



GUIDELINE FOR HEALTHY SCREEN USE 2025

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Guideline for caregivers



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PART 1

Introduction

This guideline is intended for all caregivers of children (ages 0–16) growing up in the Netherlands. It provides information on how caregivers can promote healthy screen use among their children. The guideline is based on questions from caregivers about how children can safely engage with digital media. Parents and guardians (hereafter referred to as “caregivers”) often report feeling uncertain and lacking practical tools to reduce the risks and enhance the benefits of digital media (Media Minds Panel, 2025; Nikken et al., 2025). Although there are already various sources offering advice on digital media parenting, these are not always scientifically grounded, often lack concrete practical tools, tend to emphasize restrictive approaches, and are difficult to find (Nikken et al., 2025). It is essential to increase caregivers’ competence, especially since research shows that caregivers play a key role in their children’s media education (Geurts et al., 2023; 2024; Leijse et al., 2022; Nagata et al., 2025; Vossen et al., 2024).

The aim of this guideline is to support caregivers in encouraging healthy screen use among their children. The specific objectives of the guideline for healthy screen use are:

- To increase knowledge and awareness of ways to contribute to healthy screen use among children.
- To promote norms that support healthy screen use for children.

The guideline was developed based on scientific knowledge and in close collaboration with relevant societal partners. This report is by no means a comprehensive overview of the current state of knowledge regarding the role of caregivers and healthy screen use. Reality is far more complex than what can be captured within the scope of this guideline.

Guideline for Healthy Screen Use for Caregivers in context

Research shows that caregivers play a crucial role in the media education of their children. This guideline is therefore intended to support them in this role by sharing the existing body of scientific knowledge on the topic. However, it is both unrealistic and undesirable to place the full responsibility for healthy screen use solely on caregivers. On the one hand, media education depends on the digital skills and capacities of caregivers (Banić & Orehovački, 2024; Pons-Salvador et al., 2022; Üstündağ et al., 2021), while healthy media use is essential for all children. On the other hand, the addictive features and algorithms used by social media platforms (Montag et al., 2024) make it extremely difficult for caregivers to counteract their influence. **Regulation of these addictive features and harmful content on social media platforms is therefore necessary, alongside the Guideline for Healthy Screen Use for Caregivers.** It is essential that other stakeholders—such as policy makers, professionals, and tech companies—also actively contribute to creating a healthier digital environment for children. Healthy screen use is a shared societal responsibility that requires collaboration and coordination among all involved parties.

Definitions and background information



Why Healthy Screen Use?

When it comes to children's screen use, the focus is often on the amount of time children spend in front of screens. However, screen time is only one aspect of screen use. While the amount of screen time can clearly affect children's physical development (e.g., poor posture and nearsightedness) (Cullen et al., 2024; Ha et al., 2025; Nagata et al., 2023), the impact on cognitive and socio-emotional development is often more complex. For these areas of development, the content (what they do or watch), the context (with whom), and the purpose (why) of screen use are at least equally important (Granic et al., 2020; Sumter et al., 2024; Tang et al., 2021). Healthy screen use, therefore, goes beyond just screen time and should also take content, context, and purpose into account. A clear definition of healthy screen use is essential for developing and evaluating policies and interventions aimed at promoting it.

What is Healthy Screen Use?

To define healthy screen use, we must first define screen use itself. As described above, screen use is broader than just screen time. While screen time primarily refers to the amount of time someone spends in front of a screen, screen use refers to what someone does with that screen and how that use takes place. The definition used in this report is:

"The use of (digital) screens, such as smartphones, tablets, computers, televisions, or gaming consoles in daily life."

This definition is broadly applicable (it includes all types of screens), neutrally phrased (without value judgment), and flexible (it can be applied in various contexts such as work, school, leisure, or social interaction).



What is Healthy Screen Use?

At present there is no formal definition of healthy screen use. Therefore, based on scientific literature and input from professionals, researchers, caregivers, and youth, we have formulated a definition. Four characteristics of healthy screen use have been identified. Below, we specify these characteristics of healthy screen use, with the concrete behavior of the user, in this case, the child, as the starting point.

Healthy Screen Use for children is:

Age-appropriate

The child predominantly uses media that align with their cognitive and socio-emotional development. This means that the content and format of the program, game, or app correspond to the child's world of experience as well as their cognitive abilities (such as information processing).

In Balance

The child spends sufficient time on physical activity, sleep, and other screen-free activities in addition to media use. This means the child alternates screen time with other screen-free activities, such as (outdoor) play, exercise, and sleep.

Positive

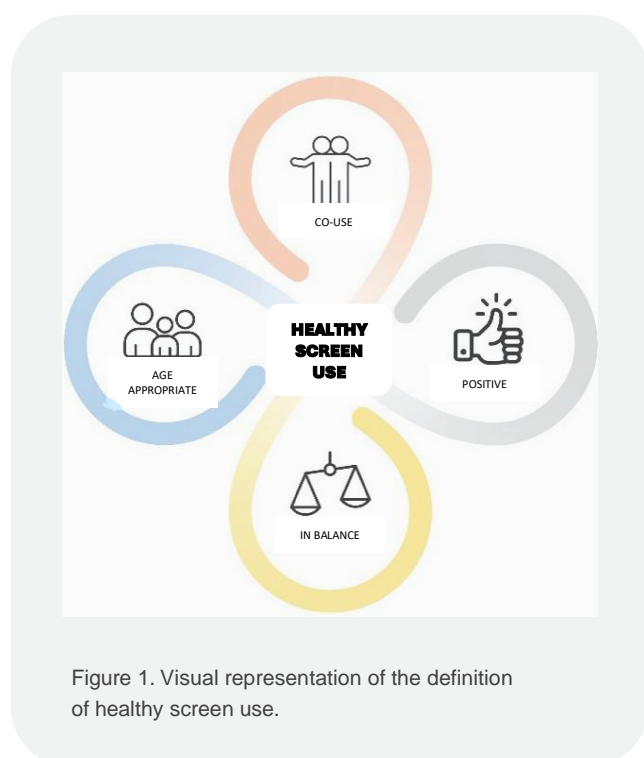
The child is not dependent on a screen for entertainment or emotional regulation. This means the child is able to entertain themselves without using a screen and does not always rely on screens to manage their emotions.

What are 'social media'?

A key part of screen use among today's youth is the use of social media. Since 'social media' is a complex concept that encompasses many different elements, it is important to clarify how it is defined in this report. A widely used definition of social media in previous research is that of Carr & Hayes (2015):

"Internet-based platforms that allow people to communicate spontaneously and present themselves deliberately, either in real-time or asynchronously, to both large and small audiences. These platforms derive their value from user-generated content and the sense of connection between users."

