

Library rhyme times and maternal mental health: Shareable tools from the research



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Shareable tools from the research

This collection of 'shareable tools' from the Essex libraries rhyme time and maternal health research is intended to enable other library service to explore similar approaches to increasing the impact of rhyme time sessions on maternal mental health.

Anyone wanting to use these tools should read the full report first to understand the context in which they were developed. We also want to reiterate the findings in the report about the staff awareness training on maternal mental health, having contributed to the successful implementation of the 'modifications'. Readers might also find it useful to refer to the [rhyme time and seven quality principles toolkit](#) developed by ASCEL and Arts Council England and also trialled by Essex Libraries.

Modifications and evidence

On the next page is the full list of 'modifications' to Essex Libraries' existing rhyme time model. These were all designed and tested as part of this research and the ones shaded in green are now being rolled out to all Essex libraries. Some of the modifications were entirely new to Essex and some were being done in some libraries, some of the time.

This research was not just about designing and implementing evidence-based modifications to rhyme times, it was also about creating a more consistent and evidence-based rhyme time model.

An important part of the Essex project was that staff leading rhyme times chose which modifications would work for them and their users in each branch. Having choice and ownership was an important factor (along with the training) in staff applying the modifications with consistency i.e. in the same way, and at every rhyme time. It was also important that each library tried something which was new to their branch.

Consistency of quality and experience is especially important for anyone with poor mental well-being. Consistency of quality is also important for any partner agency signposting mothers to rhyme times to support their mental wellbeing – those agencies must be confident that those they refer receive a consistent experience.

The modifications were designed jointly by Essex Libraries staff, Shared intelligence, and a group of national experts and are based on a review of the research literature.

The table below shows each of the modifications which were included in the final list alongside the evidence which underpins it. This list can be used by other library services to:

- Implement similar modifications to Essex, or other combinations
- Use the references and endnotes to understand and learn about the evidence base relating to rhyme times and maternal mental health
- As part of awareness training around maternal mental health
- As a form of benchmarking to review current rhyme time models against the model to which the Essex research relates

Modification	Aim/evidence ¹
In the 15 mins before session begins/as participants arrive	
Recognise achievement of the parent getting to a rhyme time - say “well done grown-ups for getting here to day!”	Provides validation and reassurance for mothers who feel anxious or find it difficult to leave the house ⁱ
Buddy up multi-mums with new mums - look out for new mums and introduce them to more experienced mums - ask who has not been before, make them feel welcomed	Peer support can enable mums to seek validation / clarify experience ⁱⁱ
Main session	
Have parents introduce themselves to their neighbours or other members of the session – or just turn to your neighbour and say hello	Peer support can enable mums to seek validation / clarify experience (ref as above) Also enables an initial breakdown of barriers – means a mum has made a simple, non-pressured connection with one other person
Explain parents and children can get up and move around at any time, and put adults at ease if they are worried about their child crying	Puts parents at ease, reduces chance of feeling anxious about child’s behaviour
Encourage parents to join in and reassure them that it does not matter if they do not know the rhymes and songs - say “try to join in, even if you do not know the words”	Physical act of singing to babies has beneficial effects on mental health of those singing ^{iii iv}
Explain that rhyme time benefits both parents and children - children have fun and learn, whilst parents have a good time too - explain rhyme times are particularly good for maternal mental health - explain that rhyme times are a great way to make new friends and socialise which is also good for our wellbeing	Raise awareness of that rhyme time is good for parents too, and make it acceptable to attend for own benefit
Introduce what you’re going to do at the session	Reduce anxiety, increase participation
Welcome song (each branch to choose their own song which is already used/already familiar to visitors)	Build a sense of group identity, which in turn can benefit MH ^v
Include at least one synchronised face to face song or story (synchronised actions or singing) and explain the reasons for doing this are that parents get a mood boost from this - say “turn your child to face you – it’s fun and boosts your happy hormones!”	Synchronous activity between mother and child can increase maternal dopamine ^{vi} Encouraging infants to learn to follow an adult singing nursery song supports adult-infant bonding ^{vii}
End the session with a goodbye song (own song which is already used/familiar)	Same as for welcome song (ref as above)
Conclude the session by encouraging parents to sing the songs and rhymes at home	Same as for encouraging parents to sing (ref as above)
Conclude the session by encouraging parents to sing the welcome song at home or on the way to the session	Same as for encouraging parents to sing (ref as above)
Point rhyme time participants to the refreshments - say “please stay around to chat afterwards”	Encourages development of social networks ^{viii ix}

