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Brief Report

Everyday Habits and Wellbeing in Children and Young People: Findings from a Community Service Evaluation

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ABSTRACT

Background: Evening screen use, sleep, physical activity and outdoor time form part of the everyday routines through which children and young people organise rest, leisure, movement and participation. This exploratory service evaluation described patterns across these factors, examined their relationships, and identified locally relevant implications for community wellbeing activity.

Methods: An anonymous, voluntary cross-sectional survey was conducted by a UK community wellbeing organisation in May 2026. Fifty-one valid responses from children and young people aged 8–25 years were analysed. The survey covered evening screen use, bedtime, sleep duration and quality, physical activity, outdoor time and mood. Associations and group differences were examined using non-parametric tests.

Findings: Higher evening screen use was significantly associated with poorer sleep quality ($r_s = -0.436$, $p = .002$) and later bedtime ($r_s = 0.407$, $p = .004$). Older age was strongly associated with later bedtimes ($r_s = 0.659$, $p < .001$) and shorter sleep ($r_s = -0.560$, $p < .001$). Higher physical activity was associated with better mood on outdoor days ($r_s = 0.453$, $p = .001$). Most participants reported better sleep after outdoor days. However, mood did not differ significantly between outdoor and indoor days in the paired comparison.

Conclusion and implications: The findings suggest that screen use, sleep, movement and outdoor time are better understood as interconnected everyday occupations and routines rather than isolated health behaviours. Although exploratory, the results may inform occupation-focused community wellbeing work, school-facing discussions and future service development.

Keywords: children and young people; human occupation; routines; screen time; sleep; outdoor time

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INTRODUCTION

Sleep, screen use, physical activity and time outdoors are often discussed as separate health behaviours. In everyday life, however, they compete for and structure time across the day. For children and young people, evening digital activity may sit alongside homework, social interaction and leisure; sleep is a restorative occupation embedded within family and school routines; and outdoor time may involve play, movement, travel, social participation or time in natural environments. An occupational perspective therefore asks not only whether a behaviour is healthy, but how everyday activities are organised, experienced and balanced in ways that support or disrupt wellbeing.

Sleep is fundamental to children's and young people's health, emotional regulation and capacity to learn. Evidence on screen use and sleep is nuanced. A within-person systematic review reported a small association between greater daily screen use and later sleep onset, but no overall association with sleep duration or subjective sleep quality (Bourke et al., 2026). Prospective and broader review evidence has nevertheless linked specific bedtime screen behaviours and high screen exposure with shorter or poorer sleep among adolescents (Nagata et al., 2024; Silva et al., 2022).

A UK community wellbeing organisation undertook this local service evaluation and needs assessment. It described patterns in evening screen use, sleep, physical activity, outdoor time and mood within a community sample of children and young people, examined how these factors related to one another, and considered locally relevant implications for community wellbeing activity. Rather than testing an intervention or a causal hypothesis, the evaluation was intended to identify patterns that might guide service development and future research.

The authors approached the evaluation from community wellbeing and service-development perspectives. They did not assume that particular routines were inherently 'good' or 'bad', and interpreted the results in relation to participation and practical implications without assigning blame to children, young people or families.

METHODS

This was an anonymous, voluntary cross-sectional survey conducted in May 2026 as part of a local service evaluation and needs assessment. Responses focused on children, adolescents and young adults aged 8–25 years and were collected through the organisation's community-facing evaluation activity. Parents or guardians completed responses concerning participants aged under 18 years; participants aged 18–25 years completed their own responses. One response was excluded because no age data were provided, leaving 51 valid responses for analysis. Because the original service-evaluation record did not capture a detailed recruitment denominator or the characteristics of people who chose not to participate, a response rate could not be calculated; this is acknowledged as a limitation.

The survey covered evening screen time before bed, bedtime, sleep hours, sleep quality, mood after screen time, activity level, time outdoors, mood on outdoor and indoor days, and perceived sleep after outdoor versus indoor days. All variables used ordinal response categories. 'Outdoor days' referred to respondents' comparison of days characterised by spending more time outdoors with days spent more indoors. The survey did not ask respondents to identify the specific outdoor occupation, purpose or setting.

Because the survey variables were measured using ordinal response categories, analyses used non-parametric methods, including

Spearman rank correlations, Mann–Whitney U tests, Kruskal–Wallis H tests and Wilcoxon signed-rank tests. Selected chi-square tests were used for categorical comparisons and interpreted cautiously where expected cell counts were small.

This work was conducted as a local service evaluation and needs assessment. Use of the Health Research Authority decision tool indicated that NHS Research Ethics Committee review was not required in England. Participation was voluntary, no directly identifiable personal information was collected, and findings are reported in aggregate. Responses for participants aged under 18 years were provided by parents or guardians, and participants aged 18–25 years provided their own responses.

RESULTS

The final sample comprised 51 valid responses. The mean age was 13.86 years (SD = 5.68), the median was 12.0 years and the age range was 8 to 25 years. The sample included 25 boys, 25 girls and one participant who selected 'prefer not to say'. By age group, 25 participants were children, 12 were adolescents and 14 were young adults.

Higher evening screen use was significantly associated with poorer sleep quality (r_s = −0.436, p = .002) and later bedtime (r_s = 0.407, p = .004). Sleep duration was positively associated with sleep quality, with longer sleep linked to better reported quality (r_s = 0.489, p < .001). Age showed the largest observed association with bedtime in the sample (r_s = 0.659, p < .001) and was also strongly associated with sleep duration (r_s = −0.560, p < .001). Kruskal–Wallis tests showed significant age-group differences in bedtime, sleep hours and screen time, with young adults reporting the latest bedtimes and highest screen exposure.

