble if you do these things, if you look at pornography or you send naked pictures.

Having a safeguarding policy within your provision is paramount. The government legislation is on keeping children safe in schools and education. This is the main kind of legislation that everyone needs to be working for in order to keep people safe, and staff and carers need to report their concerns to the DSL and we will immediately react if we need to.

Monitoring is paramount in the houses that we work for, they do spot checks on the children’s devices and also have an internet safety contract where they give us their passwords and things like that.

There’s helplines out there. The Child Exploitation Online Protection Service which is out there known as CEOPS. Within that there is a Thinkuknow website which does all training for staff, professionals and it also gives online safety tips for children.

The young people do really listen and they take it onboard and they say the right things and they know how to keep themselves safe but you can guarantee that within two to three weeks I’m looking at more safeguarding reports where they’ve been sending naked pictures or they’ve been looking at inappropriate content.

I believe this specific group of young people because they are so vulnerable because of their experiences and their need and their lack of awareness, it makes them particularly vulnerable in this area.

[Back to - Audio 3](" \l "Session1_MediaContent4)

# Video 1 Facebook: An unethical practice or effective tool in child protection?

## Transcript

TARSEM SINGH COONER

Hello, My name is Tarsem Singh Cooner, from the University of Birmingham in the United Kingdom. And this is my colleague--

LIZ BEDDOE

Liz Beddoe from the University of Auckland in New Zealand.

TARSEM SINGH COONER

Together we will be exploring the following topic-- the use of Facebook in social work practise with children and families, an unethical practise or an effective tool in child protection.

LIZ BEDDOE

In this presentation, we will be drawing from our two-year ethnographic research project that explored what can help or hinder social workers from beginning, developing, and sustaining relationships over time with children and families involved in child protection processes.

TARSEM SINGH COONER

This short presentation is inspired by both the data obtained in the study and the much wider debates about the impact of technology use in the wider human services fields. Our study has allowed us to observe how some social workers use Facebook as part of risk assessments and ongoing casework with families. We'll explore how their actions can be framed within these wider debates.

LIZ BEDDOE

We begin by exploring this topic from two ethical positions-- Kantian and utilitarian. From the perspective of our research, we consider the Kantian position to be one where there is an intrinsic principle of respect for persons. Therefore, any actions that result in a social worker deceiving or acting covertly to access the family's social media information to undertake child protection work is considered morally wrong.

TARSEM SINGH COONER

In contrast to Kantian ethics, from a utilitarian perspective, the moral worth-- that is, the rightness or wrongness of an action-- is set to lie in its consequences. Therefore, if accessing a parent's social media account through deceit or covert surveillance produces a good consequence, such as protecting a child from harm, then this action would be considered morally right. Here the principle of justice comes in, arguing that the right action is that which produces the greatest good to the greatest number of people-- the child, social worker, agency, and so forth. In the following segments, we will consider an ethical position, draw on quotes from our research, and then pose a question for you to consider with the aim of stimulating further debate.

LIZ BEDDOE

From a broadly utilitarian position, Sage and Sage argue, in a risk-focused orientation, child welfare workers should be thorough in their family assessments, exploring any resource available, including social media. Client privacy and confidentiality is seen as secondary to child safety from this lens. Using this argument, consider the following quotes about Facebook use drawn from our research. "There are some positives to it, you can find out if parents are in relationships still even when they've said they aren't."

"I know my manager had an instance once when she was a social worker. She told me she'd gone around her and done a home visit, and then checked the mum's Facebook as she was still sitting in the car outside the house. And the mother's written on Facebook, silly twat didn't even see the bag of weed down the side of the sofa-- laughing. So she's gone back in and said, oh, I forgot, and had a look down the side of the sofa." How comfortable are you with this kind of surveillance of service users? Is it acceptable to say that the end justifies the means?

TARSEM SINGH COONER

Thanks, Liz. Now, consider the opposite Kantian perspective. Kolmes and Taube ask, is there a difference between a practitioner physically following a client compared to following them around online? They go on to argue that the crucial differences between this analogy and the intentional searching for client information on the internet are the ease, convenience, invisibility, and inexpensive nature of the activity. We found that using Facebook can make it really easy for social workers to follow service users. But is it too much like stalking? And does this behaviour cut across the need to establish a rapport and trust in order to gain a full assessment?

Our research found that some social workers were clear about what they considered to be the right and wrong uses of Facebook in these situations. "I don't go looking them up on Facebook to see what they're up to, because I think that's an invasion of their privacy." "I personally find that morally and ethically not right. I think that, you know, everybody's got a right to a private life." But is it that simple? Consider-- is it acceptable practise to ignore possible sources of data that may well help you protect children from risk of harm?

RACHEL

LIZ BEDDOE

As our research progressed, we began to ask, is there a more balanced approach. Clinton, et al. Suggest a framework that takes into account the contextual nature of professionals using social media with six questions that would need to be asked prior to conducting a search on service users. These questions cover motivation, threats to the therapeutic relationship, obtaining informed consent, sharing the found information with the client, documenting findings, and an ongoing need for the practitioner to recheck their motivations for such searches.

During our research, we observed social workers engaging with some of these issues. For example-- "Because we know that when you get to court, that's when these things become unstuck, when you're questioned on information. And- well, how can you validate things? Do you know what I mean? Is an honest approach possible? How can you guarantee that anything that service users are putting on Facebook is factual?

TARSEM SINGH COONER

Sage, Wells, Sage and Devlin suggest strategies that can attempt to maximise confidentiality and support ethical practise. They argue that agencies can consider the viewpoints of all potential stakeholders, including community members, foster parents, youth, biological parents and relatives, social, workers supervisors, and administrators, and consider whether the proper resources are available to support and monitor policy and practise initiatives. The following quote from our research, for us, captures the dilemmas that these topics can present.

"But it's protection for ourselves as well, isn't it? At the end of the day, we don't want to be reprimanded for doing something that we shouldn't be doing. But equally, we don't want to be missing stuff where children are being put at risk. I don't know. It's a weird-- it's a weird one, isn't it?" At this point, what we question is, should the profession stop, have a think, have a debate about the types of issues that we have raised here?

LIZ BEDDOE

For example, we know from our study and other research that these Kantian and utilitarian practises are happening. But should we now take a metaphoric pause and consider the consequences? For example, there are current debates about governments using sophisticated algorithms to predict harm. But just because we can doesn't mean we should. In the past, social work practise has unquestionably acted in ways that we consider to be bad practise now-- for example, removing children from single parents, those with learning disabilities, and from indigenous communities. Using these lessons learned from these past experiences, we need to think through our use of social media now before social media surveillance becomes unquestioningly too institutionalised.

TARSEM SINGH COONER

Therefore, having viewed this presentation, what do you think of the wider issues for debate when considering, is Facebook use in social work practise for children an families an unethical practise or an effective tool in child protection?

[Back to - Video 1 Facebook: An unethical practice or effective tool in child protection?](" \l "Session2_MediaContent3)