Acknowledgements

Our grateful thanks to all the English PIPE trainers, who have supported the learning of many nurses about the use of PIPE within FNP in England;

Heather Christie
Nicki Jeffries
Debbie Nash
Michelle Wolstenholme

Especially for their thoughtful discussions, time and creativity to enhance the PIPE section of this learning pack

Grateful thanks also to Nancy Donelan-McCall from the Prevention Research Center for Family and Child Health (PRC), University of Colorado, for her wise words about mother infant interactions.
Welcome to the team based learning pack for getting started with FNP in Infancy

This learning pack is in three parts

Part 1: Getting started with the Infancy guidelines
Part 2: Getting started with PIPE and infant communication
Part 3: Familiarising yourself with the data requirements of the infancy phase of FNP

Please complete all parts of this team based learning pack prior to your ‘FNP in infancy’ training. Completion of this learning pack is an essential element of the FNP learning programme. The understanding gained by working through this pack will form the foundation for your learning on FNP approaches in infancy and is an essential platform for the development of your learning and skills during the face-to-face training.

Supervisors are responsible for ensuring that both they and all family nurses complete this learning pack prior to their attendance at the ‘FNP in Infancy’ training

Working alone or with others in your team?

Previous FNP teams have found that it is advantageous to work through these materials with others, if possible, with the supervisor coordinating the learning. As a team, a small group, or even a pair you will encourage each other to learn, share insights and experiences and extend everyone’s learning. However, if this is not possible for all elements of this learning pack, your supervisor will guide your work through the contents, extending your learning through shared reflections with both themselves and other team members.

You will note that there are some elements of this pack where you are asked to practice your skills with colleagues, usually in threes. If you are working alone on this pack, your supervisor will support you to undertake this important element of the learning with other team colleagues. If you are joining an established FNP team, this learning pack will give the whole team the opportunity to revisit their learning about the pregnancy phase of the programme and share insights from their experiences.
Part 1: Getting started with the Infancy guidelines

Purpose of Part 1 of the workbook is to:

- Familiarise you with the FNP Infancy Guidelines.
- Identify the unique features of the Infancy Guidelines.
- Increase your understanding of the Infancy visit content and provide you with opportunities to prepare for use of the guideline materials in visits.

Objectives:

Family Nurses and supervisors will:

- Be familiar with the broad contents and scope of the infancy guidelines
- Have located and gained familiarity with materials and approaches in relation to a range of topic areas
- Have considered their personal responses to the materials identified and considered ways in which they could use them with clients.

This part of the learning pack asks you to find, consider and imagine your use of FNP materials from the infancy guidelines.

Before you get started, please note the following:

1. There are 2 folders for the guidelines. The first covers visits 1 to 13, the second visits 14 to 28
2. The Contents pages and alphabetical indexes are reproduced in both folders
3. A list of external materials to be used with these guidelines is provided on p18. These materials are a vital element of the learning package for clients and are used within visits. Please ensure that your site has provided these materials or find similar items locally and familiarise yourselves with their contents.
4. Details of the materials required for each visit are included in the tables at the end of the nurse guidelines for each visit, not on the visit dividers as in the pregnancy guidelines.

**Similarities between Infancy and Pregnancy Guidelines**

The infancy guidelines are similar in many ways to the pregnancy guidelines:

- The content is based on the same 6 domains.
- The structure and format of the visit is the same.
- Both include an alphabetical index of Educational Materials and Facilitators.
- A table of contents and indexes for all the different elements are included for easy reference.
- A table with all the FNP materials listed on a visit-by-visit basis, with spaces for dates and signature is included. This is intended to be used as part of the client’s clinical record, with the dual purpose of aiding the nurse to keep track of materials used and to act as a record of domains covered during visits.

Make sure you have the two infancy guideline files available, as you are now ready to begin.

**Hunt through the Infancy Guidelines**

Use the following clues to identify some of the features you will find in the Infancy Guidelines. This will help you understand the range of materials, locate them and become familiar with the ways in which they will help you to explore the issues of this stage of the programme and support your clients. Write your answers in the blanks below.

1. Using the Table of Contents, find each of the Quarterly Overviews. How many overviews are there?

1a. These quarterly inserts will help you as a family nurse to approach your clients and their babies with more knowledge about developmental milestones, tasks of parenting and issues for the nurse during each stage of the infancy period. What are the page numbers of the Overview sections?
1b. Read through the content of these pages. How useful will these be to you? What further reading would you like to do, to supplement this?

