

Screen Time and Children's Health in Jersey

1. Introduction

Public Health welcomes the opportunity to contribute to the discussion on screen time and children's health. The rise in digital device use among children and young people, driven by widespread access to smartphones, tablets, gaming consoles, and online platforms, brings both benefits and growing concerns. While technology can support learning and social connection, excessive or unregulated screen time has been linked to physical inactivity, disrupted sleep, and poorer mental wellbeing.

In Jersey, these global trends are echoed in the *2024 Children and Young People's Survey* ("The 2024 Survey"). It found that 39% of students spent over five hours on screens the previous day. Fewer than half slept eight hours, and just 22% met daily activity guidelines, dropping to 8% among older girls. Mental health concerns were also clear, with higher anxiety in females and 22% of older students reporting thoughts of self-harm. While causality cannot be assumed, these patterns underline the need to further explore and understand screen use and its health impacts to shape effective policy in Jersey.

2. What are the risks?

The rising prevalence of screen time among children and young people presents a range of immediate and long-term risks to their health and development. Research consistently highlights the multifaceted nature of these risks, including impacts on physical and mental health, and broader developmental outcomes. These risks can be grouped into six main areas:

Obesity

Excessive screen time is strongly linked with higher rates of overweight and obesity in children, due to reduced physical activity, disrupted eating habits, and greater exposure to unhealthy food marketing. One study found that each additional hour of screen time per day is associated with a 13% increased risk of obesity (Zhang et al., 2015). In Jersey, 76% of young people reported more than three hours of screen use the previous day in the 2024 Survey. This aligns with local trends reported in the *Jersey Child Measurement Programme Report 2023 - 2024*, with 29% of Year 6 pupils being overweight or obese, rising to 40% in urban areas and 34% in non-fee-paying schools.

Myopia

There is growing evidence that excessive screen time, particularly on smartphones, may be contributing to the global rise in myopia (short-sightedness). A 2021 meta-analysis by Foreman et al. found a significant association between digital screen use and increased risk of myopia in children and adolescents, although a causal relationship has not yet been confirmed. While specific data on vision health in Jersey children is currently limited, this emerging evidence highlights the need to monitor potential eye health trends locally as part of broader surveillance efforts.

Sleep disruption

Excessive screen time has been shown to disrupt sleep patterns. A systematic review by Stiglic and Viner (2019) found that screen use before bedtime is associated with delayed sleep onset, shorter sleep duration, and greater daytime tiredness. In Jersey, the 2024 Survey found that 55% of young people who slept three hours or less had used screens for more than five hours the previous day, compared to just over 28% of those who slept eight hours or more. These disruptions can impact academic performance, emotional regulation, and overall wellbeing.

Mental health concerns

The relationship between excessive screen time and children's mental health is complex and still evolving. Evidence suggests moderate associations between screen use, especially social media, and symptoms of depression and anxiety (Hilty et al., 2023; Stiglic & Viner, 2019). One recent review found that each additional hour of screen time was linked to a 1.5-fold increase in the likelihood of depressive behaviours in girls (Priftis & Panagiotakos, 2023). In Jersey, the 2024 Survey showed persistent mental health concerns among adolescents, with older students reporting elevated levels of anxiety, particularly among females. While causality cannot be assumed, these findings underscore the importance of further exploring potential links between screen use and emotional wellbeing in Jersey.

Screen addiction and problematic use

Problematic screen use, marked by difficulty disengaging, withdrawal symptoms, and behavioural disruption, is increasingly recognised as a public health concern. A study by King's College London (2019) found that one in four children exhibit signs of smartphone addiction. Cognitive impacts are also a concern. The UK Education Committee report *Screen Time: Impacts on Education and Wellbeing* (2024) cites a link between excessive screen time, particularly beyond two hours a day, and poorer working memory, processing speed, and attention span. This is a concern in Jersey, with 89% of young people reporting engaging in screen time for two hours or more the day before the survey.

Cyberbullying and online harms

A significant proportion of children and young people in Jersey are exposed to online risks, including cyberbullying and inappropriate content. According to the 2024 Survey, 17% of young people reported being involved in online bullying. 49% of those that reported being bullied in the last year engaged in more than five hours screen time the previous day, compared to 34% of those that hadn't been bullied. The survey also highlighted that, when asked their main sources of information about sex, online pornography was more common among males (15%) than females (2%). A study by Lin et al. (2020) found that early exposure to sexually explicit media during adolescence was associated with a higher likelihood of engaging in risky sexual behaviours in emerging adulthood.