¹ See endnotes for references

Modification	Aim/evidence ¹
After session	
Interaction with parents: "will we get to see you next week?", "Are you a library member..."	Encourages development of social networks (ref as above)
Teas and coffees, or bring your own	Encourages development of social networks (ref as above)
Encourage parents to stay and read children's books aloud after the session	Group reading aloud helps wellbeing ^x
Stock, materials and physical resources	
Have promotional materials visible nearby for other parent activities such as a mini book group.	Reading aids wellbeing ^{xi}
Provide materials or suggest resources which will raise mums' confidence in singing and rhyme at the library and at home, e.g. similar to Essex Libraries existing 'TLC' advice cards	Same as for encouraging parents to sing (ref as above)
Have multiple sets of children's books so that group reading can be suggested after the session	Group reading aloud helps wellbeing ^{xii}
Promote resources which signpost a range of local services that may benefit maternal mental health, including online resources, e.g. Leaflets	Receiving informational material means people are better able to assess own mental state ^{xiii}
Physical setting	
Make sure the layout enables parents and children to sit together	Encourages face to face and synchronised actions or singing
If possible have space for parents to informally stay and chat	Encourages formation of social groups ^{xiv}
Have enough space at the session for refreshments (provided by library or bring your own)	Encourages formation of social groups (ref as above)
Have a nearby noticeboard/display stand with flyers for activities which might be beneficial to all parents, but in particular mothers with mental health issues	Same as for promoting information and leaflets (ref as above)
If possible, make use of furniture and fittings (e.g. shelving, rugs) to define the rhyme time space	Physical environment contributes to atmosphere of group activities ^{xv}
Written information - printed A6 card to hand out as participants leave	
"You are always welcome even if you don't know the words, and we don't mind at all if babies or children cry!"	Puts parents at ease, reduces chance of feeling anxious about child's behaviour
Include the welcome song lyrics and encourage parents to practice singing it - say "if you didn't know the songs today then try singing them at home"	Encourages singing – same as for encouraging singing above
Include links to websites which will raise confidence in singing and rhymes	Encourages singing (ref as above)
Include links to a range of local services (county wide service, or local support groups) which will benefit maternal mental health, including online resources	Same as for promoting information and leaflets (ref as above)

