



# Practice Bulletin

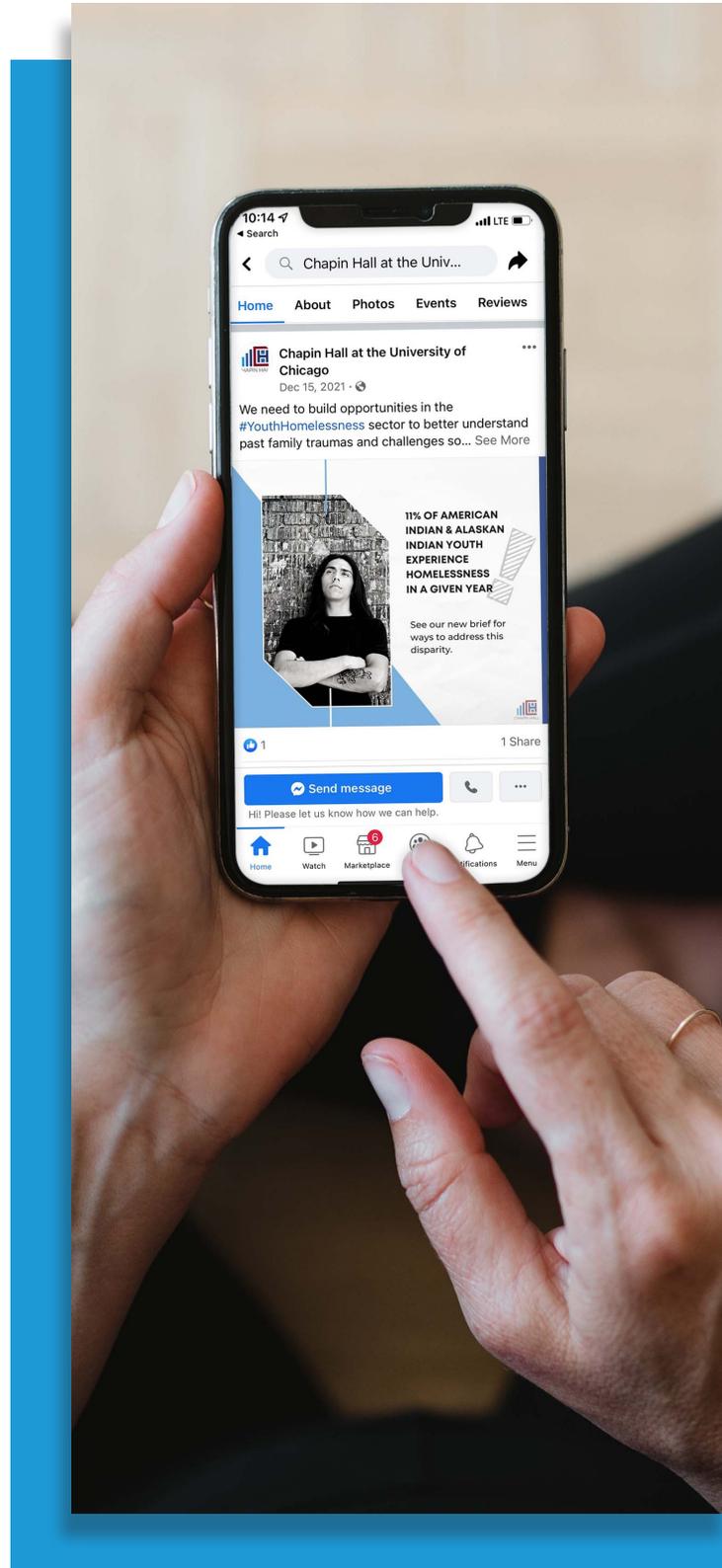
## Social Media Use Among Youth & Family Service Professionals: Results of a National Survey

### INTRODUCTION

Chapin Hall connects research to action. We bridge the gap between research and practice by providing practitioners and policymakers the evidence they need to inform their decisions. To best build that bridge, we take an evidence-based approach to dissemination. When new research and policy calls for new practices, this evidence helps us communicate effectively with human service providers. Understanding their communication preferences allows us to target our communications, which can lead to accelerated adoption of new, beneficial practices.

To build our body of dissemination evidence, we conducted a web-based survey with human service providers to determine their preferred messengers, channels, and formats. Representing more than a dozen sectors and every state, 921 human service providers responded to the survey. A descriptive report provides complete results with details about significant correlations based on demographic characteristics and position within organizations.

