



Evidence Review: How sharing stories, songs and rhymes can support children and families experiencing adversity

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Background

Bookbug for the Home

The Bookbug programme gifts free bags of books and resources to all children at four different stages from birth to Primary 1. Families are supported to read and sing with their children and use their Bookbug bags with free Bookbug Sessions which take place in libraries and community venues across Scotland. While we know that coming to Bookbug Sessions can be a great source of connection, community and support for parents, we also know that some might find coming to Sessions daunting or may just feel like it's not for them. Therefore, Scottish Book Trust also delivers Bookbug for the Home, which involves providing training for home visitors e.g. social workers, family support workers and others seeking to help families develop their practices around reading, singing, and rhyming with infants at home. Bookbug for the Home can be especially helpful for parents who don't feel confident, or don't have experience, engaging in these sorts of activities with their children; home visitors can provide tailored and sustained support to fit families' individual needs to ensure that they can access the myriad benefits of sharing stories, songs and rhymes. This report summarises research evidence which links shared reading, rhyming and singing at home (with the support of a home visitor) with bonding, attachment and parental wellbeing.

How can stories, songs and rhymes support bonding, attachment and parental mental wellbeing?

In our previous evidence review¹, we summarised research which shows that shared reading, singing and rhyming can support parents and children at the earliest stages of development. As well as supporting language development outcomes, these activities can also support bonding, attachment and parents' mental wellbeing. For example, an early study found that infants and their mothers who engaged in shared reading were more securely bonded than those who did not². Another study, which explored the effect of a prenatal singing intervention, found group singing to be associated with increased perceived closeness to the unborn child, reduced cortisol levels and increased oxytocin levels³ – a hormone thought to be a key biological contributor towards bonding and attachment. Increased frequency of early shared

reading has also been linked with reduced socio-emotional problems in children aged 30 to 66 months⁴, an effect which might be explained by increases in oxytocin produced in response to the physical contact which occurs during shared reading activities⁵. As well as being important for bonding and attachment, shared reading, singing and rhyming can also play an important role for caregivers. Reading aloud with children can boost adults' mood, particularly when there is a high level of interactivity between child and adult during the reading activity⁶. For example, one study of 403 mostly low-income mothers in the U.S. (New York City) found that increased shared book reading was associated with reductions in parenting stress and increases in early 'relational health' (the quality and patterns of early relationships and interactions between caregivers and children)⁷. Daily maternal singing has also been shown to reduce anxiety in mothers of preterm infants (born between 26 and 33 gestational weeks)⁸. Overall, the evidence review highlighted that sharing stories, songs and rhymes can have positive effects for different types of families. As noted above, Bookbug for the Home aims to bring these benefits to families who may not attend Bookbug Sessions in the community. These families may be more likely to be experiencing some degree of adversity; the rest of this review focuses specifically on how Bookbug-like activities delivered in the home may be able to support children and families who are experiencing additional challenges.

Children and families experiencing adversity

The transition to parenthood is a major developmental period that includes practical and psychological challenges for new parents. Some parents may find this transition more difficult than others, for a variety of different reasons. However, certain challenges experienced early in childhood can increase the likelihood of significant long-term negative impacts on children's physical and mental health and wellbeing. Such experiences may be called 'adverse childhood experiences' (ACEs). The Scottish Government note that ACEs can constitute negative experiences such as abuse, neglect, community violence, homelessness and/or living with adults experiencing mental health issues or harmful alcohol or drug use, parental separation or divorce, bereavement, bullying and having a household member in prison. They also emphasise the role of social inequalities, like poverty or gender inequality, in influencing experiences of psychological trauma and adversity and how