According to this definition, the most popular social media platforms among young people are TikTok, Instagram, YouTube, Snapchat, and WhatsApp (Kliksafe, 2025; Nikken et al., 2025). Although all social media platforms fall under the same definition, it is possible to distinguish between them based on format and purpose of use. Social media platforms are generally more public in nature, where users create profiles and share posts, photos, and videos with their entire network. These platforms often feature large amounts of short videos that are shown automatically via algorithmic feeds. Examples include TikTok, YouTube, and Instagram. In addition, there are platforms focused primarily on direct interaction between people, known as social interaction platforms. On these platforms, users can send messages, photos, and videos to one or more known individuals or groups. Examples of such platforms include WhatsApp and Signal.



Co-use

The child predominantly uses media in the presence of, or in interaction with, others. This means that the child selects and watches appropriate media together with a caregiver, or at the very least, an adult is aware of what the child is watching. For adolescents, this means they primarily use media in interaction with friends or peers.

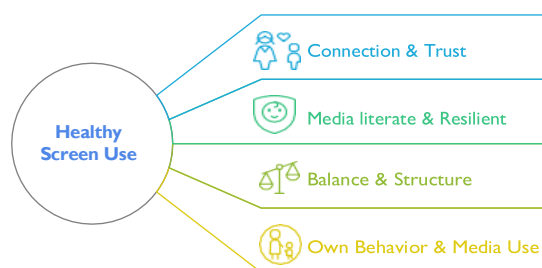


Guideline for Healthy Screen Use for Caregivers

This Guideline for Healthy Screen Use for Caregivers was developed through co-creation with various experts (see Part 2 for a detailed description of the process). Representatives from societal organizations, scientific experts, young people, and caregivers provided input at different points in April and May, indicating which recommendations for caregivers are the most socially relevant, scientifically supported, and practically feasible.

This process resulted in four main themes considered important for promoting healthy screen use (see Figure 2). These themes are explained below, along with specific recommendations for each theme.

Guidelines for Healthy Screen Use for Caregivers



Made with Napkin

Figure 2. Visual representation of the four themes related to Healthy Screen Use

Four themes in the guideline for Healthy Screen Use

1. Connection & Trust

The theme Connection & Trust centers on an open and safe relationship between caregiver and child, in which the child feels heard. Scientific research shows that the relationship caregivers have with their children is incredibly important in guiding healthy screen use (Geurts et al., 2023; 2024; Leijse et al., 2022; Nagata et al., 2025; Ren & Zhu, 2022). Recent reviews also show that positive interactions between caregivers and children—such as perceived support, warmth, and attention—help reduce unhealthy screen use among teenagers (Banić & Orehovački, 2024; Vossen et al., 2024). Showing interest, for example by engaging in online activities together (Sanders et al., 2024), especially for educational purposes (Huang et al., 2023), can actively contribute to healthy screen use. Discussions with societal organizations and young people have repeatedly highlighted that young people often don't turn to their caregivers when facing problems online. They fear that caregivers won't understand the issues or be able to offer helpful advice. In addition, many are afraid of being punished—such as having screen time reduced or losing access to certain apps or games.

To build a safe and open relationship where children feel comfortable sharing their online experiences, caregivers can follow the recommendations below.

Recommendations 'Connection & Trust'

- **Show interest:** ask your child, without judgment, about their online activities and experiences, what they enjoy, and how they interact with.
- **Be involved:** do things together with your child, both with and without screens.
- **Give space:** show that you trust their choices, but be available to offer support when needed.

2. Media literate & Resilient

There are various forms of harmful content and harmful interactions that children may encounter when using screens. These include disinformation, fake news, radicalization, as well as online boundary-crossing behavior, cyberbullying, and more (Offlimits, 2025). Children often lack the knowledge and clear guidelines needed to protect themselves from these online risks. Children need to develop digital skills and media literacy to deal with harmful online content and interactions. It is important that they learn to critically evaluate the information they come across online, how to protect themselves from potential risks, and what to do when they are confronted with harmful content or behavior. Online safety is central to this theme.

Recommendations 'Media literate & Resilient'

- **Discuss online behavior:** what we consider normal offline (being kind and respectful) should also be standard online.
- **Setting up privacy settings together:** when profiles are set to private, strangers can no longer contact you, for example.
- **Have your child ask for permission:** until your child understands what is and isn't safe, it's important that they ask for permission before downloading apps or making in-app purchases. This helps prevent them from using unwanted apps or spending too much money on in-app purchases.
- **Encourage asking critical questions:** teach your child to think critically about whether someone might be using a fake account and what is real or not in digital media.
- **Discuss concrete steps to take if your child witnesses inappropriate behavior online.**

3. Balance & Structure

A balance between screen- and non-screen activities can be achieved by providing structure. This balance is partly, but not solely, related to the amount of time children spend in front of screens (Tang et al., 2025). Screen time guidelines therefore serve as an indication for caregivers to understand what is considered "normal." However, we know that it is more relevant to consider what young people are doing online, why they are doing it, and with whom. When it comes to balancing online and offline activities, for example, we know that higher levels of physical activity not only support physical development (Cullen et al., 2024; Ha et al., 2025; Nagata et al., 2023), but can also contribute to fewer internalizing problems among adolescents (Wiklund et al., 2025). At the same time, insufficiently healthy screen use appears to make young people more vulnerable to online risks (Odgers & Jensen, 2020; Orben et al., 2019). Regarding structure, current research shows mixed effects of the rules (or agreements) that caregivers can set around media use (Vossen et al., 2024).

Recommendations 'Balance & Structure'

- **Encourage a balance between screen and screen-free activities:** combine screen time with screen-free activities such as outdoor play, physical activity, and creative play. The 20-20-2 rule is a helpful guideline: after 20 minutes of screen time, look into the distance for 20 seconds, followed by 2 hours of outdoor play.
- **Make agreements together about:**
 - **Where & when:** no screens during meals or in the bedroom.
 - **How long:**
 - ages 0-2: no screen time
 - ages 2-4: max. 30 min/day
 - ages 4-8: max. 1 hr/day
 - ages 8-10: max. 1,5 hrs/day
 - ages 10-12: max. 2 hrs/day
 - 12+ : max. 3 hrs/day
 - **What:** choose calm, non-violent media. No social media under the age of 13.
- **Follow age recommendations for movies, shows, and games:** use Kijkwijzer for movies and shows, and Gamewijzer for games.
- **Use internet filters** or "parental controls" to prevent your child from accessing inappropriate videos or games via websites.

