

Written evidence submitted by Triple P UK and Ireland

About Triple P:

Triple P provides support to build healthy family relationships and resilient children through an evolving and ever-growing body of evidence. Our programmes equip parents with proven strategies that draw on over 40 years of research and the real-life experience of millions of parents worldwide.

The Triple P approach works in many different cultures and with families of diverse backgrounds - we currently support families in over 30 countries and our programmes are used by more than 60% of Local Authority areas in England. We have worked with families for more than four decades - continually informing our approach and bringing our evidence-based strategies to families in new, accessible ways. During practitioner-led in-person sessions or parent-directed online sessions, parents are taught a range of strategies tailored to their specific needs.

Across the globe, Triple P has an expansive network of clinical practitioners who are trained to deliver our evidence-based programmes.

Response:

Triple P UK and Ireland have responded only to the inquiry questions that pertain to its business and clinical expertise (Questions 1, 2 and 4).

1. What is the current understanding of how screen time can support and impact children's development and educational outcomes, including effect on concentration and behaviour.

1.1 Screen time is a contentious topic, with unregulated and excessive screen time shown as being associated with numerous detrimental outcomes.

1.2 However, screen time outcomes are not unilaterally negative, and it is important to note that not all screen time is equal. Differentiating between passive screen time (e.g., watching television) and active screen time (playing a video game) can assist with describing differing effects.

1.3 Educational screen time (e.g. completing homework) has been associated with positive educational outcomes and greater task persistence, whilst also lacking any negative associations.¹

1.4 The complexity of the issue comes into the discussion surrounding interactive screen time. Interactive screen time has been associated with both positive and negative outcomes. Outcomes of interactive screen time included undesirable effects on psychological and physical health, however, it was also associated with positive educational outcomes.¹

¹ Sanders, T., Parker, P. D., del Pozo-Cruz, B., Noetel, M., & Lonsdale, C. (2019). Type of screen time moderates effects on outcomes in 4013 children: Evidence from the Longitudinal Study of Australian Children. *International Journal of Behavioral Nutrition and Physical Activity*, 16(1), 117. <https://doi.org/10.1186/s12966-019-0881-7>

1.5 Passive screen time is associated with worse psychological, health, and educational outcomes. Higher levels of screen time are also associated with poorer prosocial behaviour and lower task persistence. The effects of screen time on prosocial behaviour and task persistence were no longer significant when gender, socio-economic status, ethnicity, siblings and housing factors were controlled.¹

1.6 Outcomes can vary depending on the circumstance.^{1, 2} In particular, considering device type and the content interacted with is crucial. For example, children and adolescents who spend more time on portable devices, compared to non-portable devices, sleep fewer hours.³

1.7 The current concern with screen time is excess. Heightened screen time has become increasingly normal for young children and teenagers, with a recent research review identifying a 52% increase in children's screen time between 2020 and 2022.⁴ According to King's College London, nearly 25% of children and young people use their smartphones in a way that is consistent with a behavioural addiction.⁵

1.8 Relationships between excessive screen time and sleep are substantial. Excessive screen time can be damaging to a child's sleep pattern as unregulated screen usage may occur when a child should be sleeping. Passive screen time has been associated with increases in rule-breaking, social problems, aggressive behaviour and thought problems. Meanwhile, playing mature rated video games has been associated with reductions in sleep, as well as greater somatic complaints and aggressive behaviour. However, it is of note that sleep plays a mediating role between screen time and problem behaviours.² This suggests that as long as children are receiving adequate sleep, i.e., not sacrificing sleep to engage in screen time, problem behaviours are less likely to be exacerbated.