2. This set of three facilitators are included in Visit I – 1 and then are used in one visit each month. They are an interactive way to discuss both mum and dad’s role development and how their baby is experiencing their first year of life. What are the titles of these facilitators?

3. Infants become more active and mobile at 6 – 8 months of age. Using the Alphabetical Index of educational materials in the front of the Guidelines, list 3 materials you would use to discuss safety issues with your client / family.

4. The educational materials included in Visit I – 26 will help you discuss positive communication techniques with your client (and partner/wider-family members). The source footnote on these materials states that this information was adapted from “Fighting for Your Marriage”, PREP Educational Products. List the titles of these materials and review the content of each. Record your views here and consider any of your current clients who may benefit from these.
Please note: You can use these materials any time with your client and family as needed. They are not a substitute for a referral to counseling or mental health services.

5. Included in the indexes section of the Guidelines is a schedule indicating when the Ages and Stages Questionnaires are used in the infancy period. This developmental tool will be shared with you at your ‘FNP in Infancy’ training and is not included in the Guidelines. It is a strength-based tool that enables the client to assess her child’s development. When would you first complete the Ages and Stages (Physical) Questionnaire?

5a. When would you first complete the Ages and Stages Social Emotional (Behavioural and Emotional) questionnaire?

6. There are two educational materials included in visit I-24, which may help a parent who is having difficulty with her baby’s sleep habits. What are the titles of these two educational materials? (Review the content).

7. Visit I – 8 includes a facilitator that helps to assess your client’s ability to identify her baby’s physical comfort. What is the title? (Review the content).

After completing this facilitator you may want to introduce selected PIPE activities (which you will learn about during your FNP in Infancy training) to support you to address identified issues and enable the client to become more sensitively attuned to her infant’s needs.
8. The PIPE curriculum is incorporated into the programme guidelines to promote emotional connectedness and positive parenting behaviours between your client and her child. It is integrated throughout the Infancy and Toddler Guidelines. Review the index of PIPE activities on p 22-23. Note how frequently these are suggested. Consider the range of key concepts listed. What are your reflections on the scope of these?

9. As babies approach one year of age, parents will become challenged with parenting decisions. Using the Alphabetical Index of educational materials or facilitators identify 3 different materials you could use to discuss your client’s / family beliefs and values about parenting behaviours / discipline? Review the content of these materials

10. Read through the notes on page 20 between the indexes for ‘Dads days’ and ‘Look I’m…’ You will see that ‘Look I’m…’ is a neutral version of the ‘Dads days’. Find and review a number of these facilitators. Reflect on your current FNP client caseload. Each client will have a different set of personal circumstances. Which of your current clients or others would you anticipate using this ‘neutral’ version with and why? Share your views with others.
11. “Smart Choices” continue from the pregnancy guidelines to enable the development of skills in the Life Course Development domain. Why do you think these are not included until Infancy Visit 5?

You will have found the need to work flexibly with the ‘Smart choices’ materials during your pregnancy visits. This continues to be the case in infancy.

12. Look through the range of competencies addressed by the Smart Choices in infancy in the index. Choose one of the Smart Choices from the range. Read through the contents and review the cartoons that accompany it. Consider the clients you are currently visiting. Who will you easily be able to use this material with and why? Whom would you need to adapt these materials for and how might you do this?

13. Have a look at Infancy visit 6. What do you notice about this visit? Why do you think this visit is planned like this?

13a. The first 6 visits of infancy have many materials available for you to use with clients. You will need to use all your agenda matching skills to ensure that you do not overload the client at this sensitive time. Consider and share your thoughts on how you will ensure skilled agenda matching with your clients at this stage.
14. In visit 17 you will find a generic benefits and drawbacks facilitator. Many family nurses keep a copy of this facilitator with them at all times, as it can be used to help the client with a range of decision-making challenges. Can you think of any situations that any of your clients are currently struggling with which might be helped by use of this facilitator?

15. Read the nurse instructions for the ‘family and friends’ section of visit 12 which begins on p 255 of the guidelines. Consider these alongside the facilitators referred to in the text. These are facilitators you can use at any time for clients experiencing challenges around responsibilities between caregivers. Imagine how you might use these in practice and consider any challenges they may present. Record your reflections below.