This is likely related to the different ways rules are measured and can be set by caregivers (e.g., rules regarding access, time, which apps) and the context in which the rules are established (e.g., the level of explanation provided and parental involvement). For example, research by Geurts et al. (2023) has shown that rules set by caregivers only contribute to reducing problematic social media use (symptoms of addictive use) if they are established within a positive parenting context (characterized by warmth and support). Furthermore, current research suggests that setting rules is effective in preventing problematic social media use when these rules are introduced early (<13 years), before habitual behavior develops (Geurts et al., under review; Van den Eijnden et al., 2021). There is greater certainty about the impact of excessive screen time on children's physical development (posture, nearsightedness) (Cullen et al., 2024; Ha et al., 2025; Nagata et al., 2023).

4. Own Behavior & Media Use

Based on Bandura's social learning theory and previous research on the role of caregivers in child development, we know that caregivers serve as important role models for their children. This means that children learn by observing their caregivers' behavior and imitating it. Caregivers who are aware of their own behavior and actions can make a positive contribution to their children's development. Reviews on the role of caregivers' media use in the presence of their child and/or during interaction—also referred to as "phubbing" or "technoference"—consistently show negative associations with various outcomes, such as increased screen time and problematic social media use by the child, more externalizing and internalizing behavior, and lower quality of the caregiver-child relationship (Shen & Xie, 2024; Toledo-Vargas et al., 2025; Vossen et al., 2024; Yang et al., 2024; Zhang et al., 2025). Children in the upper grades of primary school also report that they find it important for caregivers to set a good example in their own media use by adhering to agreed rules and by not being overly engaged with their smartphones (Nikken et al., 2025).

Recommendations 'Own Behavior & Media Use'

- **Lead by example:**
 - follow the screen rules you find important for your child.
 - limit your own screen use when you are with your child.
 - show how to communicate respectfully and protect your privacy.
- **Give full attention:**
 - put your phone away when you are with your child.
 - turn off notifications and be truly present.



Age limits for owning a smartphone and using social media?

There is currently a lively political and societal debate in the Netherlands and other European countries about setting age limits for children's use of smartphones and social media. Caregivers and politicians are concerned about the risks of smartphone use at a young age and access to social media. At this moment, research does not yet support a specific age recommendation for owning a smartphone. A smartphone is a multifunctional device that can be used for various purposes, such as calling, navigation, checking school schedules, or using social media. We know that *what* a child does online and *why* it matters, rather than the device they use. However, agreements between parents regarding the age at which their child receives their own smartphone can help in the practical implementation of age recommendations for social media use.

The desire to set an age limit for social media use is clear, but the exact age at which this limit should be set remains a matter of debate. When determining that age, it is important to consider not only the potential risks of social media but also the possible benefits, as well as the feasibility of enforcing a particular age limit. Research on the ideal age limit for social media use is very limited and indirect. A study by Orben et al. (2022) shows that adolescents in certain stages of adolescence are especially sensitive to the

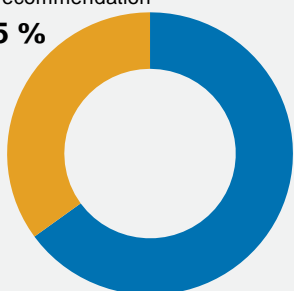
negative effects of social media on life satisfaction. Girls are most vulnerable between the ages of 11 and 13, and boys between 14 and 15. Additionally, we observe that the impact of screen rules on preventing symptoms of social media addiction varies by age group. Screen rules reduce the risk of developing symptoms of social media addiction in youth under 13 years old; between 13 and 16 years old, screen rules have no effect; and from age 16 onwards, screen rules actually increase the likelihood of such symptoms (Geurts et al., under review).

We have also presented the possibility of an age limit for social media use to researchers, societal organizations, and politicians. The majority of members of the scientific committee (80%) stated they were not in favor of an age ban but did support an age recommendation (67%) for social media use. This proportion aligns with our survey among professionals during the Knowledge Day of the Media Literacy Network (12/05/2025) and among policy staff from four ministries: 65% are in favor of an age limit, with most supporting the recommendation to deny children under 13 access to social media.

Age recommendation: yes or no?

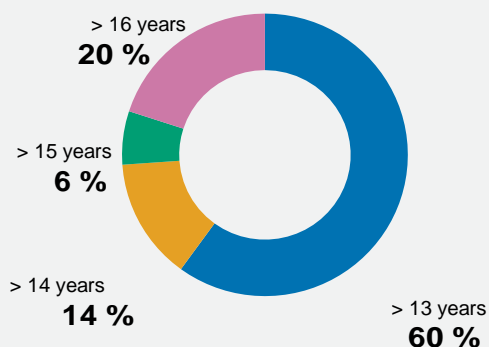
No age recommendation

35 %



Yes age recommendation
65 %

If yes, what age recommendation?



Based on the research described above, as well as the survey among professionals and policy makers, there is the most evidence and support for the recommendation 'no social media under the age of 13'.

Why an age limit of 13 years?

As justification for the age of 13, various parties, supported by scientific research, provide the following reasons:

1. International and legal alignment

The age of 13 aligns with the terms of use of most social media platforms. Additionally, it corresponds with international standards, such as the U.S. COPPA legislation aimed at protecting children's privacy. This makes it a recognizable, feasible, and well-defensible age limit for caregivers, schools, and policymakers.

2. Social media can also have benefits for development

Social media can pose risks to youth development, but research generally shows no or only weak effects on their well-being (e.g., Alonzo et al., 2021; Li et al., 2024; Tang et al., 2021; Valkenburg et al., 2022). Negative effects are mainly found with problematic use (Van den Eijnden et al., 2018; 2021; Boer et al., 2021; 2022), specific outcomes of use such as negative social comparison (Verduyn et al., 2021), or among vulnerable youth (Valkenburg et al., 2021). For many young people, social media can also offer benefits. Social media enable youth to experience social connectedness, maintain friendships, and receive emotional support, especially during periods of stress or uncertainty (Liu et al., 2024; Valkenburg et al., 2022). Platforms can function as an extension of offline relationships and contribute to strengthening social interactions (Steinsbekk et al., 2024), as well as improving social skills and self-esteem, provided usage occurs in a positive and supportive manner. Furthermore, social media offer young people the opportunity to express themselves, explore their identity, and find like-minded peers, which is especially valuable for youth who feel less understood in their immediate environment (Best et al., 2014; Nesi et al., 2018).

3. Alignment with developmental stage

Children around 12 years old usually undergo an important transition: moving from primary to secondary education. This development is accompanied by an increased need for contact with peers and the development of social identity (who am I in the eyes of others?). Social media can play a positive role here; they provide space for social interaction with peers and for self-expression. By granting access to social interaction platforms (e.g., WhatsApp) at the age of 13 under supervision, the recommendation aligns with

children's social and emotional needs. Most experts do not recommend a higher age limit for these platforms. By that time, this developmental process is often already well underway, and the increased need for social interaction has likely led young people to independently use social media platforms without supervision.

