**Screens and under 5’s (Information sheet for parents)**

***(Screens include TV, tablets, game consoles, smartphones and computers).***

The internet, and screens generally, have been a lifeline for many, and of course an essential fall back for schools and parents during lockdown. We will have problems to address later, but these would surely have been worse without zoom, google meet and other communication mechanisms we have all grown to love and hate.

The world is driven by technology, and this will only increase in our children’s lives. Television, computers, games consoles, tablets and smartphones are not dangerous, and their benefits are huge.

In spite of the benefits, we also have to focus on the risks. Since the 1950s there have been concerns about children watching too much TV, and while the headlines about addicted children are generally overplayed, parents need to be aware of risks for *some* children.

There are four areas parents should be aware of. While some others areas are obvious (three-year-olds playing ‘Call of Duty’, or spending hours on a screen), these are a little less obvious, but critical for now, but also in the future.

**Areas to know about**

**Sleep** – regular screen use before bed **stops** the hormone (melatonin) being produced, which helps us falling asleep, and then drop into a deep sleep.

Small children need deep sleep to release growth hormone, essential for their physical and mental development (1).

**Early habits** – Small children get into habits that continue into adulthood. A fussy eater at 3, can be a fussy eater at 13, while an active child at 3 is likely to be an active child at 13.

Developing screen habits are important for under 5’s. Children require a broad range of activity to develop well. Critical are language and communication (with both adults and other children); physical activity; play (a broad range of games and movement) as well as books and stories. If *any* of these activities dominate, then the others suffer. If a child wants to read for 5 to 6 hours a day, physical activity is likely to be minimal. When screens dominate, this is a problem in itself, but also because of what children are *not doing* (2).

**Dopamine** – games such as Fortnite, Minecraft and Candy Crush are built on small successes, which give a child a dopamine buzz. The more of these they get, the more they want. Children who play these games can find themselves looking for the buzz in other activities, and if they do not get them, they will want the games even more (3).

**Young children’s brain development** – These fall into two main areas, language and learning. So, for example, background TV can reduce under 5’s play and language.

Under 3’s find it difficult to tell the difference between fact and fiction (they will view the news and a game, the same). Games will stay with younger children longer, (if a 14-year-old plays an action game for 2 hours, their brain will be back to normal in 30 minutes, while a 4 year-year-old playing for 2 hours may take 3 hours). Screen use can impact on language and concentration (4).

**The problem with guidance**

When governments, or health organisations provide advice, they give standardised guidance (units of alcohol, portions of vegetables). The problem with this approach and screens, is that individuals tolerance varies, so too much can be an hour for one person, and 10 minutes for another.

Rather than going for the “hours a day” approach, we have highlighted symptoms, which will tell you if your child has a problem and what you can do (5).

**WHAT TO LOOK FOR**

**Sleep** - children under 5 need 10-12 hours of sleep a night to rest, and benefit from growth hormones releases. If your child is not getting this; finding it difficult to go off to sleep; sleeping fitfully and waking up tired, there is a problem.

**Early habits** - If your child finds it difficult to stop playing a game, watching TV, or watching YouTube on the tablet, this may be a problem.

If the tablet is the last thing they touch at night, and the first they touch in the morning, then this is a problem.

If you regularly see tears, or have furniture kicked when screens go off, there is definitely a problem.

If you notice that you are having fewer conversations with your child, or they haven't been outside for the weekend. Your child moves from the tablet to TV, to game console, and back to the tablet, there is a big problem.

**Dopamine** - Wanting to be on screens as much as they can; regularly asking “just one more”; getting upset and angry when they have to stop, and not being interested in other types of activities, there is a problem.

If your child is flitty, moving from one activity to another and struggling to retain information and interest unless there is a reward or a buzz, this is a problem.

**Young children’s brain development** - If your child doesn’t talk a lot and doesn’t have much vocabulary, *and* is drawn to screens whenever they can be, this is a problem.

If language and communication skills are slow to develop, and they are showing little interest in writing, drawing and other basic pencil activities, there is a problem.

**WHAT TO DO**

**Sleep** – start with no screen time in the hour before sleep, which may mean no screens in the bedroom, or at least all-screens off. So, for example, if bed is at eight, no screen use from seven (even background TV). No tablet next to beds, no bedtime stories on a tablet, or a quick game on the phone before sleep.

**Early habits** - Put screens where they belong, as one of a range of activities your child has, and not their first choice, or when they have nothing else to do!

Screens are screens, watching TV because a child cannot have the tablet, or the phone is just replacing one screen with another.

If you get tears, anger and “just one more…” decide what is a reasonable amount in your house, and make sure you stick to it consistently. Make sure there are a range of alternative activities. This will lead to a habit where screens are a part of your child’s activities, and not the dominant.

**Dopamine** - Decide how long and how often games can be played, and strongly encourage your child to do other activities. You will know when you reach the right amount, as the fights, upsets and negotiations will reduce and stop.

This will probably involve you being more active in play, and making sure there are games, and alternatives available.

**Young children’s brain development** - Reduce screen use and time and provide more verbal interaction (communication and language).

Encouraged them to stay on an alternative activity, and gradually increase the time they spend on these.

For more general reading:

*Screen time and young children: Promoting health and development in a digital world*

*Canadian Paediatric Society, Digital Health Task Force, Ottawa, Ontario*

Paediatrics & Child Health*, Volume 22, Issue 8, 27 November 2017, Pages 461–468,*

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*Mosher, D. Smartphones horrified me as a new parent -- here's why I stopped worrying and learned to embrace kids' tech-filled futures. Business Insider, Australia. 18th June 2017.*

*Stiglic N, Viner RM. The effects of screentime on the health and wellbeing of children and adolescents: a systematic review of reviews. BMJ Open 2019.*

*[Wolf, C. Et Al. Children's Environmental Health in the Digital Era: Understanding Early Screen Exposure as a Preventable Risk Factor for Obesity and Sleep Disorders.](https://www.ncbi.nlm.nih.gov/pubmed/29473855%22%20%5Co%20%22Children%20%28Basel%2C%20Switzerland%29.)*

*[Children (Basel).](https://www.ncbi.nlm.nih.gov/pubmed/29473855%22%20%5Co%20%22Children%20%28Basel%2C%20Switzerland%29.) 2018 Feb 23;5(2).*

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*Parkin. S. Has Dopamine got us hooked on tech? The Guardian 4th March 2018.*

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*Li H, Boguszewski K, Lillard AS. Can that happen? Children’s knowledge about the reality status of fantastical events in television. J Exp Child Psychol 2015;139: 99–114.*

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*Zimmerman FJ, Christakis DA. Associations between content types of early media exposure and subsequent attentional problems. Paediatrics 2007;120 (5):986–92.*

*5. Viner, R. The health impacts of screen time: a guide for clinicians and parents. Royal College of Paediatrics and Child health. 2019.*

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