16. Also within this visit is the facilitator “Match don’t catch”. Review the contents of this and agree the correct answers with your team.

17. In visit 18, there is a card sort you can use with clients. Many nurses have found this a useful aid when clients or visits are ‘stuck’. Find this card sort now and consider when and how you might use it. Are there clients you are visiting in pregnancy who would be helped now by this activity? Record your reflections below.
18. FNP clients are often very mobile, moving flat/house frequently. Many also find it difficult to plan ahead. Which visit has materials that may help a client planning a move?

19. In visit I14 you will find the educational material ‘Abuse of children’. Read through the guidance regarding use of this within the visit and consider any challenges this may raise for you. Note these, and your thoughts on how to overcome them here.

19a. Note here the other educational materials, facilitators, record keeping forms, external materials and PIPE plans needed for this visit.

19b. Consider what additional learning do you need to receive in order to be ready for this visit and note here:

Share your thoughts with your supervisor.

20. Throughout the baby’s first year, many parents struggle to find quality childcare if they return to work, school or college. Find materials in the guidelines that may assist any of your clients who are attempting to find or are using childcare, List them here and review the contents.
21. Many clients are ambivalent about having a second child, or find it hard to plan to prevent a second pregnancy. There are a number of materials in the infancy guidelines that can assist you to work with both these situations. Find these materials, list them here and review the contents.

22. You will have been enabling your clients to identify their hearts desire, set goals and achieve success in small steps during your work with them in pregnancy. Find any materials in the infancy guidelines that you believe will develop and reinforce this work and note them here.

23. Looking at the indexes there are 4 facilitators that enable you to have a conversation with the client about how she and her baby communicate together as well as the importance of positive interactions. Name them here and review their contents.

**Infancy Guidelines: Thematic activities**

Now work through these reflective activities, which build on your experiences to date with FNP.

**Mums Memos, Dads Days, Look I’m..., Hello I’m...**

a. Using Mum’s Memo – The First Week (visit I 1). Consider how you would enable your client to share and explore her birth experience and note here.
Why is this an important process?

b. How could you use the information from “Hello, I’m 1 Week Old” (Visit I 1) to help your client read her baby’s cues?

What additional materials could you use to reinforce this?

c. How would you use Dad’s Days (Visit I1) to support the father/male partner to become involved in his parental role?

d. What other issues of parenting in the first six weeks might you address with these materials?

Domestic abuse

a. Which visit asks you to revisit the client’s experience of domestic abuse?
b. Take some time to share together your experience of using the Power and Control and Equality wheels during pregnancy visits.

c. What strategies have you used to find time alone with the client?

d. How have clients responded to these materials?

e. What strategies have you found helpful to keep your client and yourself safe when she is experiencing domestic violence/abuse?

f. Are you aware of your local safeguarding guidance regarding families experiencing domestic abuse? Note here any further activities you will need to undertake to confidently use this guidance.

g. Review these together with your supervisor and plan how you will gain support in this area.
Breast-feeding

a. What strategies will you use in pregnancy and infancy to support clients to breastfeed?

b. What materials and other aids can you use to support you in this work?

c. How are you assisting clients who wish to breastfeed but are receiving little support from their families?

Weaning

a. Find all the materials you can in the guidelines related to weaning. Note them here.

b. What challenges, if any, would you anticipate regarding the use of these weaning materials?
c. How would you help your clients to understand the messages contained within this material?

**Childhood illnesses**

a. Review the ‘Your baby is sick’ quiz in visit 16. Consider this with colleagues and agree the correct answers to each question

b. Explore the ways in which you could use this quiz as a springboard for the client’s learning about illnesses in infancy. Record your plans for use of this facilitator here:

**Safeguarding**

The infancy phase of the programme is often a time when safeguarding concerns come into sharp focus. You will work with your Supervisor to ensure that you keep the child’s needs central as you work through the infancy phase of the programme with clients and their families.

a. Take this opportunity to ensure that you are confident regarding your responsibilities and accountability in relation to safeguarding. Review your local guidance now and record here any learning needs you have.
b. Review and re-familiarise yourself with the most recent FNP supervision record keeping guidance (available on FNP online). Record any challenges you have with use of this guidance and discuss with your supervisor.

c. This guidance suggests that the Infancy version of the ‘Let's think together’ facilitator should be completed between Infancy visits 8-10. Consider the content of these visits and reflect on the opportunities and challenges this expectation presents. Make notes of any strategies you feel will support you to use this review facilitator with clients:

d. Consider any specific clients who you feel will present you with specific safeguarding challenges as they enter the infancy phase of the programme. Make notes here on your plans to review these clients in supervision.