4. Room for parental involvement

An age recommendation of 13 offers caregivers the opportunity to be actively involved in their child's first steps on social media. At this age, young people are still relatively open to guidance, and caregivers are often closely involved in their daily activities. This makes it possible for caregivers to set boundaries and make agreements with their children about the use of social interaction platforms. Older adolescents, for example 15-year-olds, have a greater need for autonomy and less naturally share what they do online with their caregivers. This makes involvement and guidance from caregivers more difficult. By allowing supervised access to social media from age 13, young people and caregivers can explore together what safe, pleasant, and appropriate online behavior looks like.

5. Development of digital skills

Social media play an important role in young people's social lives and can offer opportunities. By granting children supervised access to social interaction platforms first and then social media platforms starting at age 13, they can learn to handle digital communication safely. A higher age recommendation (e.g., from 15 years) could potentially result in missed opportunities to develop important digital skills.

Important disclaimers for the age recommendation

1. The age recommendation of 13 does not imply that parents should actively encourage their children to use social media from that age onward. Rather, the recommendation is intended to encourage parents not to give children under the age of 13 access to social media platforms.
2. The age recommendation of 13 does not mean that social media platforms are automatically safe from that age onward. Even for adolescents aged 13 and older, social media can involve risks such as exposure to harmful content, online bullying, or privacy issues. It is therefore important that parents remain actively involved and support their children in developing responsible and safe media use.
3. Social media platforms do not form a uniform category; they vary greatly in design, purpose, and impact on young people. Research shows that platforms such as TikTok, YouTube, and Instagram contain significantly more addictive design features—such as endless scrolling, notifications, likes, and powerful algorithms—than social interaction platforms like WhatsApp. These addictive features are specifically designed to extend usage time, thereby increasing the risk of social media addiction among young people (Montag et al., 2019). Additionally, research shows that it is precisely these addictive elements, along with harmful content, that have a predominantly negative impact on adolescents' well-being, while social interaction platforms tend to have a more positive effect (Van der Wal et al., 2025). Therefore, it is important that adolescents first start using social interaction platforms, and only later transition to social media platforms—both under parental guidance.
4. The government has a clear duty of care in protecting the health and development of young people. Dutch addiction policy focuses on prevention, early detection, and integrated care, with growing attention to digital behavioral addictions. In the 2024–2026 policy plan of Dutch Addiction Expertise Network, developed with support from the national government and the National Rapporteur on Addictions, clear priorities are set for preventing addiction-related problems among youth. This includes explicit attention to behavioral addictions such as social media addiction. This implies that, just as with substance addiction, providers of social media platforms must also be held accountable for the potential negative effects of their products on the development of children and adolescents. Concretely, this means that legislation is needed to ban the use of addictive design features in social media platforms for minors (under 18 years of age).

Therefore, a recommended minimum age of 13 for social interaction platforms (such as WhatsApp) offers a realistic, pedagogically responsible, and practical way to encourage healthy social media use among children. It enables parents and caregivers to actively guide their children's digital development. Once children are digitally skilled and media literate, they can—under parental supervision—transition to other social media platforms.

Implementation

The implementation plan has been developed with input from all relevant societal organizations. Below, key aspects of effective implementation are discussed.

Reach

The aim of implementing the guideline is to reach and inform all caregivers of children up to the age of 16. In the case of a large-scale national campaign, the estimated reach among caregivers and children/young people is around 70% (Public Information and Communication Service, 2024). This means that the remaining 30%—often non-native speakers—must be reached through alternative channels. The societal organizations involved in the development of this guideline can play a crucial role in achieving this.

- **Action:** Ensure translations and cultural alignment to increase outreach.
- **Action:** Involve societal organizations in reaching caregivers.

Effectivity

We know that a national campaign alone is not sufficient to create intentions and behavioral change. For this, it is also necessary that:

- Various organizations working with caregivers and children convey the same message.
- The message communicated sufficiently aligns with the questions and needs of caregivers.
- The action perspectives can be adapted to specific (family) situations. Caregivers (and professionals) must be able to choose which approach best contributes to achieving the goal in their particular (family) context.
- We gain insight into the usability of the guideline for caregivers and its contribution to healthy screen use by their children.

- **Action:** Annually measure the usability of the guideline, the barriers and facilitators influencing its use, and the effects of the guideline on children's actual screen use based on the operationalization of 'Healthy Screen Use'.

Practical suggestions:

- There is strong confidence in and support for an online 'Viewing Guide' / 'Kijkwijzer' for parents (<https://www.kijkwijzer.nl/en/>).
- An online chat service for parents who have questions about media and screen use.

Adoption

More than 27 different organizations, involved in various ways with caregivers and/or social media, have contributed to the development of this guideline. This ensures broad support for the guideline. Furthermore, all 27 organizations have indicated their willingness to contribute to the dissemination, implementation, education, and development of practical tools based on this guideline. See Figure 3 below.

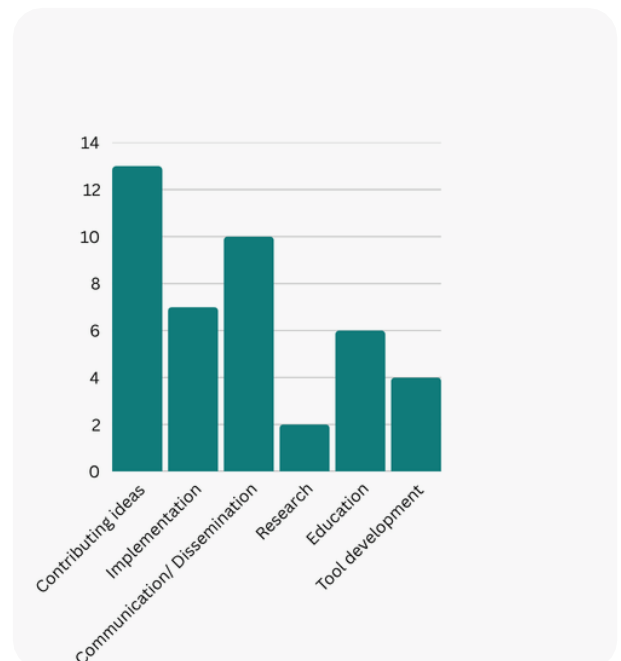


Figure 3. Overview of the involvement of societal organizations

Specifically, Network Media Literacy can play a central role due to its key position in the media landscape. For example, the Media Diamant, which is widely used by parents and professionals, can serve as a practical tool to incorporate the content of this guideline. Discussions are ongoing about how this guideline and the Media Diamant can be used in a complementary way to strengthen each other.

