



Citation for published version:

Tonkin, L & Tonkin, E 2013, 'Social networks, social isolation and cyber-scepticism: evaluating Twitter for users with disability', *Twitter and Microblogging: Political, Professional and Personal Practices*, Lancaster, UK United Kingdom, 10/04/13 - 12/04/13.

Publication date:
2013

Document Version
Early version, also known as pre-print

[Link to publication](#)

University of Bath

Alternative formats

If you require this document in an alternative format, please contact:
openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Social networks, social isolation and cyber-scepticism: evaluating Twitter for users with disability

INTRODUCTION

In principle Twitter is available to anyone who has access to the internet, providing a communication platform accessible to a wide variety of users. Whilst Twitter's restriction of 140 characters or less per message gives rise to excessively abbreviated terminology, reducing the semantic accessibility of postings; the limitation is ideal for those who find typing arduous or who use inordinately time-consuming input devices, forming the message letter by letter using a head switch and infinite patience.

"Its a personal thing, social sites are something I am not interested in."

It is suggested that social media offers significant benefits in terms of democratisation, levelling out

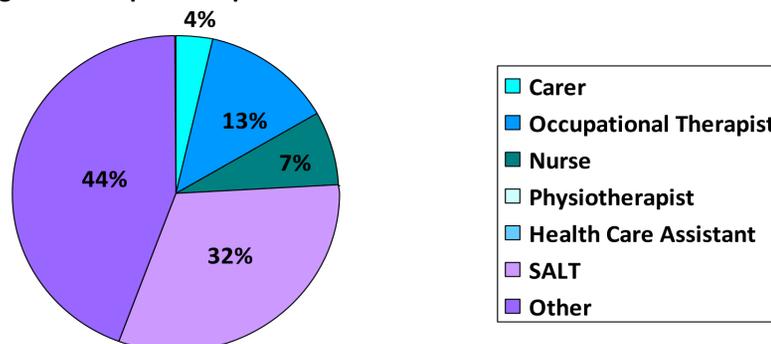
the effects of accessibility issues. The persona behind the tweet is usually accepted on trust by other users. Those who subscribe to this view believe Twitter offers the following advantages:

- Benefit of social networking enabling discourse, distribution and creation of ideas without being in close physical proximity.
- As a means of everyday communication it can reduce the impact of disability – for example, a visually impaired individual may use Twitter to communicate with friends when in a crowded social situation where eye contact is difficult.
- Communication with existing friends and like-minded people.
- Subject-specific discussions that users can engage in such as the opportunity to involve users in service development.
- Participating in the 'Zeitgeist' - reducing social isolation.
- Easy information sharing – Twitter 'share' button is **the** most commonly used.
- Benefit to businesses and marketers who have access to a communication platform for a targeted audience.

"I worry encouraging social networking could leave the client vulnerable and leave me liable – and whose risk is it?"

Isolation in particular is known to be a serious problem for the disabled and aged. Teresa Seeman comments that "social integration leads to reduced mortality risks, and to a better state of mental health" (Seeman, 1996). Simonsick et al identified in their study of disabled individuals that 23% visited no-one outside their home and 17% remained within their home. Isolation is evidenced to compound an individual's difficulties and impact on their ability to reach their optimum independence and well being. Twitter may offer a mechanism for access.

Figure 1: Respondent profiles



METHOD

We spoke to several persons with disability and asked about their current social network usage (see Box 1 for results). We then used a survey-based approach to explore the views of staff who work with persons with disability to establish the understanding professionals have of social media, their use of it as a social and work forum and their perception of its appropriateness for their clients. A survey was completed to establish the use of social media by different demographic groups. We also adopted snowball sampling to reach carers and encouraged the sharing of the survey through social media.

"There is no provision for computer access - its not a mandatory need, who would meet the funding?"

"[I choose sites] to suit a client's needs and interests...some sites are good! I use static informational sites but sometimes there are health sites that are less than useless or American biased, although that is not always a negative."

RESULTS

When asked about the use of social media for their client, rather than themselves, the number of respondents (who used social media personally) who would not suggest any form of social media rose from 15.1% to 28.3%. The majority of respondents, however, felt that they would, in at least some circumstances, recommend social networks to clients (see Figure 4). The most popular recommendation was Facebook, followed by Twitter.