1.9 The current acceptance among medical experts is that children under 18 months should have no screen time, except for video calls. It is also argued that children between 2-5 years old should only have a maximum of one hour a day.⁶

² Guerrero, M. D., Barnes, J. D., Chaput, J.-P., & Tremblay, M. S. (2019). Screen time and problem behaviors in children: Exploring the mediating role of sleep duration. *International Journal of Behavioral Nutrition and Physical Activity*, *16*(1), 105. <https://doi.org/10.1186/s12966-019-0862-x>

³ Twenge, J. M., Hisler, G. C., & Krizan, Z. (2019). Associations between screen time and sleep duration are primarily driven by portable electronic devices: Evidence from a population-based study of U.S. children ages 0–17. *Sleep Medicine*, *56*, 211-218. <https://doi.org/10.1016/j.sleep.2018.11.009>

⁴ Madigan et al. (2022). Assessment of Changes in Child and Adolescent Screen Time During the COVID-19 Pandemic: A Systematic Review and Meta-analysis. *JAMA Pediatr*, *2022*;176(12):1188-1198. <https://doi.org/10.1001/jamapediatrics.2022.4116>

⁵ King's College London. (2019, November 29). *An estimated 1 in 4 children and young people have problematic smartphone usage*. <https://www.kcl.ac.uk/news/an-estimated-1-in-4-children-and-young-people-have-problematic-smartphone-usage>

⁶ Ralph, A. (2022, February 21). *Six screen time solutions for your kids and teenagers (and you)*. Triple P Positive Parenting Program. <https://www.triplep-parenting.net.au/qld-en/blog-and-more/blog-and-news/post/six-screen-time-solutions-for-your-kids-and-teenagers-and-you/>

1.9.1 Young children’s screen usage habits are broadly determined by parents. Parent’s own screen use, knowledge of screen time recommendations, beliefs about the positive and negative effects of screen time, monitoring, co-viewing, positive parenting and parental self-efficacy have all been associated with children’s screen time.⁷ The responsibility for shaping healthy screen habits early on falls to parents. Goal setting, planning and self-monitoring appear associated with reductions in children’s screen usage. Triple P programmes support parents in identifying their own goals for their children, and how to create and maintain healthy behaviours and habits in the process of reaching those goals.

2. What is the current understanding of how screen time can support or impact children’s wellbeing and mental health, including the use of social media?

2.1 The current literature is sparse on supporting evidence of screen time, namely social media, in children’s wellbeing and mental health. However, social media was pivotal for children’s social engagement throughout the COVID-19 pandemic, where lockdowns would have led to full social isolation without access to devices. Current studies are unable to determine the benefit that social engagement through screen usage for young children has provided. It therefore cannot be determined whether the purported benefits outweigh potential risks.⁸

2.2 Excessive screen time poses a risk of children being exposed to inappropriate and potentially harmful content online and on social media. In December 2022, the Children’s Commissioner, Dame Rachel de Souza, spoke out about the need to protect children from online harms, after conducting research into the extent children are viewing “seriously dark” internet posts.⁹

2.3 De Souza’s research found that young people are seeing the most dangerous and inappropriate content in the evenings when they take their phones and tablets to bed and have free rein over what they are browsing.¹⁰ This highlights the importance of encouraging parents and carers to set reasonable screen time limits and foster healthy habits surrounding screen time. Parenting experts and medical professionals, including Triple P, encourage restrictions on the use of devices in bedrooms and at night.

2.4 The impact disturbing content can have on a child’s mental wellbeing is very likely a contributor to the rise in probable mental health conditions since the pandemic.¹⁰ It is well

⁷ Morawska, A., Mitchell, A. E., & Tooth, L. R. (2023). Managing screen use in the under-fives: Recommendations for parenting intervention development. *Clinical Child and Family Psychology Review*. <https://doi.org/10.1007/s10567-023-00435-6>

⁸ Fry, C. (2021). Sleep deprived but socially connected: balancing the risks and benefits of adolescent screen time during COVID-19. *Journal of Children and Media*, 15(1), 37-40. <https://doi.org/10.1080/17482798.2020.1858907>

⁹ Elsom, J. (2022, December 25). *Social not work*. The Sun. <https://www.thesun.co.uk/news/politics/20859251/kids-should-be-banned-taking-phones-to-bed/>

¹⁰ Ofcom. (2023). *Research into risk factors that may lead children to harm online*. https://revealingreality.co.uk/wp-content/uploads/2022/10/Research-report_-_Risk-factors-that-may-lead-children-to-harm-online_Final-version-06.10.pdf

documented that during this period, people of all ages spent more time online than ever before.