- **Action:** Identifying how each organization can be involved in the final implementation of the guideline.
- **Action:** Organize a symposium where the definitive guideline is shared with all societal organizations. Such a symposium contributes to further increasing support for and the sense of connection with the guideline, thereby promoting its adoption and implementation.

Implementation

For the implementation of the guideline, societal organizations have indicated the need for:

- materials that can be used for communication and dissemination purposes (PowerPoint slides for presentations, factsheets, brochures)
- clear and accessible information for caregivers and professionals
- flexibility in applying the guideline in daily practice by offering various practical approaches.

→ **Action:** Develop supporting materials for the implementation of the guideline by professionals from societal organizations.

→ **Action:** Expand practical approaches that can contribute to the goals for Healthy Screen Use in collaboration with societal partners.

Conditions for implementation

According to practice organizations, the conditions for successful implementation are:

- Structurally and continuously increasing professionals' knowledge about the risks and opportunities of media use and their role in this
- Increasing parents' knowledge about the risks and opportunities of media use, linked to the guidelines
- Making the guideline accessible to all caregivers
- Clarity and consistency in supporting parents.



Maintenance

For the long-term delivery of the guideline, it is important that caregivers and professionals continue to be provided with up-to-date information about the risks and opportunities of screen use and the role caregivers can play in this.

- Societal organizations emphasize the importance of expertise among professionals in this area. Currently, knowledge about healthy screen use, media literacy, or media education is hardly or not at all included in training programs for professionals such as teachers, pedagogical workers, youth care workers, youth doctors, etc. However, this knowledge is crucial to support children and caregivers in this area.
- It is important that knowledge and information remain up-to-date, especially concerning the emergence of new platforms or new risks.
- For effective maintenance of the guideline, best use should be made of existing infrastructure regarding healthy behavior in children. Think of healthy childcare and healthy schools, but also incorporating the guideline into existing protocols of, for example, child health clinics.

The Media Diamant is a tool specifically designed for caregivers as an

aid in media education. The Media Diamant has existed for 15 years and is widely used by professionals and parents to support media education. Currently, the Media Diamant is being revised to align with the current media landscape as well as current scientific knowledge about media effects and media education. This would be an excellent opportunity to incorporate the implementation of this guideline into the Media Diamant update. In this way, we can leverage the familiarity with the Media Diamant and further expand its reach.

→ **Action:** Increase the knowledge of future professionals about healthy screen use and the role of caregivers by integrating this into their training programs.

→ **Action:** Continuously dedicate attention to informing professionals about the risks and opportunities of screen use and how caregivers can play a role.

→ **Action:** Explore the possibility of embedding the role of caregivers in healthy screen use within existing infrastructure such as the MediaDiamant, Gezonde School, of Opgroeien in een Kansrijke Omgeving.

→ **Action:** Continue investing in research that contributes to increasing insight into the role of caregivers in Healthy Screen Use.



PART 2

Development of the guideline

Guideline development group

This guideline for healthy screen use was developed in collaboration with a wide range of stakeholders. Societal organizations and scientific experts from various fields, such as pedagogy and medical science, were involved in the process. In addition to participating in survey research and in-person collaboration sessions, the guideline was also presented to representatives of societal organizations during a gathering organized by the Dutch Media Literacy Network (Netwerk Mediawijsheid). Based on their feedback, the guidelines were further refined. This broad representation ensures that the guideline is both scientifically grounded and aligned with the practical realities and lived experiences of caregivers. For an overview of the involved societal

organizations, see Table 1. For the project structure, see the Appendix.

In addition, the voices of young people were included through a session with the National Youth Council (Nationale Jeugdraad, NJR). During this session, 13 young people (aged 13 to 24) actively contributed to the content and wording of the guideline. Their perspective provided a valuable addition to that of the societal organizations, helping to ensure the guideline aligns well with the lived experiences of children. Furthermore, caregivers were consulted during several parent evenings, which offered additional insights into their concerns, wishes, and experiences related to the topic, as well as the feasibility of the recommendations in the guideline.



Table 1. Overview of the involved societal organizations

Survey completed	Collaboration session	Knowledge meeting organized by the Dutch Media Literacy Network
AJN Jeugdartsen Nederland	Bureau Jeugd en Media	Anno Nu
Bureau Jeugd en Media	Expertisecentrum Digitalisering en Welzijn (Trimbos instituut)	Biblionet Groningen
Expertisecentrum Digitalisering en Welzijn (Trimbos instituut)	Gemeente Amsterdam	Bibliotheek Eemland
Gemeente Amsterdam	GGD Amsterdam	Bibliotheek Eindhoven
GGD Amsterdam	GGD GHOR Nederland	Bibliotheek Nieuwegein
GGD GHOR Nederland	Jeugd en Media Advies	Cyberjuf
Jeugd & Media Advies	JGZ Almere	Deploy: educatieve kindertablet
JGZ Almere	Kennisnet	Digitale mediaprofessional
Kennisnet	Nederlands Centrum Jeugdadvies	GGD Haaglanden
Kindertelefoon	Nederlands Instituut voor de Classificatie van Audiovisuele Media (NICAM)	Graafschap College (MBO)
Levvel	Nederlands Jeugd Instituut (NJI)	Kinderopvang Humankind
Nederlands Instituut voor de Classificatie van Audiovisuele Media (NICAM)	Netwerk Mediawijsheid	Koninklijke Bibliotheek (KB)
Nederlands Jeugd Instituut (NJI)	Netwerk Zicht op Buiten	Ministerie van Binnenlandse Zaken en Koninkrijksrelaties (BZK)
Netwerk Mediawijsheid	Rijksinstituut voor Volksgezondheid en Milieu (RIVM)	Ministerie van Onderwijs, Cultuur en Wetenschap (OCW)
Netwerk Zicht op Buiten	Smartphonevrij opgroeien	Nationaal media coach
Social media impact	Social media impact	Onderwijsbegeleider
UNICEF	UNICEF	Praktijk op maat
		Regius College Schagen
		Vlotte communicatie
		Yunio/ JGZ (consultatiebureau Achterhoek)

Methodology

The guideline for healthy screen use was developed through a co-creative process, involving three iterative rounds of collaboration with the aforementioned stakeholders. This approach allowed for the integration of knowledge from both science and practice, with attention to societal relevance, feasibility, and scientific foundation. Moreover, this method enhances the practical applicability of the guideline and fosters support among the involved organizations and professionals (Leask et al., 2019). The result is a widely supported guideline for healthy screen use, endorsed by both practitioners and scientists. Prior to the co-creative process, a draft guideline was developed based on (inter)national literature review. This draft was then refined and/or expanded over the course of three successive rounds:

- Round 1: 17 societal organizations evaluated the draft guideline based on societal relevance and feasibility.
- Round 2: 6 scientific experts assessed the draft guideline based on scientific evidence.
- Round 3: both societal organizations and scientific experts were involved: scientific experts completed a questionnaire (again filled out by six experts), while societal organizations participated in an in-person collaboration session with 22 participants. In this session, the group worked together to align and refine the guideline and to cluster recommendations into so-called main themes (see Figure 2).