3. Which population groups could be most impacted?

The effects of screen use on health and wellbeing are not uniform across all children and young people. Factors such as age, gender, neurodivergence, and socio-economic background can influence the degree and nature of the impact. In Jersey, patterns observed in screen time and wellbeing data suggest that certain groups may be more vulnerable to adverse effects, highlighting the need for targeted and proportionate policy responses. Those who may be most impacted are:

Girls

Gender appears to be a key factor in how screen use affects wellbeing. The 2024 Survey found that female students in Jersey reported significantly higher levels of anxiety, lower life satisfaction, more body image concerns, and higher rates of self-harm compared to males. While causality cannot be assumed, these patterns align with wider research suggesting that adolescent girls may be especially vulnerable to online pressures such as appearance-based comparisons, social validation, and cyberbullying (Twenge & Campbell, 2018; George & Odgers, 2015). A systematic review by Keles et al. (2020) also found a significant association between social media use and depressive symptoms in adolescents, with some studies indicating a stronger effect among girls.

Neurodivergent children and young people

Neurodivergent children, including those with autism, ADHD, or sensory processing differences, may experience screen use in distinctive ways. Research (Ringland, 2019; López-Bouzas & Del Moral-Pérez, 2023) suggests that gaming and online environments can offer structure and a sense of escape from overstimulating surroundings, providing social connection that may be harder to access offline. However, these same children may also be more vulnerable to the negative effects of excessive screen time, including challenges with emotional regulation, attention, and sleep. Koncz et al. (2023) found a moderate association between ADHD symptoms and gaming disorder for example, highlighting that certain neurodevelopmental traits may increase susceptibility to problematic screen use, particularly in the absence of appropriate boundaries or support.

Children living in low-income households

Socio-economic factors may compound screen-related risks. Digital inequality goes beyond device access, encompassing differences in content quality, parental mediation, and boundaries (Livingstone et al., 2017). Children in low-income households may be more exposed to unmoderated content or use screens more frequently for unsupervised entertainment when parents are stretched for time or lack digital confidence (Byron, 2008; Livingstone & Blum-Ross, 2020). These findings may be pertinent to Jersey and exacerbate existing inequalities. The 2024 Survey found lower participation in sport among children from less affluent families (47%/78%) for example, and self-esteem was also lower in non-fee-paying schools (32%) compared to fee-paying schools (41%). Together, these patterns point to a wider context in which digital harms may reinforce existing inequalities.

Older adolescents

Age-related differences are significant. The 2024 Survey indicates that screen time increases steadily with age, while positive health indicators such as sleep, physical activity, and life satisfaction decline. Although these associations do not prove causality, they are consistent with broader international evidence. For instance, research shows that older adolescents are more likely to use screens for social networking and entertainment late at night, behaviours that are associated with poorer sleep quality and increased mental health risks (Bartel et al., 2019; Orben & Przybylski, 2019).

Recognising these inequalities is key to designing equitable and proportionate responses, both locally and in learning from international approaches

4. What lessons could be learned from other jurisdictions?

Governments and public health authorities around the world are increasingly recognising the importance of addressing the potential health and developmental impacts of screen use among children and young people. In addition to educational and policy initiatives, many countries are introducing or strengthening legislation to regulate digital environments and protect children online. Australia for example has passed the world-first law banning under-16s from social media. While specific approaches vary, several common strategies have emerged, ranging from recommended screen time limits for younger children to school phone policies, national guidance, and digital literacy campaigns.

WHO and national guidelines

International health authorities have issued evidence-based screen time recommendations, particularly for younger children. The World Health Organization (WHO) recommends that children aged 2-4 have no more than one hour of sedentary screen time per day (WHO, 2019). Australia's national guidelines recommend no screen time for children under 2, a maximum of one hour per day for 2-5-year-olds, and no more than two hours of recreational screen time per day for children aged 5-17 (Australian Government Department of Health, 2019). These approaches reflect fears about screen time in early

years and share a concern for the developmental risks of excessive or unregulated screen use by young children.

Mobile phone restrictions in schools

Several countries have implemented school-based mobile phone restrictions to reduce distractions and improve student wellbeing. According to a UNESCO report (2023), one in four countries globally had introduced mobile phone bans in schools in response to concerns about distraction, mental health, and bullying. Some examples are included below:

- **France** banned mobile phone use in schools up to age 15, citing benefits for concentration and social interaction (Assemblée Nationale, 2018).
- **Finland** is in the process of enacting legislation to limit phone use during lessons, granting staff the authority to enforce these rules (Finnish Ministry of Education and Culture, 2024).
- **England** issued non-statutory guidance in 2024 encouraging headteachers to prohibit mobile phone use during the school day, including lunch and break times (UK DfE, 2024).