Ask your Supervisor for further support if you feel unprepared for this area of work.
Additional Materials

a. Review all the additional materials that are used with each infancy visit.

b. Are you confident that you can help clients access the contents of these materials? If not, do you need to undertake any further study in order to increase your knowledge in any area? Please note your learning needs here and review with your supervisor.

c. Try putting yourself in the role of a client. Imagine any questions you may ask arising from these materials.

e. Ask each other these questions and consider how you might respond using the FNP communication methods. Record any helpful phrases here and practice use of these together.

Finally…

There are additional, revised and new facilitators to supplement the Infancy Guidelines, available on FNP online via this link:

http://familynursepartnership.ning.com/page/fnp-client-materials

Access the link and note here the names of the additional facilitators. Note also which domain you would be working within for each.
Part 2: Getting started with Partners in Parenting Education (PIPE) and infant communication

Purpose:
This part of the team learning pack is designed to provide you with a foundation for understanding and using the Partners in Parenting Education (PIPE) model with clients.

Objectives:

Family nurses and supervisors will:

- Understand the importance of inclusion of PIPE into the FNP programme.
- Understand the theoretical basis and principles of PIPE
- Have reviewed the PIPE curriculum content
- Recognise the four steps in the model
- Be committed to developing further understanding of PIPE in the FNP infancy training and in the consolidation work.
- Understand the importance of infant cues and communication and the inclusion of these into FNP practice.
Introduction

The following section of the pack will underpin your FNP learning in relation to PIPE and infant communication.

This will develop further during your ‘FNP in infancy’ training and as you work through the team based consolidation pack after your training.

In addition to this learning pack, you will need the following PIPE resource to complete this section:

- The Educator’s Guide

What is PIPE?

PIPE is the major parenting component of FNP in the infancy and toddler phases of the programme and fits into the maternal role domain.

PIPE aims to enhance the client’s ability to provide sensitive and responsive care for her child. Many FNP clients have not experienced positive parenting role models themselves, and many do not understand the importance of this for their child’s development. In addition, some clients do not have all the skills needed to care for their child in this way. PIPE aims to develop the understanding and skillfulness of clients in relation to sensitive caregiving, in order that their babies’ receive the competent, sensitive care that will enhance their development.

PIPE was developed in the USA by educationalists and uses quite a different language to that of nursing to describe the activities involved. Don’t let this put you off! PIPE is a core element of the FNP programme model and is essential to the achievement of the programme outcomes. In addition, it provides a different model for learning amongst clients, with more seeing and doing than reading and talking, so is especially appealing to visual learners and those with less confidence in their literacy skills. In this pack, we explain each PIPE term as it is introduced and have provided a “Glossary of PIPE terms” for you to use in Appendix A.

PIPE also comes with considerable materials. These are a great resource once you know how to use them and mean that you can tailor PIPE according to each client’s specific needs and learning styles. However, at first they can seem quite daunting, so in this learning pack, the ‘FNP in infancy’ training and your consolidation learning pack, you will work through the different components in sections, in order to incrementally develop your understanding and confidence.
An introduction to the content and structure of PIPE

The PIPE content is described as a “curriculum” and this term describes the collection of activities, interactive materials and additional resources within PIPE.

The PIPE content and method was originally created by a not for profit organisation called How to Read Your Baby, and was designed for teenage parents in education, with young infants. You can find more information on the website www.howtoreadyourbaby.org

The section below will introduce you to the aims and methods of PIPE by looking at the PIPE “educators guide”. This is the resource you will use to plan your PIPE sessions.

PIPE Educators guide
1. Read the first introductory chapter in this guide pages 1 & 2
   a. What is your understanding so far of the PIPE Model and curriculum?

   b. What things does PIPE specifically recognise and highlight about a baby’s role in their relationship with their parent / caregiver?

   c. What does PIPE believe about an effective parenting programme?
d. Name two of the psychologists whose models have fed into PIPE:


e. How many units are there in PIPE?


f. Please name them:


2. Now read pages 4 to the top of page 6 and answer these questions:


a. What does PIPE weave into its curriculum?


b. Please name them


c. Note here why it's important to teach a parent about emotions and share your thoughts with your team:
Why use PIPE in FNP?