Endnotes - references

- ⁱ Anxiety and difficulty leaving the house affects many women with perinatal mental illness which in turn can hinder access to other support. Perinatal mental health experiences of women and health professionals: Boots Family Trust (2013)
- ⁱⁱ Social networks and peer support enable women to seek validation to clarify experiences. Jones, C. C. G., Jomeen, J., Hayter, M. (2013) The impact of peer support in the context of perinatal mental illness: A meta-ethnography. Evidence on the importance of developing social networks. Hogg, S. (2013) Prevention in mind. All Babies Count: Spotlight on Perinatal Mental Health. NSPCC.
- ⁱⁱⁱ Evidence suggests the physical act of singing to babies has beneficial effects on the mental health of those doing the act. Royal College of Music (2017) Associations between singing to babies and symptoms of postnatal depression, wellbeing, self-esteem and mother-infant bond.
- ^{iv} The act of singing to babies is associated with enhanced wellbeing, self-esteem and self-reported mother infant-bond, and lower symptoms of PND. Royal College of Music (2017) Associations between singing to babies and symptoms of postnatal depression, wellbeing, self-esteem and mother-infant bond.
- ^v This will be decided by the RT leader. This will help build a sense of identity, which evidence has found beneficial to mental health. Tajfel, H. and Turner, J. C., (1986) The Social Identity Theory of Intergroup Behaviour. *Psychology of Intergroup Relations*, 5, 7-24.
- ^{vi} Research has found synchronous maternal behaviour is associated with increased dopamine in the mother's brain. Atzil, S., Touroutoglou, A., Rudy, T., Salcedo, S., Feldman, R., Hooker, J. M., Dickerson, B. C., Catana, C., Feldman Barrett, L. (2017) Dopamine in the medial amygdala network mediates human bonding. *PNAS*, volume 114, number 9.
- ^{vii} Babies as young as 4 months follow and anticipate familiar songs and rhymes when sung to by familiar adult and can make matching sounds and movements. Trevarthen, C (2013) The Infant's voice grows in intimate dialogue: how musicality of expression inspires shared meaning
- ^{viii} Evidence on the importance of developing social networks. Hogg, S. (2013) Prevention in mind. All Babies Count: Spotlight on Perinatal Mental Health. NSPCC.
- ^{ix} Social networks and peer support enable women to seek validation to clarify experiences. Jones, C. C. G., Jomeen, J., Hayter, M. (2013) The impact of peer support in the context of perinatal mental illness: A meta-ethnography. Evidence on the importance of developing social networks. Hogg, S. (2013) Prevention in mind. All Babies Count: Spotlight on Perinatal Mental Health. NSPCC.
- ^x Billington, J., Dowrick, C., Hamer, A., Robinson, J., Williams, C. (2010) An investigation into the therapeutic benefits of reading in relation to depression and wellbeing. Liverpool Health Inequalities Research Institute and the Reader Organisation.
- ^{xi} Evidence suggests group reading helps social wellbeing, mental wellbeing and emotional and psychological wellbeing. Evidence around adult reading aloud (still to be found) . Billington, J., Dowrick, C., Hamer, A., Robinson, J., Williams, C. (2010) An investigation into the therapeutic benefits of reading in relation to depression and wellbeing. Liverpool Health Inequalities Research Institute and the Reader Organisation.
- ^{xii} . Billington, J., Dowrick, C., Hamer, A., Robinson, J., Williams, C. (2010) An investigation into the therapeutic benefits of reading in relation to depression and wellbeing. Liverpool Health Inequalities Research Institute and the Reader Organisation.
- ^{xiii} Having a range of alternative services in every local area is important. Hogg, S. (2013) Prevention in mind. All Babies Count: Spotlight on Perinatal Mental Health. NSPCC. Research has found those who received information and educational material were better able to recognise depression and assess their own mental state. Buist, A., Speelman, C., Hayes, B., Reay, R., Milgrom, J., Meyer, D., Condon, J., (2007). Impact of education on women with perinatal depression. Research has found the use of social media and chat rooms positively benefit maternal mental health. Khan, L. (2015) Falling through the gaps: perinatal mental health and general practice.
- ^{xiv} Identifying with a group provides stability, meaning and purpose. Tajfel and Turner, 1986
- ^{xv} Research found physical environment contributes to the atmosphere of the group. Billington, J., Dowrick, C., Hamer, A., Robinson, J., Williams, C. (2010) An investigation into the therapeutic benefits of reading in relation to depression and wellbeing. Liverpool Health Inequalities Research Institute and the Reader Organisation.

Evaluation framework

This is the evaluation framework used for the Essex research into rhyme time and maternal mental health. It provides a structured approach to identifying possible methods of collecting data which can be used to answer high level questions about impact such as “do rhyme times have a positive impact on maternal mental health” or “what is the reach, and can reach be increased?” It also distinguishes between methods for capturing changes for individuals and changes in delivery processes.

	Capturing changes for individuals		
High level evaluation questions	Outcomes: <i>What change will result? What will success look like?</i>	Indicators: <i>What are the indications that you being successful? What are the signs that things are changing?</i>	Data collection: <i>Measuring the indicators. What needs to be collected and when?</i>
MAIN RESEARCH QUESTIONS			
1 – Do the modified rhyme times have a positive impact on maternal mental health? If so, how?	<u>1a High level</u> Mothers attending experience improved mental health and wellbeing (over time)	Mothers say mood has improved during sessions Mothers feel more positive over a longer period Mothers feel rhyme times support their mental wellbeing Mothers feel rhyme times are helping their child	<ul style="list-style-type: none"> • Mood charts – <i>(Before and after) How are you feeling today? Out of 1-5</i> • Focus groups with users • Change stories with opted-in volunteers willing to speak about impact over time
	<u>1b Mid-level</u> Mothers enjoy rhyme time, can identify benefits for them and get involved (e.g. co-production)	Mothers participate in rhyme time activity Mothers show increased confidence in reading aloud/singing at home Mothers feel positive about their child Mothers make new friends at rhyme time New mothers attend regularly Mothers join the library	<ul style="list-style-type: none"> • Observations – <i>e.g. Levels of engagement; levels of group interactions</i> • ‘Questions Board’ with post it notes. <i>Question: What part of today’s rhyme time made the most difference to how you feel?</i> • Sign-in sheets (below)
2 – What is the reach of these activities and can it be increased?	3. A wider range of mothers attend rhyme time regularly	Mothers attend from post codes that were previously under represented There is a steady flow of new attendees Rhyme time attendance reflects the local community demographically Mothers attend who have low mood or perinatal mental illness	<ul style="list-style-type: none"> • Sign-in sheets to capture: <ul style="list-style-type: none"> ○ Unique numbers attending – <i>plus “who is here for the first time?”</i> ○ Characteristics - gender, relationship to child (parent, carer), first time mother/multi, ethnicity, post code, how they found out • Referral data, self-reporting - <i>requires liaising with health visitors</i>