2.5 A record 1.4 million young people in the UK are now estimated to have a mental health disorder.¹¹ In relation to Question 1, this can also have a subsequent impact on educational outcomes, as it has contributed to levels of school absence doubling compared to before the pandemic.

2.6 Though the scale of the mental health crisis among children is alarming, it is important to strike a balance in relation to screen time. Whilst physical interactions are crucial, allowing children to keep in contact with their friends and family online is also important. This must be encouraged in a healthy and sustainable way that discourages excess screen time engagement. Evidence-based positive parenting programmes equip parents with the knowledge and skills to create healthy habits that are tailored to each family's requirements.

2.7 As noted in the response to Question 1, studies that assess screen time as a monolithic construct should be interpreted with caution. Screen time should be considered in the context of not only duration of screen exposure but content viewed, device, active compared to passive engagement and alignment of child screen use with parental goals.

2.8 Cutting social media out of children's lives as a form of communication is unrealistic in our current society and would not be appropriate. However, constructive conversations about realistic boundaries and fostering open communication between family members may minimise negative screen time usage. Research suggests that a maximum of 2 hours of recreational screen time a day is advisable for 5-17-year-olds.¹²

4. How can schools and parents be better supported to manage screen time usage eg. through age-related guidance? Could DfE be doing more in this area?

4.1 Evidence-based positive parenting programmes are a proven method of positively influencing developmental pathways in the early years, including speech and language development, social skills and peer relationships, capacity to regulate emotions, problem solving, and physical health.¹³ They encourage parents to set healthy habits, including around screen time usage, at an early age. A 2018 Journal of Child and Family Studies study showed that improved family functioning and better maternal wellbeing were two key drivers in reducing child screen time.¹⁴

¹¹ Children's Commissioner. (2023). *Children's Mental Health Services*. <https://assets.childrenscommissioner.gov.uk/wpuploads/2023/03/Childrens-Mental-Health-Services-2021-2022-2.pdf>

¹² Triple P Positive Parenting Program. (2022, December 12). *Top tips for reducing kid's screen time this holiday season*. <https://www.triplep.net/glo-en/find-out-about-triple-p/news/top-tips-for-reducing-kids-screen-time-this-holiday-season/>

¹³ Sanders, M. R., Mazzucchelli, T. G., Sanders, M. R., & Mazzucchelli, T. G. (2018), *The power of positive parenting: transforming the lives of children, parents, and communities using the Triple P system* (1 edition) (1 ed.). Oxford University Press

¹⁴ Özyurt et al. (2018). Effects of Triple P on Digital Technological Device Use in Preschool Children. *Journal of Child and Family Studies*, 27, 280-289. <https://doi.org/10.1007/s10826-017-0882-6>

4.2 Harnessing the positives of the internet, parenting programmes could be provided digitally, giving parents, families and carers instant support, flexible around their schedules. National rollouts of digital parenting programmes have proven to be successful internationally, such as in Australia, where the federal government recently funded online schemes in 2022.¹⁵ There is evidence of similar bold thinking closer to home. In June 2023, Triple P UK was commissioned by NHS England to provide training to over 680 practitioners in Family Hubs across all 75 pilot authorities.¹⁶ Through this programme, parents will be able to access practitioner delivered *Triple P for Baby* in-person and remotely. Yet the opportunity remains to go further and commission a suite of evidenced-based self-paced online programmes, providing universal access to all parents across England.

4.3 Polling conducted by Triple P shows that 75% of parents feel a stigma is attached to seeking parenting support.¹⁷ Providing accessible online solutions would help to alleviate some of these concerns.

4.4 Triple P programmes have been used to support schools and parents worldwide. With outcomes including improved academic achievement,¹⁸ less parent-child conflict¹⁹ and increased teacher confidence when managing difficult student behaviour.²⁰ These results pertain to in-person Triple P programmes; however, the core components of these programmes are accessible through our self-paced online courses for parents.