Outlook and Future Involvement

In addition, we reached out to the societal organizations and partners of the Dutch Media Literacy Network to ask whether they would like to be involved in a possible follow-up to the guideline for healthy screen use—and if so, in what capacity. This led to a high number of interested respondents who expressed willingness to contribute in various areas, such as:

- (i) further contributing to the development of the guideline,
- (ii) implementing the guideline,
- (iii) communicating and disseminating the guideline,
- (iv) conducting research on the guideline,
- (v) providing education for caregivers and children, and
- (vi) developing practical tools.



References

- Alonzo, R., Hussain, J., Stranges, S., & Anderson, K. K. (2021). Interplay between social media use, sleep quality, and mental health in youth: A systematic review. *Sleep medicine reviews*, 56. <https://doi.org/10.1016/j.smrv.2020.101414>
- Banić, L., & Orehovački, T. (2024). A Comparison of Parenting Strategies in a Digital Environment: A Systematic Literature Review. *Multimodal Technologies and Interaction*, 8(4), 32. <https://doi.org/10.3390/mti8040032>
- Best, P., Manktelow, R., & Taylor, B. (2014). Online communication, social media and adolescent wellbeing: A systematic narrative review. *Children and Youth Services Review*, 41, 27-36. <https://doi.org/10.1016/j.childyouth.2014.03.001>
- Bhargava, V. R., & Velasquez, M. (2021). Ethics of the attention economy: The problem of social media addiction. *Business Ethics Quarterly*, 31(3), 321-359. <https://doi.org/10.1017/beq.2020.32>
- Boer, M., Stevens, G. W., Finkenauer, C., de Looze, M. E., & van den Eijnden, R. J. (2021). Social media use intensity, social media use problems, and mental health among adolescents: Investigating directionality and mediating processes. *Computers in Human Behavior*, 116. <https://doi.org/10.1016/j.chb.2020.106645>
- Boer, M., Stevens, G. W., Finkenauer, C., & van den Eijnden, R. J. (2022). The complex association between social media use intensity and adolescent wellbeing: A longitudinal investigation of five factors that may affect the association. *Computers in Human Behavior*, 128. <https://doi.org/10.1016/j.chb.2021.107084>
- Carr, C. T., & Hayes, R. A. (2015). Social media: Defining, developing, and divining. *Atlantic journal of communication*, 23(1), 46-65. <https://doi.org/10.1080/15456870.2015.972282>
- Cullen, J., Muntz, A., Marsh, S., Simmonds, L., Mayes, J., O'Neill, K., & Duncan, S. (2024). Impact of digital screen use on health and wellbeing of children and adolescents: A narrative review. *New Zealand Journal of Physiotherapy*, 52(1), 62-77. <https://doi.org/10.15619/nzjp.v52i1.364>
- Gentzler, A. L., Hughes, J. L., Johnston, M., & Alderson, J. E. (2023). Which social media platforms matter and for whom? Examining moderators of links between adolescents' social media use and depressive symptoms. *Journal of Adolescence*, 95(8), 1725-1748. <https://doi.org/10.1002/jad.12243>
- Geurts, S., Koning, I.M., Van den Eijnden, R.J.J.M., Vossen, H.G.M. (2023). Predicting Adolescents' Problematic Social Media Use From Profiles of Internet-Specific Parenting Practices and General Parenting Dimensions. *Journal of Youth and Adolescence*, 52(9), 1829-1843. <https://doi.org/10.1007/s10964-023-01816-4>
- Geurts, S. M., Koning, I. M., Van den Eijnden, R. J. J. M., & Vossen, H. G. M. (under review). Parental internet-specific rules and the onset of adolescents' problematic social media use symptoms: A prospective study testing potential moderators. Manuscript ingediend ter publicatie.
- Geurts, S. M., Vossen, H. G., Van den Eijnden, R. J., & Koning, I. M. (2024). Bidirectional Within-Family Effects of Restrictive Mediation Practices and Adolescents' Problematic Social Media Use. *Journal of youth and adolescence*, 53(8), 1928-1938. <https://doi.org/10.1007/s10964-024-01990-z>
- Granic, I., Morita, H., & Scholten, H. (2020). Beyond screen time: Identity development in the digital age. *Psychological Inquiry*, 31(3), 195-223. <https://doi.org/10.1080/1047840X.2020.1820214>
- Ha, A., Lee, Y. J., Lee, M., Shim, S. R., & Kim, Y. K. (2025). Digital Screen Time and Myopia: A Systematic Review and Dose-Response Meta-Analysis. *JAMA Network Open*, 8(2.) <https://doi.org/10.1001/jamanetworkopen.2024.60026>
- Huang, S., Lai, X., Li, Y., Wang, W., Zhao, X., Dai, X., ... & Wang, Y. (2023). Does parental media mediation make a difference for adolescents? Evidence from an empirical cohort study of parent-adolescent dyads. *Heliyon*, 9(4). <https://doi.org/10.1016/j.heliyon.2023.e14897>
- Kliksafe. (2025). Top 10 social media. Kliksafe. <https://www.kliksafe.nl/blogs/mediaopvoeding/top-10-social-media/>
- Koning, I. M., & Vossen, H. G. (2023). Handreiking beleid digitale mediagebruik door jongeren. <https://www.uu.nl/sites/default/files/Handreiking-digitale-media-jongeren-Koning-en-Vossen-072023.pdf>
- Leask, C. F., Sandlund, M., Skelton, D. A., Altenburg, T. M., Cardon, G., Chinapaw, M. J., ... & GrandStand, Safe Step and Teenage Girls on the Move Research Groups. (2019). Framework, principles and recommendations for utilising participatory methodologies in the co-creation and evaluation of public health interventions. *Research involvement and engagement*, 5, 1-16. <https://doi.org/10.1186/s40900-018-0136-9>