Capturing changed processes – to address the evaluation questions and understand the contributors to outcomes			
	Changed processes	Indicators	Data collection
3 - Can a more structured approach to rhyme time be implemented consistently in a public library context?	Rhyme time is modified consistently	Rhyme Time implements new modifications	Staff reporting Focus groups with managers and partner agencies/services Independent Observation
SECONDARY QUESTIONS			
4 - What role do staff skills have in modifying Rhyme Time? What is the most effective way(s) of enhancing staff skills, so Rhyme Time has a positive impact on maternal mental health?	Staff feel confident running modified rhyme times	Staff undertake training (awareness of maternal mental health/ how to modify rhyme times) Staff report training as making a difference	Records of staff training sessions run Numbers attending Staff survey and/or focus group
5 - Which existing networks and which new ones can be used to reach mothers with low to medium MH issues? Which are most effective for which groups of mothers?	Range of networks/ contacts used to promote/ refer to Rhyme Time	Community sector and health service professionals know about Rhyme Time and actively promote it	Records of inter-agency contacts Interviews/focus group with contacts Cross reference with participant records/register on how heard about rhyme time (above)
6 - What are the advantages and disadvantages of a co-production approach with users of rhyme times? Is co-production an intervention in itself and if so, how does it have an impact?	Co-production	Data and feedback from parents is used in the design of modifications Parents are involved in testing and assessing modifications Leads to better approaches	Evidence of parent involvement in design Cross reference between parent feedback and modifications which parents have influenced

	Capturing changed processes – to address the evaluation questions and understand the contributors to outcomes		
	Changed processes	Indicators	Data collection
7 - In what ways does a 'whole library' approach enhance Rhyme Times modification? What training/ support is needed for library staff?	Rhyme time becomes more integrated with other library services activities	Feedback from staff who are not directly involved in the rhyme times project	Focus groups with staff

Data gathering tools

Topic guide for a focus group held immediately after a session

Hello and thanks for your time. We work for xxxxx xxxxxxxx and are exploring the effects of coming to rhyme time on mental health and wellbeing, especially for mothers. We are hoping you can all stay for the next 30 minutes. We'll be taking written notes and the information we gather will help us write-up research findings which will be used to develop and improve rhyme times. We won't name any of you in the report, although we may use quotes which will be anonymous (e.g. "one mother said she comes to rhyme time every week and told us that "it makes me feel xxxxx, yyyy, zzzz" ..").

- Are you all happy to take part in the focus group today? If so, please could you fill in the consent form? Just to let you know that you are free to withdraw from the discussion at any point if you wish to.
- Because there are a number of you in this group, you will all hear each other's views and opinions so please be respectful of what others have to say.
- Also, to make sure everyone has a chance to speak and be heard, please indicate if you want to say something and wait till others finish speaking before you start. We will make sure everyone gets to share their views.
- Any questions before we start?

Introduction 5 mins

Going around the group:

- Name? How long have you been coming along to RT? How did you find out about RT?

Next three sections 7 minutes each

- 1) Do you feel coming to rhyme time affects your mood in any way?

Ask people to raise hands to contribute.

Follow-up – e.g. how did you feel this morning when you walked in? How do you feel now?

- 2) If coming to rhyme time changes how you are feeling, is there anything about the session which makes the most difference?

Follow-up – e.g. the other adults, the person leading the session, the songs and rhymes, the way the room feels, or what happens after the session?

- 3) Do you think the sessions could be changed or improved in any way to make them do more to improve your mood, or do more for mental health and wellbeing?

Follow-up – e.g. the choice of songs and activities, duration, style, how the room feels, anything before or after the session

- 4) Thanks – that's been really useful. Is there anything else anyone would like to say before we finish?

Just to remind you – the purpose of this discussion was for.... and we'll use the information for ...