individuals respond to these⁹. The 2019 Scottish Health Survey reported that adults who had experienced four or more ACEs were more likely than those who experienced no ACEs to be obese (39% compared to 29%), smoke (27% compared to 10%), have a limiting long-term condition (52% compared to 26%), have cardiovascular disease (21% compared to 14%), not meet physical activity guidelines (41% compared to 32%)¹⁰ and have lower mental wellbeing. Research in other contexts has also linked adversity in childhood to cognitive and academic difficulties, stress and emotional dysregulation and psychiatric disorders¹¹. One contributor towards these outcomes may relate to the effect such experiences have on brain development. Human brain development begins in utero, approximately two weeks after conception, and continues until the third decade of life. After birth, postnatal development starts with an overproduction of synapses (the structures that connect neurons [brain cells] to one another and facilitate the transmission of chemical signals in the brain), followed by synaptic 'pruning' (the natural process which eliminates surplus synapses). This process optimises communication between different regions of the brain. Synaptic pruning continues into our late 20s, but different brain regions reach peak 'synaptogenesis' at different times. For example, more basic structures, like the visual cortex (the brain area which processes visual information), reach peak synaptogenesis within the first eight months of life. More complex structures in the prefrontal cortex reach their peak around 15 months after birth. These timing differences affect the extent to which different regions remain sensitive to environmental input; adverse experiences at different stages may differentially affect healthy development. This process is often referred to as 'experience-expectant' development.

There is some evidence to suggest that ACEs which occur during sensitive periods of development may have an adverse effect on structural and functional brain development. This may be because frequent or prolonged stressful environmental stimuli strengthen the neural pathways activated in response to stress over time, promoting a high degree of 'stress reactivity' (the magnitude and duration of cardiovascular, hormonal and immune changes in response to stress). Notably, high stress reactivity is not necessarily a negative trait; in the context of low adversity, children who have a high reactivity to stress are more social and successful academically than their peers who have a low reactivity to stress¹². However, in the

context of high adversity, children who have high reactivity to stress are more likely to experience negative outcomes. Infrequent, mild or brief stress – accompanied by strong socio-emotional support which reduces exposure to physiological mediators of stress like cortisol and adrenaline – can be thought of as 'positive stress'. Under these circumstances, socio-emotional support from caregivers can act as a buffer to potentially toxic consequences of prolonged exposure to stress hormones, promoting emotional regulation and building resilience¹³. However, frequent, strong, or prolonged activation of the body's stress-response system without socio-emotional support results in 'toxic stress'. Toxic stress may have structural effects on the brain, specifically in the amygdala, the hippocampus, and the prefrontal cortex, which may delay learning and memory. This indicates the importance of having strong socio-emotional support to buffer against the effects of stress, particularly for children in more challenging circumstances. For example, a U.S. study which worked with low-income, urban parents of young children who had experienced ACEs gained self-reported insights from those parents into how to prevent intergenerational cycles of ACE¹⁴. In particular, parents emphasised the importance of nurturing environments in which they show love, communicate openly, spend time together with their children and meet their children's needs. They also identified the preventative potential of building a supportive community and providing accessible parenting education and support. One aim of Bookbug for the Home is to help families use stories, songs and rhymes to build strong emotional bonds (e.g., between caregivers and children); this socio-emotional support could support both children and their parents in both the short- and long-term.

Home visiting

A popular approach to addressing early inequities involves the implementation of home visiting programmes. These usually involve a nurse, midwife, health visitor or other professional delivering multiple targeted services in the family's home environment in an intensive and sustained structure extended over months or years. The services provided by home visitors are varied and can include health check-ups, parenting guidance and signposting to other services. Whilst there is little direct research into home visiting programmes which promote shared reading, singing and

rhyiming, there is research which has looked at related outcomes from home visiting programmes more generally. Many of these home visiting programmes have specifically targeted families experiencing additional challenges (e.g., low-income, first-time parents).