- Leijse, M., Koning, I.M., Van den Eijnden, R.J.J.M. (2023). The Influence of Parents and Peers on Adolescents' Problematic Social Media Use Revealed. *Computers in Human Behavior*, 143(2). <https://doi.org/10.1016/j.chb.2023.107705>
- Li, Y. Y., Koning, I. M., Finkenauer, C., Boer, M., & van den Eijnden, R. J. (2024). The bidirectional relationships between fear of missing out, problematic social media use and adolescents' well-being: A random intercept cross-lagged panel model. *Computers in Human Behavior*, 154, 108160. <https://doi.org/10.1016/j.chb.2024.108160>
- Liu, T., Cheng, Y., Luo, Y., Wang, Z., Pang, P. C. I., Xia, Y., & Lau, Y. (2024, November). The Impact of Social Media on Children's Mental Health: A Systematic Scoping Review. In *Healthcare* (Vol. 12, No. 23, p. 2391). MDPI. <https://doi.org/10.3390/healthcare12232391>
- Media Minds Panel (2025). Media Minds Panel, 2025 (OSF Preprints). https://ideas.repec.org/p/osf/osfxxx/4bnqj_v1.html
- Montag, C., Demetrovics, Z., Elhai, J. D., Grant, D., Koning, I., Rumpf, H. J., ... & Van den Eijnden, R. (2024). Problematic social media use in childhood and adolescence. *Addictive behaviors*, 153, 107980. <https://doi.org/10.1016/j.addbeh.2024.107980>
- Montag, C., Lachmann, B., Herrlich, M., & Zweig, K. (2019). Addictive features of social media/messenger platforms and freemium games against the background of psychological and economic theories. *International journal of environmental research and public health*, 16(14), 2612. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6679162/>
- Nagata, J. M., Paul, A., Yen, F., Smith-Russack, Z., Shao, I. Y., Al-Shoaibi, A. A., ... & Baker, F. C. (2025). Associations between media parenting practices and early adolescent screen use. *Pediatric Research*, 97(1), 403-410. <https://doi.org/10.1038/s41390-024-03243-y>
- Nagata, J. M., Smith, N., Alsamman, S., Lee, C. M., Dooley, E. E., Kiss, O., ... & Gabriel, K. P. (2023). Association of physical activity and screen time with body mass index among US adolescents. *JAMA network open*, 6(2), e2255466-e2255466. <https://doi.org/10.1001/jamanetworkopen.2022.55466>
- Nesi, J., Choukas-Bradley, S., & Prinstein, M. J. (2018). Transformation of adolescent peer relations in the social media context: Part 1—A theoretical framework and application to dyadic peer relationships. *Clinical child and family psychology review*, 21, 267-294. <https://doi.org/10.1007/s10567-018-0261-x>
- Nikken, P., Brons, H., Middag, E., & Berends, J. (2025). *Gezond Mentaal Online: Onderzoek naar hoe kinderen, ouders en leerkrachten in de opvoeding en onderwijs omgaan met (sociale) media en de 1e smartphone, met tips voor handelingsperspectief voor ouders*. [Research report submitted to the Ministry of Health, Welfare and Sports]. Windesheim University of Applied Sciences. <https://www.rijksoverheid.nl/documenten/rapporten/2025/gezond-mentaal-online>
- Odgers, C. L., & Jensen, M. R. (2020). Adolescent development and growing divides in the digital age. *Dialogues in clinical neuroscience*, 22(2), 143-149. <https://doi.org/10.31887/DCNS.2020.22.2/codgers>
- Offlimits. (2025, mei 28). Position paper Offlimits: Rondetafelgesprek jongeren en sociale media. https://offlimits.nl/assets/downloadable_files/2025_position-paper-offlimits.pdf
- Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behaviour*, 6(3), 1-12.
- Pons-Salvador, G., Zubieta-Méndez, X., & Frias-Navarro, D. (2022). Parents' digital competence in guiding and supervising young children's use of the Internet. *European Journal of Communication*, 37(4), 443-459. <https://doi.org/10.1177/02673231211072669>
- Public Information and Communication Service, 2025. Jaarevaluatie campagnes Rijksoverheid 2024. Rijksoverheid. <https://open.overheid.nl/documenten/6197a971-68b2-4333-bd98-210633894211/file>
- Ren, W., & Zhu, X. (2022). Parental mediation and adolescents' internet use: the moderating role of parenting style. *Journal of youth and adolescence*, 51(8), 1483-1496. <https://doi.org/10.1007/s10964-022-01600-w>
- Sala, A., Porcaro, L., & Gómez, E. (2024). Social media use and adolescents' mental health and well-being: an umbrella review. *Computers in Human Behavior Reports*, 14, 100404. <https://doi.org/10.1016/j.chbr.2024.100404>
- Shen, X., & Xie, X. (2024). How parental phubbing decreases adolescent core self-evaluation through basic psychological need satisfaction: Evidence from longitudinal mediation analysis and longitudinal network analysis. *Journal of Social and Personal Relationships*, 41(10), 3031-3060. <https://doi.org/10.1177/02654075241262536>
- Sumter, S. R., Baumgartner, S. E., & Wiradhany, W. (2025). Beyond screentime: a 7-day mobile tracking study among college students to disentangle smartphone screentime and content effects on sleep. *Behaviour & Information Technology*, 44(6), 1260-1276. <https://doi.org/10.1080/0144929X.2024.2350663>
- Sun, X., Haydel, K. F., Matheson, D., Desai, M., & Robinson, T. N. (2023). Are mobile phone ownership and age of acquisition associated with child adjustment? A 5-year prospective study among low-income Latinx children. *Child development*, 94(1), 303-314. <https://doi.org/10.1111/cdev.13851>

