

Amy Orben

ICMJE DISCLOSURE FORM

Date: 10/3/2026

Your Name: Amy Orben

Manuscript Title: N/A

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Jacobs Foundation <i>ongoing</i>	Paid to my institution (subset via the CERES Network)
		UK Research and Innovation (incl. Medical Research Council, Economic and Social Research	Paid to my institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Council and Engineering and Physical Sciences Research Council) <i>ongoing</i>	
		National Institute of Health <i>ongoing</i>	Paid to UC Irvine and to myself through consultancy payments
		University of Cambridge <i>ended May 2025</i>	Paid to my institution
		Livelihood Impact Fund <i>ended January 2025</i>	Paid to my institution
		Emmanuel College, University of Cambridge <i>ended September 2024</i>	Paid to my institution
		Huo Family Foundation <i>ongoing</i>	Paid to my institution
		Wellcome Trust <i>ongoing</i>	Paid to my institution
		UK Department for Science Innovation and Technology <i>ended May 2025</i>	Consultancy fees, paid to my institution
		Prudence Trust <i>ended February 2026</i>	Consultancy fees, paid to my institution
		St Johns College, University of Cambridge <i>ongoing</i>	Paid to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Digital Futures for Children Centre, London School of Economics and Political Science <i>ongoing</i>	Payment to myself for membership of advisory committee
		European Commission Joint Research Centre <i>ended December 2025</i>	Payment to myself for writing or Reviewing reports
		University of Birmingham; Project delivered for Department for Education <i>ended June 2026</i>	Payment to myself for expert advice
		Prudence Trust <i>ended March 2026</i>	Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		SWGfL <i>November 2023</i>	Payment to myself for panel attendance
		Apple University <i>September 2023</i>	Payment to myself for lecture
		Various talks and writing for media, schools and university-organized workshops <i>ongoing</i>	Payment to myself
		Association of Psychological Science <i>ongoing</i>	Payment to myself for Associate Editor post at Psychological Science
		Various grant providers, civil society organizations and charities <i>ongoing</i>	Payment to myself for reviewing And peer reviewing

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Digital Futures for Children Centre, London School of Economics and Political Science <i>ongoing</i>	Advisory board member, paid (see above)
		ESRC Smart Data Research UK <i>ongoing</i>	Programme Board member, unpaid
		British Academy <i>ended February 2025</i>	Public Policy Committee member, unpaid
		UK Department for Education <i>ongoing</i>	Science Advisory Council member, unpaid
		UK Department for Science, Innovation and Technology <i>ongoing</i>	College of Experts member, unpaid
		UK Department for Digital Culture, Media & Sport <i>ongoing</i>	College of Experts member, unpaid
		Australian eSafety Commissioner <i>ongoing</i>	eSafety Social Media Minimum Age Evaluation Academic Advisory Group member, unpaid
		UK Department for Health and Social Care <i>ongoing</i>	Member of mental health diagnosis review, unpaid
		UK Department for Education <i>ended March 2026</i>	Member of early years screen time guidance review, unpaid
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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