

# How are King County caregivers building strong attachments by **reading, singing, and telling stories** with their children?



## Summary



**Nearly three-quarters (73%) of King County children aged five and younger were read, sung, or told stories to on a daily basis!** This percentage varied\* based on parent or caregiver age, gender, race/ethnicity, and language spoken at home.



Reading, singing, and storytelling data were interpreted by caregivers and community providers in King County. Families felt that reading with their children daily was a high bar to set. **Caregivers want more access to books and library programs in languages other than English, in rural areas, and for children with special needs.**



**Singing and storytelling is a strength of communities of color.** Caregivers think survey respondents may have underestimated how often they do this informally, and appreciate including this data as a key indicator of child and family well-being.



**All children need the protective factor of a strong attachment and bond with a caregiver.** Best Starts invests in supporting and expanding opportunities that enable parents and caregivers to have quality, daily interactions with their children.

## Why is attachment important?

A child's development is closely connected to the development of their brain. **From birth through age 3, the brain forms 700 neural connections per second in response to experiences.**<sup>1</sup> These experiences include everyday moments. For instance, when an adult reads or talks to a child, an adult provides comfort to a child, or a child plays with an attentive adult, these everyday moments create new connections and help build strong, healthy brains. The development of brain architecture provides the foundation for lifelong learning including problem solving, communication, self-control, and relationship building.<sup>2</sup>

The quality of a young child's experiences and interactions influence which neural connections occur and the strength of those connections.<sup>3</sup> Sensitive and responsive interactions with parents and other caring adults teach children love, security, and trust. For example, mothers singing lullabies can increase maternal-infant bonding.<sup>4</sup> These feelings help children feel safe and securely attached.

Secure attachments are best supported by providing children with engaging and stimulating interactions and a safe home and environment to grow. Adults who were securely attached as infants experience greater social position, economic opportunity, and better emotional and physical health than those who experienced insecure or disorganized attachments as young children.<sup>5</sup>

## What are the data sources?



**Best Starts for Kids Health Survey (BSK Health Survey).** The Best Starts for Kids (BSK) Health Survey is a survey about the health, well-being, strengths, and needs of young children and their families in King County, WA. From September 2016 to January 2017, nearly 6,000 King County families who represent the demographics of King County participated. The survey was available in six languages (Chinese, English, Russian, Somali, Spanish, and Vietnamese) and caregivers or parents (called caregivers in this brief) were asked to take the survey using one of three methods (on a computer, phone, or paper). Learn more about the survey and results on the [Best Starts for Kids Health Survey website](#).



**Data Dives.** Families and service providers from nine communities attended data dives to provide interpretation of Best Starts for Kids Health Survey results for survey participants with the same cultural identity. These communities included parents (biological, adoptive, or guardians), caregivers, aunts, uncles, grandparents, and children who *specifically* identified as: Black/African American, American Indian/Alaska Native (AI/AN), Chinese American, Latina/o, Lesbian, Gay, Bisexual, Trans, Queer, and Two Spirit (LGBTQ2S), Samoan, Somali American, and Vietnamese American. Two additional data dives were held with diverse groups of social services providers. Families and providers were asked to discuss their first reactions, if data is reflective of their experiences, and any questions and next steps. Themes were identified through group consensus as well as qualitative analysis of notes.

## In-depth look at caregiver reports of reading, singing, and telling stories to children



In 2017, 73% of King County children were read, sung, or told stories to by family members every day during the previous week. A higher percentage of children were read, sung, or told stories to at least four times per week (91%).

Based on the survey, parents and caregivers who are American Indian/Alaska Native (AI/AN) and Vietnamese had the highest percentages (90% and 81%) of daily reading, singing, and storytelling. However, possibly because of the small numbers of respondents, these percentages are not significantly\* different from King County overall.

Certain groups of parents and caregivers reported lower rates\* compared to all King County families for reading, singing or telling stories to children every day. These included those who were younger than 24 years old (32%), who spoke Spanish at home (45%), identify as Mexican, Mexican American, or Chicana/o (51%), and those who identify as male (54%).

