HEALTH PROFESSIONALS FOR SAFER SCREENS
A CALL FOR CHANGE

SAFE SCREENS

12 October 2026

The Rt Hon Lucy Powell MP
Secretary of State for Education
Department for Education
Sanctuary Buildings, 20 Great Smith Street
London SW1P 3BT

cc: The Rt Hon Yvette Cooper MP, Secretary of State for Health and Social Care

By email

Dear Secretary of State,

Re: The physical health impacts of increasing screen and EdTech use in the classroom

We are a group of GPs, ophthalmologists, audiologists, paediatricians, physiotherapists, speech and language therapists and other clinicians, writing to alert you to the impact of the sustained rise in screen-based learning and EdTech use in English classrooms on children's physical and developmental health.

The scale of the money involved, set against the absence of any meaningful health-related scrutiny of this policy trend, is stark. We feel this should be a serious safeguarding concern for your department and the DHSC.

The UK's EdTech market generates approximately £6.5bn in annual turnover[1], and around £900 million is spent annually on EdTech in English schools[2]. Yet no specific statutory requirement exists for any EdTech product to demonstrate, before procurement, that it does not put children's physical health at risk.

Though our concerns are clinical, we note that UNESCO's 2023 Global Education Monitoring Report[3] concluded that there is remarkably little independent evidence that so-called educational technology adds educational value, with much of its supporting 'evidence' reportedly produced or commissioned by the companies selling it.

No drug, food product, or toy is given to millions of children without a single safety check. Yet, astonishingly, EdTech devices and platforms currently used by millions of pupils in schools and for homework every day of the week face no equivalent child-focused health scrutiny.

We recognise that the Government has taken welcome steps to address the risks that screen use poses to children's mental health and safety, including the statutory guidance on mobile phones in schools that came into force this year. Our concern is complementary to, and distinct from, that

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1 https://assets.publishing.service.gov.uk/media/6a3bcccf4c7605ab56723915/Assessment_of_the_education_technology_market_in_England_-_June_2026.pdf
2 https://www.business.gov.uk/invest-in-uk/sectors/edtech/
3 https://www.unesco.org/en/digital-education/ed-tech-tragedy

agenda. It concerns school-issued devices – tablets, laptops, interactive whiteboards, headphones – and the myriad learning platforms and content accessed with those devices – currently being used for many hours a day for classwork and homework activities.

Indeed, recent analysis has revealed that nearly a million children are spending nearly every lesson on screens[4], and that many children are spending longer on screens in the classroom than they are recommended to spend across an entire day.

Across our own clinical practice, we are seeing a crisis unfold, with children presenting earlier and more severely than in previous years. A generation is being taught on devices and platforms that have never been subject to systematic, child-focused testing for their cumulative impact on children's eyes, ears or speech, and we are the clinicians who will spend the rest of our careers treating the consequences. The negative impacts on societal outcomes for these children is significant.

On speech and language, we are especially concerned about the developmental cost of 1:1 screen-based activity in education settings, particularly in the early years. Language acquisition depends on rich, responsive, face-to-face interaction that screens, however well designed, cannot replicate. A three-year-old spending three hours a day on screen misses an estimated 194 conversational turns and 1,139 adult words daily[5]. These are losses that compound into hundreds of thousands over a year.

Longitudinal UK and international research consistently links higher childhood screen time to poorer language outcomes, with effects still visible into later childhood;[6] the same research found that children on the lowest screen-time trajectories showed digital competency equal to or better than heavily-exposed children, so reducing screen exposure in schools would not come at the cost of digital skills. There are now over two million children in the UK struggling with speech and language,[7] and around a third of children starting school are not school ready,[8] a gap with consequences that unfortunately will compound throughout their lives. The knock-ons of a child not meeting their speech and language potential is severe.

On eyesight, two significant recent bodies of evidence are directly relevant. A global meta-analysis of 276 studies and over 5.4 million participants across 50 countries found that myopia prevalence among children and adolescents rose from around 24% in 1990 to almost 36% by 2023, projected to reach nearly 40% by 2050, affecting over 740 million children and adolescents worldwide.[9] Studies have also found that each additional hour per day of digital screen time was associated with a 21% increase in the odds of myopia, nearly doubling the risk at four hours a day of exposure.[10]

UK-specific longitudinal research has found that the proportion of UK children who are short-sighted has more than doubled over the past 50 years, from 7.2% in the 1960s to around 16-19% today.[11] This is not a trivial issue: myopia carries a lifelong elevated risk of retinal detachment, glaucoma and cataract, with associated costs to the NHS as well as to the children themselves.

We are particularly concerned about the use of screen-based and EdTech products with children with SEN, who are often disproportionately steered towards this kind of learning, precisely at a time when they may need the most careful adult supervision of, and the most caution around, their screen exposure.

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[4] https://safescreens.org/one-million-pupils-spending-nearly-every-lesson-on-a-screen-daily-mail/
[5] Hart & Risley (1995); Romeo et al. (2018); Brusche et al. (2024)
[6] Gath, M., Horwood, J., McNeill, B., Gillon, G. & Woodward, L. (2025)
[7] Speech and Language UK, 2025 report
[8] Kindred Squared, *School Readiness Report* 2025
[9] https://pubmed.ncbi.nlm.nih.gov/39317432/
[10] https://pubmed.ncbi.nlm.nih.gov/39982728/
[11] https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0146332

We are conscious that some of this evidence is still surfacing but the direction of travel is consistent across multiple, independent, and in some cases very large, bodies of research, and you will be aware that the Education Select Committee has called on the Government to produce a risk assessment of EdTech in schools.[12]

Deploying devices and standardised learning platforms may appear to be a time and cost saver for classrooms with increasingly limited resources, and you may be hearing that technology 'levels up' access to learning materials. We are writing because we want you to be in no doubt: we are prescribing glasses, hearing aids and speech therapy for a problem that is unintentionally being made worse in our schools, and unfortunately it is afflicting disadvantaged children and communities the most. This already carries a significant and avoidable health cost to the NHS will continue for decades to come. There is so much more we could be doing now to reduce this health and attainment burden on children and financial burden on the government.

Every year we delay, we will see more children in our clinics who did not need to be there. As a country, we need to wake up to this now, and start rolling back screen use in schools before the damage compounds further.

For many children it is too late to reverse, but if your department takes prompt action now there is much more that can be done to reduce the levels of health risk and harm associated with EdTech policies.

We would welcome the opportunity to work with your department and DHSC officials to build physical and developmental health into existing EdTech evaluation and procurement processes, and to help develop practical, evidence-based guidance for schools on safe daily screen and device exposure – including specific protections for children with SEN.

Yours sincerely

Dr Becky Foljambe, Health Professionals for Safer Screens
and
Jane Rowland, SafeScreens

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12 https://committees.parliament.uk/committee/203/education-committee/news/201715/stronger-guidance-and-controls-needed-to-protect-children-from-screen-time-education-committee-finds/