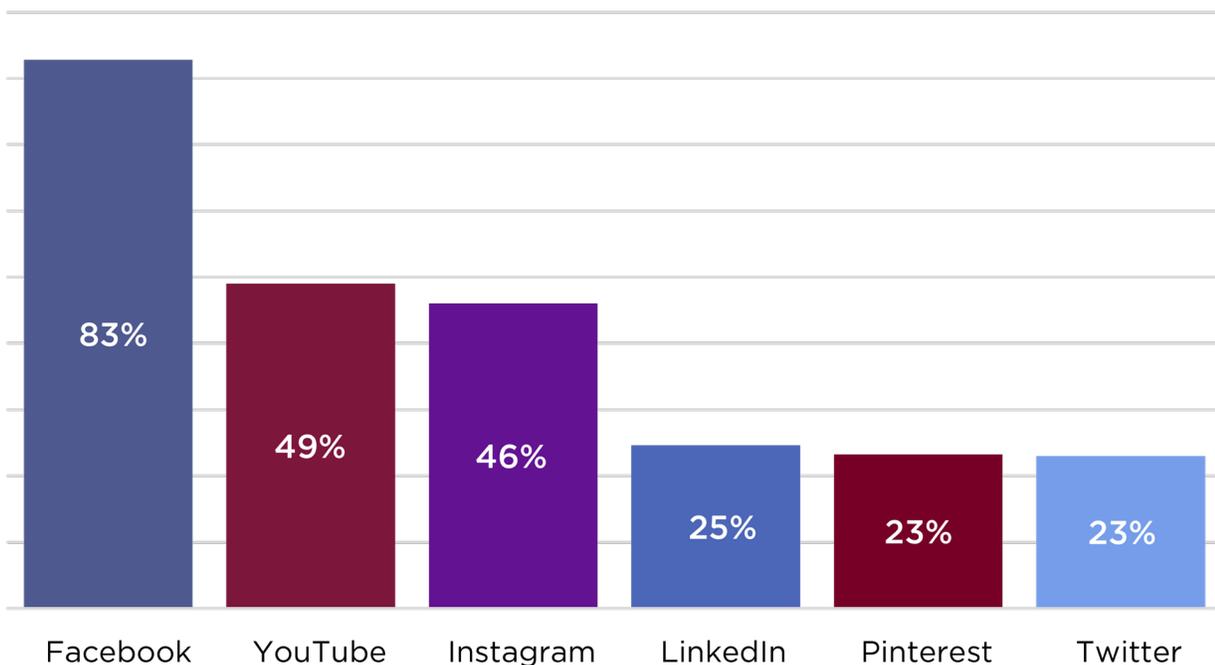
**This practice bulletin focuses on one area of findings: social media usage.**



## MOST USED SOCIAL MEDIA CHANNELS

According to our survey, human service providers use social media frequently. Facebook was by far the most dominant social media platform; nearly 83% of respondents used it at least weekly (see Figure 1). Other platforms used by respondents weekly include YouTube (49%), Instagram (46%), LinkedIn (25%), Pinterest (23%), and Twitter (23%). Overall, respondents did not report a high level of Twitter use; however, 30% of directors who responded used Twitter. Respondents used social media differently than they used email. Unlike email, they used social media primarily in evening hours, often outside of work time.