Meta-analyses and systematic reviews have previously demonstrated small, but significant positive effects of home visiting programmes on parenting competencies and children's development. A recent review which aimed to systematically evaluate published experimental studies of nurse or midwife delivered home visiting programmes to promote child and maternal health and wellbeing¹⁵ found that of seven home visiting programmes evaluated using randomised control trials (RCTs) across 30 studies, all demonstrated at least one positive outcome. These outcomes included child physical health (seven subcategories), child psychosocial / psychomotor outcomes (four subcategories), parenting practices (nine subcategories), parental physical health (four subcategories), parental psychosocial wellbeing (five subcategories), and maternal self-sufficiency (five subcategories). Notably, all programmes enrolled pregnant women antenatally and involved more intensive visiting schedules in the early postpartum period, tapering until children were 2 years old (19–91 visits in total). The authors report that sustained nursing home visiting programmes are most consistently effective for parenting outcomes, and that some programmes are particularly effective for specific 'higher risk' subgroups (i.e. mothers who in addition to specific indicators of disadvantage, are young, have low psychological resources, or experience multiple forms of adversity).

However, it is important to acknowledge that receiving home visits per se is unlikely to be the driver of change; the particular support families are receiving may lead to different outcomes for different groups. One popular approach to home visiting is the Reflective Parenting Programme (RPP) approach which is based on Fonagy's concept of mentalisation and targets the development of parental Reflective Functioning (RF)¹⁶. Parental or maternal RF is the ability of a parent / mother to understand their own and their child's mental states, and to use that understanding to create a safe and comfortable environment for their child. Studies have shown that maternal RF is positively correlated with secure attachment patterns in infants and children. For example, one study of 83 mothers with histories of maltreatment found that maternal RF was positively correlated with secure attachment patterns¹⁷.

Another study of 64 mothers and their children found a positive and statistically significant association between maternal RF and child attachment security¹⁸. Whilst not all home visiting programmes or activities specifically target parental reflective functioning, secure attachment is important for children's social and emotional development; programmes which improve parent's capacity to understand their child's behaviour in terms of mental states (feelings, desires, beliefs and intentions) may have short-, medium- and long-term impacts on children's functioning and parental stress.

As well as meta-analyses and systematic reviews which have evaluated home visiting programmes more generally, other studies have explored the effects of specific home visiting programmes. For example, a randomised control trial (RCT) of 156 mothers in the U.S.¹⁹ found that weekly home visits as part of the 'Minding the Baby' (MTB) programme, starting in the late second or early third trimester of pregnancy and continuing until the child was 24 months old (bi-monthly after one year), enhanced mothers' reflective capacities and the child's attachment security, both of which are key protective factors for trauma. The MTB programme itself is an attachment-based, reflective, interdisciplinary home-visiting intervention aimed at improving developmental, health and relationship outcomes in vulnerable young families having their first child. The RCT found that mothers who had received MTB visits were 2.15 times more likely than mothers in the control group to be in a higher category of reflective functioning scores, meaning they had a greater ability to imagine or envision their baby's thoughts and feelings and to understand the child's behaviour as a function of underlying subjective experience. Infants in the MTB intervention were 2.69 times more likely to be classified as having an organised attachment style (secure or insecure versus disorganised) than their control group peers, and 2.59 times more likely to be classified as securely attached (versus insecure or disorganised). As both reflective functioning and secure attachment are linked to a range of short- and long-term positive social, emotional and cognitive developmental outcomes, this study provides insights into the importance of intensive, relationship-focused, long-term intervention for supporting vulnerable families during the earliest stages of parenthood.

A randomised control trial conducted in Italy evaluated a different Reflective Parenting Programme (RPP) of home visits for first-time mothers at risk of