- Tang, S., Werner-Seidler, A., Torok, M., Mackinnon, A. J., & Christensen, H. (2021). The relationship between screen time and mental health in young people: A systematic review of longitudinal studies. *Clinical psychology review*, 86. <https://doi.org/10.1016/j.cpr.2021.102021>.
- Toledo-Vargas, M., Chong, K. H., Maddren, C. I., Howard, S. J., Wakefield, B., & Okely, A. D. (2025). Parental technology use in a child's presence and health and development in the early years: a systematic review and meta-analysis. *JAMA pediatrics*. <https://doi.org/10.1001/jamapediatrics.2025.0682>
- Üstündağ Alkan, R., Aslan, A., Turgut, Y. E., Kurşun, E. (2021). Factors Affecting Parental Mediation Strategies in Children's Technology Use: A Systematic Review. *Journal of Computer and Education Research*, 9(18), 702-723. <https://doi.org/10.18009/jcer.925859>
- Valkenburg, P. M., Meier, A., & Beyens, I. (2022). Social media use and its impact on adolescent mental health: An umbrella review of the evidence. *Current opinion in psychology*, 44, 58-68. <https://doi.org/10.1016/j.copsyc.2021.08.017>
- Valkenburg, P. M., Pouwels, J. L., Beyens, I., van Driel, I. I., & Keijsers, L. (2021). Adolescents' social media experiences and their self-esteem: A person-specific susceptibility perspective. <https://doi.org/10.1037/tmb0000037>
- Van der Wal, A., Beyens, I., Janssen, L. H., & Valkenburg, P. M. Social Media Use Leads to Negative Mental Health Outcomes for Most Adolescents. <https://doi.org/10.31234/osf.io/qe9rn>
- Van den Eijnden, R., Geurts, S., Van der Rijst, V., Ter Bogt, T. & Koning, I.M. (2021). The impact of social media disorder symptoms and social media use on sleep, and the preventing role of parental rules. *International Journal of Environmental Research and Public Health*, 18(3), 1346. <https://doi.org/10.3390/ijerph18031346>
- Van den Eijnden, R., Koning, I., Doornwaard, S., Van Gorp, F., & Ter Bogt, T. (2018). The impact of heavy and disordered use of games and social media on adolescents' psychological, social, and school functioning. *Journal of Behavioral Addictions*, 7(3), 697-706. <https://doi.org/10.1556/2006.7.2018.65>
- Verduyn, P., Gugushvili, N., & Kross, E. (2021). The impact of social network sites on mental health: distinguishing active from passive use. *World Psychiatry*, 20(1), 133. <https://doi.org/10.1002/wps.20820>
- Vossen, H. G., van den Eijnden, R. J., Visser, I., & Koning, I. M. (2024). Parenting and Problematic Social Media Use: A Systematic Review. *Current Addiction Reports*, 11(3), 511-527. <https://doi.org/10.1007/s40429-024-00559-x>
- Wiklund, C. A., Ekblom, M. M., Wang, R., & Ekblom, Ö. (2025). Associations between physical activity and symptoms of mental health disorders in adolescence: Evidence from the longitudinal swedish twin register. *Journal of Adolescent Health*, 76(3), 370-378. <https://doi.org/10.1016/j.jadohealth.2024.10.017>.
- Yang, J., Zeng, X., & Wang, X. (2024). Associations among parental phubbing, self-esteem, and adolescents' proactive and reactive aggression: A three-year longitudinal study in China. *Journal of youth and adolescence*, 53(2), 343-359. <https://doi.org/10.1007/s10964-023-01850-2>
- Zhang, J., Zhang, Q., Xiao, B., Cao, Y., Chen, Y., & Li, Y. (2025). Parental Technoference and Child Problematic Media Use: Meta-Analysis. *Journal of Medical Internet Research*, 27, e57636. <https://doi.org/10.2196/57636>

Project structure

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- Netwerk Mediawijsheid
- Expertisecentrum Digitalisering en Welzijn (Trimbos Instituut)
- GGD-GHOR Nederland
- Kindertelefoon
- Bureau Jeugd en Media
- Kennisnet
- UNICEF
- NICAM
- Nederlands Centrum jeugdgezondheid
- AJN Jeugdartsen Nederland /netwerk Zicht op Buiten
- Rijksoverheid voor Volksgezondheid en Milieu (RIVM)
- Offlimits
- Digital Child Rights

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Appendix I

Theme	Goal	Recommendations	Did you know ...
1. Connection & Trust	Foster an open and safe relationship in which children feel heard.	<p>Show interest: ask your child, without judgment, about their online activities and experiences, what they enjoy, and how they interact with.</p> <p>Be involved: do things together with your child, both with and without screens.</p> <p>Give space: show that you trust their choices, but be available to offer support when needed.</p>	<p>... children really enjoy it when you show interest in what they do online?</p> <p>... children often don't talk to their parents when something upsetting happens online, because they're afraid of getting in trouble?</p>
2. Media literate & Resilient	Helping children use digital media in a critical, safe, and mindful way.	<p>Discuss online behavior: what we consider normal offline (being kind and respectful) should also be standard online.</p> <p>Setting up privacy settings together: when profiles are set to private, strangers can no longer contact you, for example.</p> <p>Have your child ask for permission: until your child understands what is and isn't safe, it's important that they ask for permission before downloading apps or making in-app purchases. This helps prevent them from using unwanted apps or spending too much money on in-app purchases.</p> <p>Encourage asking critical questions: teach your child to think critically about whether someone might be using a fake account and what is real or not in digital media.</p> <p>Discuss concrete steps to take if your child witnesses inappropriate behavior online:</p> <ul style="list-style-type: none"> - <i>Stop:</i> do not engage in negative behavior such as bullying, shaming, or gossiping. - <i>Offer support:</i> let the victim know you're there for them, for example by sending a message or standing up for them. - <i>Report:</i> teach children how to report unwanted online behavior, such as through platform settings. - <i>Do not share further:</i> prevent harmful images or messages from being spread any further. 	<p>... children see harmful videos on TikTok every 39 seconds?</p> <p>... people sometimes pretend to be someone else online to get in contact with children?</p>

3. Balance & Structure	<p>Creating a healthy balance between screen time and other activities.</p>	<p>Encourage a balance between screen and screen-free activities: combine screen time with screen-free activities such as outdoor play, physical activity, and creative play. The 20-20-2 rule is a helpful guideline: after 20 minutes of screen time, look into the distance for 20 seconds, followed by 2 hours of outdoor play.</p> <p>Make agreements together about:</p> <ul style="list-style-type: none"> - <i>Where & when:</i> no screens during meals or in the bedroom. - <i>How long:</i> <ul style="list-style-type: none"> o Ages 0-2: no screen time o Ages 2-4: max. 30 min/day o Ages 4-8: max. 1 hr/day o Ages 8-10: max. 1,5 hrs/day o Ages 10-12: max. 2 hrs/day o 12+: max. 3 hrs/day - <i>What:</i> choose calm, non-violent media. No social media under the age of 13. <p>Follow age recommendations for movies, shows, and games: use Kijkwijzer for movies and shows, and Gamewijzer for games.</p> <p>Use internet filters or “parental controls” to prevent your child from accessing inappropriate videos or games via websites.</p>	<p>... children at a young age can't keep up with the fast pace of much media?</p> <p>... you officially have to be 13 years old to use social media?</p> <p>... children are more likely to put down their phone or iPad if you suggest doing something else fun (together)?</p>
4. Own Behavior & Media Use	<p>Children learn by watching the behavior of their caregivers and imitating it.</p>	<p>Lead by example:</p> <ul style="list-style-type: none"> - follow the screen rules you find important for your child. - limit your own screen use when you are with your child. - show how to communicate respectfully and protect your privacy. <p>Give full attention:</p> <ul style="list-style-type: none"> - put your phone away when you are with your child. - turn off notifications and be truly present. 	<p>... children watch you and imitate your behavior?</p> <p>... your child feels rejected when you get distracted by messages on your phone during your time together?</p>