However, compared to the National Survey of Children's Health<sup>6</sup> results for Washington State, the BSK

	Read*	Sing or tell stories
King County	57%	63%
WA State average	42%	53%

Health Survey results overall show that daily reading levels are higher in King County. Daily singing and storytelling levels also appear higher, but are not significantly\* different.

**3 in 4** King County children age 6 months to 5 years are read, sung, or told stories to **every day**.

## What do families think of their community's data?

**Caregivers' first reaction was that the subject of reading, singing, and telling stories to children was important and meaningful.** At the LGBTQ2S, AI/AN, and Vietnamese American data dives, many caregivers agreed with the data and shared reasons why they thought the results were accurate. Providers felt that it was not surprising to see that younger caregivers have lower rates, and thought that doing anything every day is especially hard for caregivers who might be in "survival mode."

Want to see detailed data for your community? [Visit Best Starts' interactive data website at www.kingcounty.gov/bskindicators](http://www.kingcounty.gov/bskindicators)

At the Black/African American, Latina/o and Samoan data dives, caregivers felt the data was underestimating their community's reading/singing/storytelling levels. They wondered about the definition of storytelling, since more oral cultures may do this throughout the day, and caregivers may not track every time a family member does these activities with their child.

*"This makes me think about how we discount the things we do daily." – Black/African American caregiver*

*"There are children at reading levels that don't match the data." – Latina caregiver*

Alternatively, Somali American caregivers felt the data was not reflective of their experience because they were unable to read, sing, or tell stories with their children every day. They thought the survey might better represent the lives of families who have realized more economic stability. Chinese American caregivers of children with special needs agreed that data might better represent families with typically developing children.

*"Families with special needs have different experiences. When my kid wants to read, he would read it for the whole day. When I want to read with him on another day, he doesn't want to read anymore." – Chinese American caregiver*

### What were the community-specific insights?

Many of the data dive conversations focused on reading. Latina/o caregivers and providers spoke about a lack of access to books written in Spanish. They also described how they face refusal from children not wanting to speak their first language. Somali American caregivers discussed similar challenges in reading daily to their children. For these immigrant families with one or both parents who prefer to speak their first language and children who prefer to listen to English, reading a book together becomes difficult. **Latina, Somali American, Chinese American, and AI/AN caregivers all mentioned there is an intergenerational impact for them,** because their parents did not read books with them as a child. Somali American caregivers shared about additional barriers to doing these activities daily with their children: working long hours, exhaustion, literacy, and television.

*"For American parents who grew up with the culture of reading to their children, they might be more natural and experienced in reading with their children. For us, we have to intentionally be aware of and remember to read to them because we did not have this experience from our parents." – Chinese American caregiver*

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In hearing that singing and telling stories were valued as much as reading, many caregivers were happy and surprised. There was a general view that reading is important for learning, but it is less commonly understood that reading together is important for parent-child attachment, and this is why singing and telling stories are also instrumental for child development. A couple times, participants asked if watching educational television counts too, which demonstrates the view that reading is only important for learning. Samoan and AI/AN parents were proud of their culture of singing and telling stories, sharing how it happens all the time, and children ask about hearing stories.

*“If I talk to him, he doesn’t understand. If I sing and read to him, he understands.”*

– Vietnamese American caregiver

*“My father died young; it hits close to home that this percentage is so high. Telling stories and songs is so important for our family.”* – AI/AN caregiver

### What questions did parents have? What were the calls to action?

Chinese American, Latina and AI/AN caregivers all highlighted libraries for their key role in supporting families to read together. For families living on Tribal lands, the nearest library may be far away. Caregivers want library programs and resources in their own language. Also, caregivers of children with special needs felt that their children were too disruptive in the library environment.