depression, anxiety and parenting stress²⁰. In this study, 72 first-time mothers and their babies were assigned to either an experimental condition or a control condition. Mothers in the experimental group received a reflective parenting home visiting programme where they were encouraged to improve their capacity to read and interpret the signals and the behaviours of their infant and to promote physical closeness and intimacy. Home visitors attended participants' homes for 60-minute sessions once a week, across nine months (until children were 12 months old), co-constructing a trusting relationship with the mother and helping her to acknowledge the resources she had access to, and to reinforce her parenting skills. Mothers in the control group received 'routine primary care' (i.e., usual health visits but no additional support). In both groups, mothers' levels of depression, anxiety and stress were assessed when their child was 3 months, 6 months and 12 months old. The results showed a significant reduction over time in depression, state anxiety and parental distress only for mothers in the experimental group. Although this study did not explore outcomes for the children of participating mothers, as noted above, supporting mothers to improve their reflective functioning skills (i.e., their capacity to understand their child's behaviour in terms of feelings, desires, beliefs and intentions) can foster secure attachment and support children to self-regulate their emotional states. This study also emphasised the importance of the development of a trusting relationship between the home visitor and the parent, with a particular focus on reinforcing existing skills and resources.

The 'Pro Kind' home visiting programme in Germany, which ran from 2006 to 2012, aimed to support low-income, first-time mothers with high social and economic risk factors. To assess the programme's effect, researchers ran a randomised control trial (RCT) to compare outcomes for parents who were provided with the programme, with outcomes for those who received 'usual support'. Initially, 178 women who were enrolled in the programme were assigned to the treatment group (TG) and received home visits from a trained and experienced practitioner²¹. The frequency of home visits varied between weekly, bi-weekly, and monthly (visits became less frequent as children got older). The study also contained a control group (CG) of 168 women who did not receive any home visits ('usual support'). The study found that women who received home visits reported lower postpartum stress, higher parenting self-efficacy and stronger maternal attachment compared to those

who had not received home visits. In 'high-risk' families (i.e., low maternal age, single mothers, high social isolation etc.), children who had received home visits also showed better cognitive development than those who had not. The authors of this study again note that the quality of the home visiting relationship was a key factor in improving maternal outcomes; higher quality of the helping relationship significantly contributed to maternal feelings of attachment.

As noted above, there is little experimental research evidence involving home visiting programmes which have an element of shared reading, singing and rhyming.

However, a Scottish Book Trust evaluation of a pilot project which supported Family Nurse Partnership (FNP) practitioners to encourage parents to sing, rhyme and talk to their babies before birth via resource gifting indicated the potential of supporting positive outcomes for parents²². Scottish Book Trust facilitated the gifting of a picture book (*The Snail and the Whale* by Julia Donaldson and Axel Scheffler) and the 'Bookbug Before Birth' leaflet to approximately 385 families during pregnancy, via their FNP practitioner / Family Nurse. Parental feedback / response was gathered via observation carried out by the Family Nurse. Findings showed that 81% of Family Nurses thought the project encouraged families to read aloud during pregnancy and 74% thought it encouraged them to try singing or rhyming during pregnancy. This was identified as especially important for families who might not have had access to books otherwise. Family Nurses also thought that the programme helped boost families' confidence and interest regarding reading, singing and rhyming during pregnancy, supported them to form strong attachments with their baby, and helped to build or strengthen a therapeutic relationship with their FNP practitioner. These findings suggest that working in partnership with health visitors can support access to shared reading resources from early pregnancy, increasing the likelihood of adoption and continuation after birth, especially for those who may have more challenges around access. As this was not a longitudinal study and findings were based on self-report on behalf of the FNP practitioner (rather than directly from parents), it is not possible to establish whether adoption of these practices in pregnancy translated to increased engagement with them after birth. However, FNP practitioners were generally very positive about the gifting programme and did provide anecdotal reports of some families continuing to read the gifted book to their babies after birth and/or showing interest in learning more about supporting their

baby's early language development. Notably, there were some barriers for some parents, including English not being their first language and having a lack of confidence in their own reading skills. Supporting these parents to engage with books, songs and rhymes in ways which are accessible to them is paramount and could be facilitated by one-on-one support from FNP practitioners at home.