PIPE supports clients to develop a good understanding of the importance of sensitive and responsive care giving and the skills to practice this kind of parenting with their babies. PIPE’s primary focus is to support parents in grasping the importance and meaning of being emotionally available for their infants and the concepts of “emotional connectedness”. PIPE aims to develop skills in young first-time parents who, may not have had positive experiences of parenting and can therefore, benefit from a learning experience, which includes role modeling and interactive skill building.

Despite the many challenges that some clients have, it is well known that the birth of a baby is a great motivator for change. In the PIPE curriculum, the baby, who is this motivating factor, is also the teacher. When parents become skilled at reading their babies’ cues, learn from their baby and enjoy interacting with them, their job as parents becomes easier and potentially more satisfying.

The baby as a motivator for change

- **Attitudes**
  Most parents want to learn new skills or make changes if they believe it will benefit their baby.

- **Situational Support**
  Parents who have a network of healthy, supportive people surrounding them will find it easier to make changes.

- **Skills**
  Parents are often willing to try new techniques if it makes parenting more rewarding

- **Knowledge**
  New ideas and information can help parents better understand their baby and then meet the baby’s needs.


A number of factors contribute to making PIPE the parenting model of choice within FNP:
• PIPE is child-focused. Parents learn skills in observing and responding appropriately to their children.

• PIPE is inclusive in its approach. The resources acknowledge more than just the parent and child. The following individuals are recognised as having expertise. Their expertise and involvement play a role in the development of the parent and child’s relationship:
  o Baby
  o Parent(s)
  o Family members
  o You, the Family Nurse
  o Supervisor

• PIPE is experiential because it allows you to use the parent’s experiences to help them understand the parenting concepts in each topic. These experiences may be from the parent’s past or the experience can arise because of an activity that you and the parent do together. It is also experiential because you demonstrate activities that parents can do with their children while you quietly support them.

• PIPE is fun! It’s easier for parents to connect with their children (and with you) when they are having fun.

• PIPE and the Dyadic Assessment of Naturalistic Caregiver – child Experiences tool (DANCE) - which you will learn about later in the learning programme - as well as other programme elements & materials compliment and work with each other to offer you a package of approaches and materials to use in your work in the maternal role domain.

**PIPE and Emotional Connectedness**

An emotionally responsive parent is “able to read, listen to, and respond appropriately to a baby’s emotional signals” (Dolezal, S.F., Knox, R.M., Meyer, J. & Perkins, J., *PIPE Training and Implementation Manual 2002*, p.11). Learning to be that emotionally responsive parent, however, can be a challenge, especially for parents who have not experienced this for themselves. Creating emotional connectedness can be a complex and difficult process in the parent & baby/child relationship. However, it is crucial for bonding, attachment and ultimately the child’s development.

Since the goal of both PIPE and FNP is to promote the emotional connectedness of parents and children, let’s consider what this connection will look like:
When, on a repeated basis, a baby signals a need and the parent responds appropriately, an emotional connection develops and secure attachment is more likely to occur. Over time, responding to babies’ needs in a sensitive and consistent manner helps them to learn that the feelings of distress they are having are not permanent. They learn that these feelings do pass. They also learn that there are both external and internal ways to manage these feelings so that they do not overwhelm them. They begin to develop within themselves the capacity to take care of their feelings and impulses, and to feel secure in knowing that their needs will be met. In this way they move from mutual regulation, where the caregiver provides for all their physical and emotional needs, to self regulation, where they can manage this for themselves.

**Creating an Emotional Connection**
Repeated sensitive caregiver responses create a secure attachment and a capacity for self-regulation.
Thinking about your experience in practice as a family nurse/supervisor or your previous experiences in other roles, reflect on each stage of the cycle identified on the previous page and imagine a caregiver and young baby together, where the baby is tired. As you can see, there are many points at which this positive cycle may be broken, e.g. the caregiver may not recognise the baby’s discomfort, she may not be able to manage her own emotional reactions to the baby’s needs or she may not know how to respond to the baby to soothe or comfort.

Some clients have particular challenges in creating emotional connections with their babies for a variety of reasons. List here all the reasons you think clients might find this challenging:

Consider here the clients that you are currently visiting in pregnancy and identify one who you think will have challenges in creating emotional connections with their baby.