Box one: Self-reported views of social network usage

Comments included lacking home access to a PC and, although there was availability at local libraries, advised that the opening times and access could be difficult. This appeared to be a particular issue where the client required specific audio / visual support or for whom a standard mouse / keyboard was contraindicated. The 'accessible' equipment was identified as being less than straight-forward to use. Ill-familiarity with social media put people off, although interestingly of these some cited Google+ as in use, apparently seeing this as linked to a trusted search facility. Some reported that they had been advised against the use of social media by a professional (generally apparently a health professional) which had put them off, perceiving the use as risky.

Box two: Survey of health professionals

We reached a total of 53 respondents and the survey was left open for 12 days. We asked respondents to comment on their own social network usage and on the social networks that they would be likely to recommend to others. Facebook was the most commonly used social media from a social network perspective, with only 15.1% of respondents stating they never used any social media. When asked whether social media was used for work-related purposes, such as discussion with other professionals and continuing professional development, Twitter's use remained stable whereas the use of Facebook declined. These results suggest a difference in platform preference depending on whether the purpose for interaction is professional or a personal, social perspective.

Figure 2: Self-reported social network usage of healthcare professionals

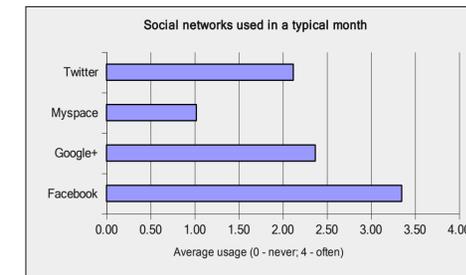
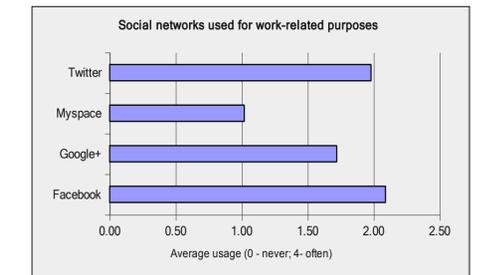


Figure 3: Work-related social network usage of healthcare professionals



DISCUSSION AND CONCLUSION

Of the four social networks that we chose to include in our survey-based work, we found that the most popular overall both for everyday use, work-related usage and recommendation was Facebook, followed by Twitter. Myspace, which was placed in our survey primarily as it is an example of a site that no longer attracts widespread use, predictably receives little interest. We speculate that the work-related interest in Twitter may be attributable to the ease of sharing links for new papers, developments in research, articles, etc.

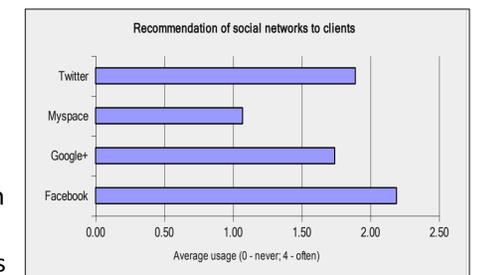
Views on social networks were sharply split. Factors in the decision of whether or not to recommend social sites included:

- Familiarity with specific social sites
- Personal perception of informational value of social sites for specific purposes (such as support in obtaining grants)
- Discomfort with the format
- Provenance and reliability of information

The concept of social networks as acting as support or subject-related communities was referenced only infrequently.

Of most interest for our hypothesis were the comments received both from respondents with disability and from survey respondents in extended discussion. The high profile of accessibility issues (access to PC, appropriate input mechanism, etc.) suggests that if nothing else, more could be done to provide support to enable greater access to information resources.

Figure 4: Recommendation of social networks to clients by healthcare professionals (self-reported)



REFERENCES

- Age UK (2012). Service design – twitter debate. Retrieved 2012-12-08 from <http://www.ageuk.org.uk/professional-resources-home/Conferences/services-for-later-life-2012/service-design-twitter-debate/>
- Carruthers, K and Ballsun-Stanton, B (5th ICCIT:2010 International Conference) #c3t An Agreeable Swarm: Twitter, the Democratization of Media & Non-localized Proximity
- Caverly, D (2010). Twitter "Share" Button Most Common Among Top Blogs. Retrieved 2012-12-08 from <http://www.webpronews.com/twitters-share-button-most-popular-among-top-blogs-2010-03>
- Findlay, Robyn A (2003) Interventions to reduce social isolation amongst older people: where is the evidence?
- Seeman, Teresa E. (1996) Social Ties and Health: The Benefits of Social Integration, Elsevier Science Inc
- Simonsick, Kasper and Phillips (1998). Physical Disability and Social Interaction: Factors Associated with Low Social Contact and Home Confinement in Disabled Older Women, The Women's Health and Ageing Study