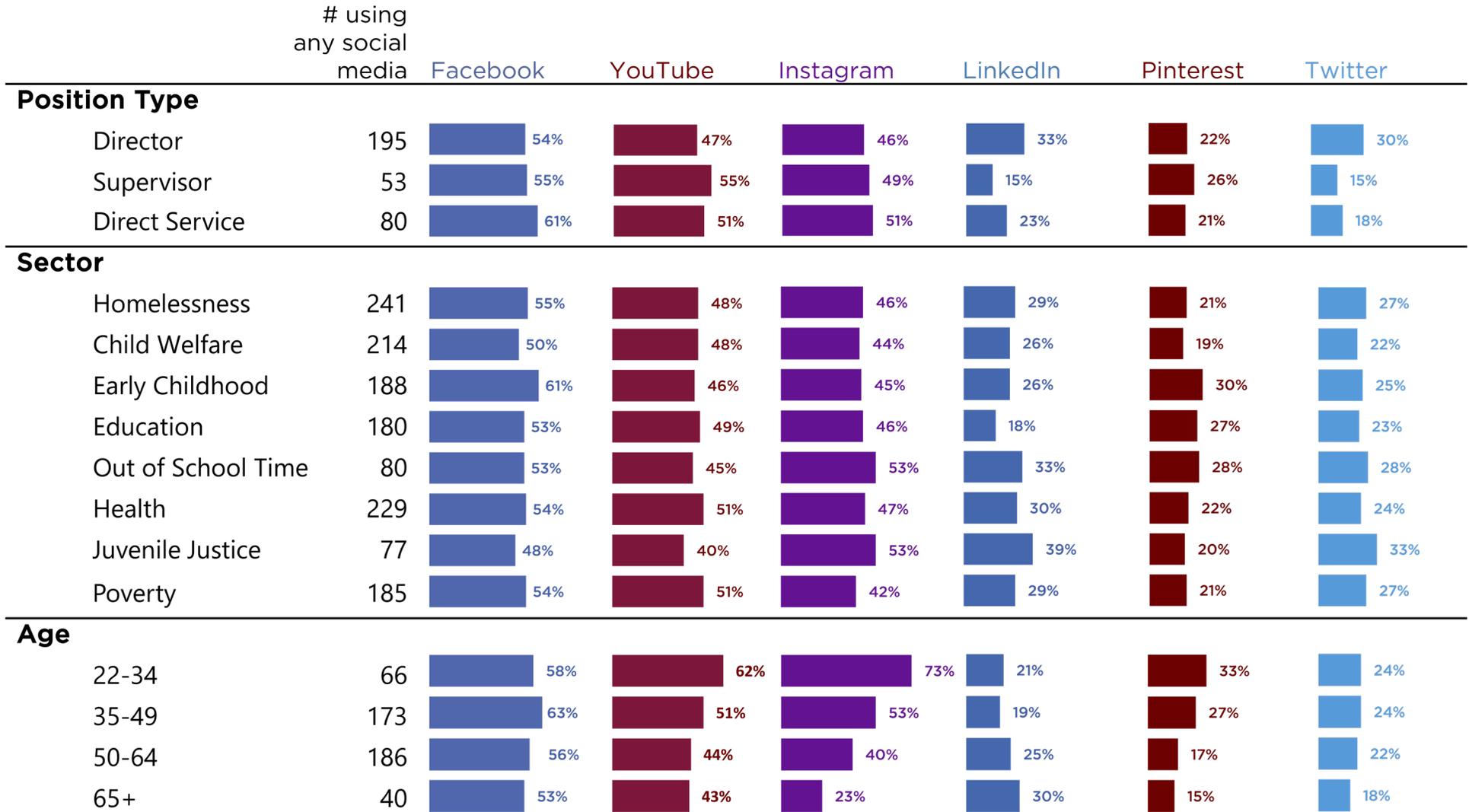
Figure 1. Top Social Media Channels Used by Human Service Providers



## HOW SOCIAL MEDIA USE VARIED BY POSITION, SECTOR, AND AGE

Younger age was associated with greater use of Instagram and Twitter. The Homelessness sector was associated with greater LinkedIn use while the Early Childhood sector made greater use of Pinterest. Those holding director/policy/planning positions were most likely to use Twitter. Figure 2 shows all of these variables and more in detail.

Figure 2. Social Media Channels Used, by Position, Sector, and Age



## WHAT IT MEANS

Dissemination is the last step of research. It is not one single tactic or event, but rather an intentional, planned communication process that takes place over time. Understanding the target audience—in this case human service providers—is the critical starting point.

Social media is one channel for dissemination. It is a powerful tool for amplifying messages. When posting on social media channels, consider the specific results reflected in Figure 2. While one wouldn't typically think of Pinterest as a vehicle for research dissemination, for example, it's clear that it is a strong channel to reach younger professionals in Early Childhood. (Go to Pinterest and you will find lessons plans for exactly this employee group.) Similarly, Twitter is a good channel through which to reach directors, and Instagram is a robust channel for reaching younger employees.

*Who* delivers those messages on social media channels also has impact. Consider which individuals and organizations human service providers find highly credible, such as supervisors, trainers, and directors. Share your social media kits with them and ask them to do original posts. At the very least, tag them for a greater likelihood that they will, in turn, engage with your post and give your content greater exposure. (Also see the Practice Bulletin on preferred messengers, sources, and formats.)

Effective dissemination is key to ensuring that evidence is applied in practice. And that effectiveness is dependent on key variables, such as messengers and channels. Delivering persuasive messages from credible messengers on the most preferred channels and in the right format, repeatedly and over time, provides the level of dissemination necessary for evidence to affect practice and, ultimately, outcomes for children and families.

### Citation

Randall, K., McMullen, M., & Morton, M. (2022). *Disseminating research to youth and family service professionals: Results of a national survey*. Chicago, IL: Chapin Hall at the University of Chicago.

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