Change Story template (to be used in 1-1 interviews or phone interviews)

Date of writing

Intro

Thank you for your time. My name is xxxx and I am working for yyyyyy as part of a project to find out how rhyme times in libraries affect maternal mental health and wellbeing.

We are conducting these interviews to document 'change stories' and we would really like to understand the effect attending rhyme time has had on your maternal mental health and wellbeing during the period you have been attending.

We will be taking notes throughout this call/interview and will use them to write up a change story which is unique to you. This story will be anonymous, and we will exclude information which could identify you (such as your real name, where you live, or any other specific details that could identify you). We will include the finished change stories in a published report about rhyme time.

Does all of that sound ok? Do you have any questions before we begin?

Background:

Who is this story about? Which town do they live in? How many children are in the family? (Do not use real names, use "A", "B" and "C", or pseudonyms e.g. "Amanda", "Bel" etc)

How and when did the mother become involved with Rhyme Time? Name the library

The 'change' story:

(Use the questions as prompts and write in the box on the following page)

1. What changes has this mother's involvement with Rhyme Time brought about for her emotional health and wellbeing? How is life different for her now?

Prompts: Since being involved with Rhymetime, have you noticed any differences with how you have felt – e.g. confidence, level of calm/stress, feeling supported/not supported.

2. What has been the most *significant* change for this mother, and why does she see it as significant?

Prompts: Probe each change mentioned above. E.g. Could you say a little bit more about how the changes to how stressed you feel has impacted you? Why is this?

3. What role did Rhyme Time play in bringing about this change? Could / would it have happened without Rhyme Time? Was there anything particular about the way support was offered that helped to bring about the change?

Prompts: Probe the modifications

4. Was there anything that made it difficult to bring about change for this mother's emotional health and wellbeing (any internal or external barriers/ obstacles)?

Prompts: Is there anything that your involvement in Rhymetime has not changed in terms of your emotional health and wellbeing?

5. How does she see the future in terms of her own emotional health and wellbeing?

Focus group themes		
Alleviation of stress	Adding structure to the day	Reassurance
The achievement of getting out of the house	Seeing your baby enjoying themselves	Laid back/no pressure environment
Associating with other adults	Seeing your child develop	

Record the notes here:

Sign-in sheet

This sign-in sheet was used to gather attendee data during 'sample' weeks at the beginning and end of each term. It enabled us to gather data on:

- Mothers as a proportion of all adults
- Proportion of first-time mothers compared to 'multi-mums'
- How attendees found out about rhyme time
- How many adults are attending a rhyme time for the first time (which also enables an estimate to be made of total unique attendees per annum)
- Socio-economic make-up of attendees – this was done by collecting full postcodes, although anyone gathering data in future will need to check their local organisational policies relating to GDPR and postcode data collection

To be completed by Library staff:	Library	Basildon	Date	1st Dec '17																		
What's your postcode?	(Parents only) How many children do you have?	(Parents only) How many children are with you today?	How old is the child/children with you today?	Is this your first time here? (Yes/No)	Are you a member of Essex libraries? (Yes/No)	How did you find out about rhyme time? (Please tick an option below)								Which of the following are you? (Please tick an option below)								
						Friend	Family	Library Staff	Social Media	Health Visitor	Online	Referral	Other (please specify)	Mum	Dad	Carer	Family (Aunt, Uncle, Grandparent etc.)	Family Friend	Other (please specify)			
SS14 9ZZ	1	1	2y	N	N	X																
SS14 1AA	2	1	1y	Y	N				X													

Mood charts

These are the 'mood charts' used to gather data at the start and end of every session. At the beginning of each session two fresh charts were pinned to the wall, one for 'Mums' and one for 'Other adults'. Sticky dots were provided and all adults were encouraged to indicate their mood as they arrived. New blank charts were put up at the end of the session and adults were asked to indicate how they felt as they left.

This was a very simple method of data capture for mood change from 'before' to 'after' a rhyme time session.

One suggested improvement to this method of data capture was to have jars or pots into which tokens could be dropped instead of stickers. This would have made it less obvious how others had responded, plus provided a degree of anonymity, and mitigated against 'normative bias' (where respondents give answers they think are the 'desirable' answers instead of their true responses).



This research was undertaken by staff from Shared intelligence and Essex libraries, and funded by Arts Council England. Other publications from the research are available including a full research report and a quick guide to the research. Find out more at www.sharedintelligence.net or from Charlotte.boulton@sharedintelligence.net