4.5 With accompanying national awareness campaigns, these programmes are highly likely to have greater resonance with parents and carers than new government guidance, as effective as that is for the education sector. For example, programmes in Australia now have recall with 48% of parents nationally, including in diverse and remote groups.

4.6 Schools play a crucial role in the educational, behavioural and mental development of children. However, unregulated screen time and their associated impacts occur as early as infancy. Policymakers must consider the other sectors and schemes crucial to early intervention, such as existing support infrastructure provided through the Family Hubs and the Start for Life programme, and the expansion of parenting programmes.

¹⁵ Triple P Positive Parenting Program. (2022, October 19). *Australian Government officially launches free Triple P – Positive Parenting Program for all families across Australia*. <https://www.triplep.net/glo-en/find-out-about-triple-p/news/australian-government-officiially-launches-free-triple-p-positive-parenting-program-for-all-families-across-australia/>

¹⁶ Children and Young People Now (2023, June 15), *Family hubs to roll out infant training for parents*. <https://www.cypnow.co.uk/news/article/family-hubs-to-roll-out-infant-training-for-parents>

¹⁷ Buttery, M. (2023, February 27). *Why we need a public health approach to parenting*. The Parenting Daily. <https://www.theparentingdaily.co.uk/article/2023/02/27/why-we-need-public-health-approach-parenting>

¹⁸ Sanders, M. R., Healy, K. L., Hodges, J., & Kirby, G. (2021). Delivering evidence-based parenting support in educational settings. *Journal of Psychologists and Counsellors in Schools*, 31 (2), 205-220. doi:10.1017/jgc.2021.21

¹⁹ Ralph, A., & Sanders, M. (2004). The 'Teen Triple P' – Positive Parenting Program: A Preliminary Evaluation. *Youth Studies Australia*, 25(2), 41-48. <https://doi.org/10.3316/ielapa.168366935502260>

²⁰ Haslam, D. M., Sanders, M. R., & Sofronoff, K. (2013). Reducing work and family conflict in teachers: A randomised controlled trial of Workplace Triple P. *School Mental Health*, 5(2), 70-82. <https://doi.org/10.1007/s12310-012-9091-z>

4.7 However, it is crucial that the programmes rolled out are based on evidence. The provision of evidenced-based parenting programmes must be a priority for Local Authorities. The criteria to meet this standard is defined by the Early Intervention Foundation as having “evidence of a short-term positive impact from at least one rigorous evaluation – that is, where a judgement about causality can be made” (Level 3).²¹

4.8 As noted by the government’s Social Mobility Commission in its Time For Change report, as a result of “limited funds”, many LAs opt for cheaper programmes “with little or no measurable impact”.²² An earlier evaluation of children’s centre services found that un-evidenced programmes were offered far more frequently than evidence-based alternatives.²³ This puts the quality of support received by parents and young people - particularly those from disadvantaged backgrounds - at the discretion of Local Authorities.

4.9 A more consistent approach to the provision of parenting programmes must be taken to ensure parents across the country can access the same, high quality support. Providing digital solutions is also key to this, as they “can achieve scale without undermining quality”, as noted by the Social Mobility Commission.²⁴

4.9.1 In addition to the prioritisation of evidenced-based parenting programmes by Local Authorities, and the digital roll out of these programmes, the government must consider expanding Family Hubs. To date, it has already invested £300 million in 75 Local Authorities to create Hubs, where children, parents and carers can access professional, judgement-free support for the many issues they face. The extension of Family Hubs to all Local Authorities in England would ensure that many more have the tools to give their children the best possible start in life.

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²¹ Early Intervention Foundation (2023), *EIF evidence standards*

²² Social Mobility Commission (2017) *Time For Change: An Assessment of Government Policies on Social Mobility, 1997-2017*, p. 27

²³ Department for Education (2013) *Evaluation of Children’s Centres in England (ECCE) Strand 3: Delivery of Family Services by Children’s Centres Research Report*, p.

²⁴ Social Mobility Commission (2017) *Time For Change: An Assessment of Government Policies on Social Mobility, 1997-2017*, p. 8