A focus on balance and digital literacy

Some countries complement regulation with strong educational approaches and parental support. These initiatives typically include parental controls, age-appropriate media literacy education, and guidance on sleep hygiene and digital stress. For example, governments in the Netherlands, Canada, and Australia have developed national campaigns to support parents, teachers, and young people in navigating digital environments safely and mindfully. These typically include tools for effective parental control and supervision, age-appropriate media literacy education, and guidance on sleep hygiene and managing digital stress.

International rights-based approaches

Recent regulatory frameworks have increasingly aligned digital regulation with children's rights frameworks. The UN Committee on the Rights of the Child has called for policies that uphold children's right to protection from harm while also supporting their access to information, freedom of expression, and participation in digital life (UNCRC, 2021). This has underpinned initiatives such as:

- **The UK's Age-Appropriate Design Code** (Information Commissioner's Office, 2021), which requires online services likely to be accessed by children to follow stricter standards on privacy, data use, and harmful features like autoplay.
- **The EU's Digital Services Act** (European Commission, 2022), which mandates age verification, transparency around algorithms, and stronger safeguards for children.

These approaches represent a shift away from blanket restrictions toward more proportionate, child-centred regulation

5. What potential actions could be taken in Jersey?

While the challenges surrounding screen time and children's health are complex, it is important to acknowledge the proactive steps already underway. The Safeguarding Partnership Board's *Online Harms* Conference and *Reel Life* awareness campaign in 2024 helped to elevate the issue locally. Recent correspondence from the Minister for Education and Lifelong Learning to the Scrutiny Panel also highlights work to integrate digital literacy into the curriculum, implement school-based mobile phone policies, and support students' mental health and wellbeing.

However, fully addressing this issue will require a coordinated, whole-society approach, including clear legislation, sustained investment in prevention, and the meaningful involvement of children, families, and schools.

The recommendations below, informed by international best practice and local data from the 2024 Survey, outline further actions Jersey could consider:

- ❖ **Legislation** - Deliver on Jersey's commitment to bespoke online safety legislation, ensuring strong protections for children and accountability for online platforms.
- ❖ **Parental guidance and support** - Expand access to evidence-based resources that help parents manage screen time, encouraging healthy digital habits, and recognising signs of problematic use.
- ❖ **Public awareness campaigns** - Launch targeted campaigns that promote balanced screen use, digital wellbeing, sleep hygiene, and outdoor play, helping to shift social norms and support families and schools.
- ❖ **School mobile phone policies** - Develop a policy across schools to prevent or minimise use during the school day, especially for younger pupils. France's national ban up to age 15 across all schools offers a potential model Jersey could adopt or adapt.
- ❖ **Age-appropriate use** - Provide clear local guidance in line with WHO and other international recommendations, particularly for younger children, to support consistent messaging across home and school settings.
- ❖ **Co-designing screen use policies** - Support schools to engage students, parents, and communities in shaping inclusive and proportionate screen use policies, particularly for children more vulnerable to harm, including neurodivergent learners.
- ❖ **Digital literacy and wellbeing education** - Continue strengthening digital literacy and wellbeing education across the Jersey Curriculum, building on existing work and ensuring content remains current, inclusive, and impactful.
- ❖ **Primary Prevention** - Improve access to free, inclusive activities such as sport, arts, and community programmes to provide positive alternatives to screen-based leisure time and strengthen protective factors.
- ❖ **Monitoring and evaluation** - Continue robust monitoring of screen use, sleep, mental health, and physical activity through the *Children and Young People's Survey* and other datasets, ensuring policy remains evidence-informed and responsive.

The Public Health Directorate remains committed to supporting ongoing efforts to address the potential health impacts of screen time in Jersey and welcomes the opportunity to contribute further. As part of its wider mandate, the Directorate will continue to monitor emerging evidence, inform policy, and support efforts to promote children's digital wellbeing. Although this is a multifaceted and evolving issue, the case for a coordinated, cross-sector response is clear. By building on existing work and adopting the strategies outlined above, we can collectively help children and young people to thrive in a digital world, maximising opportunities while reducing potential harms.

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