Higher activity level was significantly associated with better mood on outdoor days (r_s = 0.453, p = .001). In descriptive terms, 62.7% of participants reported better sleep after outdoor days, including 37.3% who reported much better and 25.5% who reported slightly better sleep. Girls spent significantly more time outdoors than boys, though there were no significant gender differences for screen time, sleep, mood or activity level. The paired comparison of mood on outdoor versus indoor days did not reach statistical significance (W = 246.0, p = .716).

DISCUSSION

This community service evaluation found that heavier evening screen use was associated with poorer sleep quality and later bedtimes, while age showed an even stronger relationship with sleep timing and duration. The association with bedtime is consistent with a recent within-person synthesis, although that synthesis did not find overall associations with sleep duration or subjective quality (Bourke et al., 2026). Earlier prospective and review evidence has linked particular bedtime screen behaviours or high levels of screen exposure with adverse sleep outcomes (Nagata et al., 2024; Silva et al., 2022).

The age pattern may reflect a wider reshaping of daily routines. One possible explanation is that increasing autonomy across adolescence and young adulthood reshapes bedtime, digital, study and social routines. Later sleep may therefore be part of a changing routine rather than an isolated sleep problem. For practical wellbeing work, these findings suggest value in looking beyond screen duration alone to how evening activities are organised and whether particular activities displace sleep or other restorative occupations. A more useful starting point is to explore with young people and families how evening activities are arranged, which digital activities matter to them, and whether they are displacing sleep or other restorative activities.

Physical activity and outdoor time may complement these findings. Participants reporting higher activity levels also reported better mood on outdoor days, and most said they slept better after outdoor days. These findings are compatible with evidence on movement, sedentary behaviour, sleep and contact with nature (Sampasa-Kanyinga et al., 2020; Wilhite et al., 2023; Tillmann et al., 2018; Zhang et al., 2020). Outdoor time may bring opportunities for movement, social connection, play, exploration and community engagement. The survey cannot identify which, if any, of these experiences mattered because it did not distinguish specific outdoor activities. The paired mood comparison was not statistically significant, and the cross-sectional observational design does not permit causal conclusions about outdoor time and mood.

For occupational therapy and community practice, these findings may help to frame conversations about routines rather than prescribe a single ideal behaviour. They might explore how a young person's evening activities fit together, what those activities mean to them, and whether school, family, housing, safety or access to outdoor space limits participation. This is consistent with scholarship examining relationships between routine occupational engagement and emotional wellbeing (Hebert, 2026). Community initiatives can use the same approach in conversations about sleep, digital leisure, movement and access to outdoor activities.

Concepts such as occupational balance and belonging may offer useful interpretive perspectives, but they were not specifically measured in this evaluation. Digital activity may support friendship and belonging, while outdoor and active occupations may offer other forms of social and embodied participation. The challenge is not to cast screen use and outdoor activity as simple opposites. Future community work could ask which activities young people value, what restricts participation, and how routines differ across school days, weekends and developmental stages.

Several limitations restrict the interpretation of these results. The sample was small and non-probability based, the design was cross-sectional, and all measures were brief ordinal responses. The recruitment denominator was not recorded, so representativeness and response rate cannot be established. Because responses concerning participants aged under 18 years were provided by parents or guardians, comparisons across the broad age range also involve a change in respondent type at age 18. The wide age range also combines substantially different developmental stages. The survey did not define outdoor days by activity, duration, setting or purpose, and it did not measure occupational meaning, balance, belonging or participation directly. The occupational interpretation is therefore a way of understanding the observed patterns, not evidence that these constructs were measured. Future evaluations should keep clearer recruitment records, use age-appropriate self-report where possible, describe outdoor and digital activities more precisely, and ask about meaning, participation, social context and barriers.

CONCLUSION

This brief report suggests that evening screen use, sleep, physical activity and outdoor time are interconnected within the everyday routines of children and young people. Higher evening screen use was associated with poorer sleep quality and later bedtimes, while age was strongly related to later sleep timing and shorter duration. Higher physical activity was associated with better mood on outdoor days, although outdoor-time findings require cautious interpretation. Viewing these patterns through an occupational lens shifts attention

from classifying individual behaviours simply as healthy or unhealthy towards considering how activities are organised within everyday routines and how those routines may relate to wellbeing.

Funding

No specific external funding was received for this service evaluation.

Ethical considerations

This work was conducted as a local service evaluation and needs assessment by a UK community wellbeing organisation. Use of the Health Research Authority decision tool indicated that NHS Research Ethics Committee review was not required for this activity in England. The survey was anonymous and voluntary, and findings are reported in aggregate form only.

Informed Consent Statement

Participation was voluntary. Responses for participants aged under 18 years were provided by parents or guardians, and participants aged 18–25 years provided their own responses. No directly identifiable personal information was collected.

Data Availability Statement

The dataset derives from a small local service evaluation and is not publicly available because of confidentiality and safeguarding considerations. Summary findings are reported in the manuscript.

Author Contributions

The author team contributed to the conception, design, analysis, interpretation, drafting, critical review and editing of the manuscript. A community wellbeing team supported project administration and community engagement. All authors reviewed and approved the final manuscript.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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