*“There are no resources in Spanish. Families need books in their first language to be able to read with their children.”* – Latina caregivers

Several suggestions came up related to addressing the gaps in daily reading/singing/storytelling, such as: Can health providers hand out books to caregivers, Can the workforce be developed to support families to build this skill? What other barriers can systems help to address? Somali American caregivers pointed out that varying forms of communication must be used to raise awareness about these data.

*“This is a story in numbers but we would like the stories to be in words.”* – Somali American caregiver

## Conclusion and Next Steps

The BSK Health Survey finds that 3 in 4 King County children have caregivers who read, sing, and tell stories with them daily. For some communities these activities are more challenging to do daily, and less children get the chance to form strong attachments in this way. Caregivers who interpreted these results agreed that reading, singing, and telling stories with their children is important to them, and asked for support to remove the barriers they face. **Best Starts is committed to investing in community-informed strategies that will support children to develop strong attachments with their parents and caregivers!**

Best Starts will continue to use data from the BSK Health Survey and data from the community-led data dives to describe how King County children are being supported by their families and explore differences based on demographics. By better understanding King County families’ assets, strengths, and needs, Best Starts can ensure funding and programs are focused on addressing the greatest gaps and expanding the greatest strengths. The BSK Health Survey will be completed again in early 2019 in collaboration with more community partners, and will help to track the results Best Starts is achieving.

## Notes and References

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**American Indian/Alaska Native:** This term is used, recognizing that King County's indigenous communities have a broader range of identities.

**Data Dives:** The purpose of a data dive is to put the power in the hands of specific communities to shape the narrative of how their own data is interpreted. To learn more about what a data dive is, visit [www.beststartsblog.com](http://www.beststartsblog.com) and search for the "Community Owned Data Series".

**LGBTQ2S:** This stands for Lesbian, Gay, Bisexual, Trans, Queer, and Two Spirit. This was the preferred term by community partners to describe this broad and diverse population. While this terminology is not explicitly inclusive of all identities, BSK aims to recognize all people who may see themselves as part of this community.

**Special Needs:** This term is used to be inclusive, however some people prefer the term "exceptional children".

**\*Statistical significance:** Differences are described as "statistically significant" when chance or random variation is unlikely to explain the difference between groups. It is determined whether differences are statistically significant by comparing their confidence intervals. The confidence interval (also known as error bar) is the range of values that includes the true value 95% of the time. Confidence intervals are necessary since surveys, which are based on a sample of a population, have "sampling error," or random variation due to having only a small group of the population. If the confidence intervals of two groups do not overlap, the difference between groups is considered statistically significant.



For more information, you're invited to check out these resources:

Best Starts Website: [www.kingcounty.gov/beststarts](http://www.kingcounty.gov/beststarts)

BSK Health Survey Website: [www.kingcounty.gov/bskhealthsurvey](http://www.kingcounty.gov/bskhealthsurvey)

Best Starts Blog: [www.beststartsblog.com](http://www.beststartsblog.com)

Questions? Comments? Please contact [bsk.data@kingcounty.gov](mailto:bsk.data@kingcounty.gov)

<sup>1</sup> Center on the Developing Child (2009). *Five Numbers to Remember About Early Childhood Development* (Brief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).

<sup>2</sup> Center on the Developing Child (2018). Brain Architecture. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>

<sup>3</sup> Zero to Three. (2016). Brain wonders: Nurturing healthy brain development from birth (Video). Retrieved from <https://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth>.

<sup>4</sup> Persico, Giuseppina. (2017). Maternal singing of lullabies during pregnancy and after birth: Effects on mother-infant bonding and on newborns' behaviour. *Concurrent Cohort Study. Women and Birth.*, 30(4), E214.

<sup>5</sup> Stansfeld, S., Head, J., Bartley, M., & Fonagy, P. (2008). Social position, early deprivation and the development of attachment. *Social psychiatry and psychiatric epidemiology.*, 43(7), 516--526.

<sup>6</sup> Child and Adolescent Health Measurement Initiative (CAHMI). Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved 06/15/18 from [www.childhealthdata.org](http://www.childhealthdata.org)