Whilst the home visiting programmes evaluated above (and others not included here) clearly indicate the potential of such approaches to support both parental and child outcomes, outcomes from home visiting programmes are often inconsistent, difficult to replicate in different populations and the universal components associated with success are challenging to establish. For example, there are not necessarily clear / established links between specific programme components (e.g., type of support provided) and specific outcomes (e.g., child development, parental wellbeing)²³. Furthermore, assessing the quality of home visiting programmes is challenging, especially where multiple approaches are being drawn upon and/or home visitors are adapting their approach to the needs of individual families.

However, some research has indicated particular elements which are associated with improved parental and child outcomes. Potentially effective components include directly addressing child development (e.g., providing parents with knowledge about developmental milestones and supporting socio-emotional and cognitive growth), creating safe and stimulating home environments, and supporting parenting skills. A sufficient intervention 'dose' (i.e., number and duration of visits) is also important, as shorter programmes with fewer visits tend to be less effective. Additionally, programmes delivered by professionals which follow standardised, evidence-based curricula and are adapted to families' cultural and linguistic contexts show greater potential for success²⁴. Cultivating trusting relationships between families and their home visitors is also essential. The American Academy of Pediatrics emphasises that safe, stable and nurturing relationships can act as a buffer to ACEs and childhood trauma, building resilience and providing guidance for paediatric practitioners when working with families experiencing adversity²⁵. They note that practitioners should allow sufficient time to build relationships with parents and infants, be afforded the benefit of long-term continuity with families, and have opportunities to learn about and practice the interpersonal and communication skills needed to form respectful, trusted and collaborative therapeutic relationships (e.g.,

by listening to and understanding parental concerns and beliefs before making recommendations, and engaging in additional training such as implicit bias training)²⁶.

Limitations, gaps and considerations

Most of the available research which has explored parental outcomes from home visiting programmes has focused exclusively on mothers. In fact, one article asserts that 'home-based postnatal care has internationally been described and evaluated from the perspective of the mother'²⁷. However, fathers often want to equally participate in parenthood but may feel they are not able to play an active role in postnatal care²⁸. Therefore, providing opportunities for fathers to be involved in shared reading, singing and rhyming at home is important for both their self-efficacy and opportunities to bond with their child. More research is also required with regards to non-primary caregivers (e.g., grandparents) and for parents with multiple children (many of the programmes evaluated above include only first-time parents), particularly given that ACEs may involve complex family structures.

Additionally, of the research found for this review, much does not provide information about long-term outcomes from home visiting-style approaches (e.g., beyond 5 years of age), nor does it provide insights into how these programmes can be adapted for diverse cultural or socio-economic contexts. It is important to understand how different communities may engage with, or benefit from, these services / approaches, especially considering Scotland's diverse population. Furthermore, there is also little evidence regarding scaling these programmes across larger populations or areas with limited resources, especially in rural or underserved communities. More information on the accessibility of these services for a broader range of families would be useful, especially for practitioners working in more rural locations. Additionally, the research outlined above has explored different outcomes from home-visit approaches. However, there is not a clear metric for measuring 'success' for families facing adversity. Developing clearer metrics for evaluating the effectiveness of these programmes in challenging environments – perhaps co-designing these with families themselves – could help refine future approaches.

Notably, most of the home visiting programmes found for this review did not include storytelling, singing, and rhyming specifically (some practitioners may have used these in individual cases, but these are not reported in the programmes found for this review). More direct evidence on the use of shared reading, singing and rhyming during home visitation programmes would help link this type of approach to the support families receive through Bookbug for the Home.

Conclusion

In conclusion, this review highlights the potential for programmes like Bookbug for the Home to support families experiencing adversity. For home visiting practitioners, developing trusting relationships with families which begin early on (i.e., during pregnancy), being aware of the individual needs of different families and tailoring approaches accordingly, and continuing to provide support as children get older appear to be key in generating and sustaining positive outcomes. Sharing stories, songs and rhymes have clear benefits for children's emotional development, bonding and attachment between caregivers and their children, and the wellbeing of parents; Bookbug for the Home provides opportunities for all families to experience these positive outcomes and makes them more accessible for those who may otherwise find it challenging to engage with Bookbug in the community.

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