Share your reflections with colleagues in your team.

What is the likely outcome if this cycle is regularly interrupted?
In what way may this cycle support the relationship between caregiver and baby?

Read though the overview of the 28 PIPE topics within the three units on page 3 of the “educators guide”.

As you read the brief descriptions, try to match some of the topics with different areas of the cycle in “Creating an Emotional Connection.”

Which topic(s) would support a client to recognise her baby’s signals of discomfort?

Which topic(s) may be helpful to unpick how a client may be feeling herself?

What topic(s) help the client to manage their own emotions to remain available to their baby?
Which topic(s) could support an awareness of self and infant regulation?

**Core Concepts of Emotional Connectedness**

You have already read page 4 of the introductory chapter of the PIPE educator's guide and noted the eight core concepts of emotional development that are woven, like threads, throughout the whole PIPE curriculum

Think of a client or dad you are working with. Note here which core concept(s) you would be interested in exploring further and sharing with her/him?

Share with your team and discuss together.

When your clients are able to make sense of these concepts for themselves and within their relationship with their child, they are able to internalise them. This has the potential to impact positively on their parenting behaviours and ultimately the parent/child relationship. Furthermore, when you are able to demonstrate these emotional development concepts and apply them to your interactions with your clients, you will strengthen your emotional connection with them. This, in turn, will support the growth of the therapeutic relationship as well as enhancing the opportunities you have to support clients in connecting with their children. For example; by being consistently calm and providing structure in your visits even when your client's situation may be ‘chaotic’, you model emotional regulation. This way of being will support
relationship building between your client and yourself but also provide a model for her (and other family members) that will impact on their relationship with their child.

**Infant cues and states of awareness**

The following section provides some introductory information that will be expanded upon during your ‘FNP in infancy’ training and is inextricably linked with the PIPE ethos & philosophy. It again is supported by the glossary of terms (Appendix A).

Newborns come in to the world with a host of physiological and psychological needs that must be met to ensure their survival. Initially, a caregiver must meet almost all infant needs; however, this does not mean that infants come in to the world as passive, disorganised beings waiting for someone to notice them. Quite the contrary, infants come in to the world with a remarkable set of capacities (reflexive, sensory, perceptual, and affective) that are essential for ensuring their survival. For example, infants at birth are organised to transition throughout the day through a basic rest-activity cycle that Brazelton (1984) has characterised using the following six states of awareness: quiet sleep, active sleep, awake and quiet, awake and active, fussing, and crying.

The ways in which caregivers respond to infants during each state and support transitions between them is an important part of the caregiver child relationship and has been found to help the child further organise their sleep/wake states and feeding schedules. This process of mutual regulation leads over time to the infant developing the capacity for self regulation, whereby they are able to manage their own emotional states, rather than be overwhelmed by them. This is an important element of the emotional development of all children.
Try this ‘match up’ activity below to see if you can identify the different infant states. The descriptions of states below are not correctly matched with the state they describe; see if you can match the six states of awareness to the correct description:

<table>
<thead>
<tr>
<th>Infant State</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiet sleep</td>
<td>Showing lots of activity, thrashing movements of arms and legs. May fuss and may be more sensitive than other times to hunger and / or noise</td>
</tr>
<tr>
<td>Crying</td>
<td>Eyes open but glazed or heavy lidded or closed with fluttering lids. Mild occasional startles. Body movements generally smooth.</td>
</tr>
<tr>
<td>Quiet alert</td>
<td>Breathing is regular and steady, eyes closed, lying still but may occasionally startle, jerk or show sucking movements.</td>
</tr>
<tr>
<td>Active alert</td>
<td>Wide eyed with bright face and able to focus on and be interested in a face, voice or moving object. Little body movement.</td>
</tr>
<tr>
<td>Active sleep</td>
<td>Lots of body activity, grimaces or cries intently.</td>
</tr>
</tbody>
</table>

How might parents support the maintenance of an infant’s state or the transition from one state to the next and why is this important?
Caregivers look for and respond to their children’s communications to help support transitions and maintenance of children’s states. Infants are not able to communicate using language, but this does not mean that they are not skilled communicators. Most newborns are extraordinarily skilled at evoking the attention and care they need from their caregivers through signals or cues that express the infant’s pain, hunger, fatigue, interest, frustration, pleasure, and a range of other affective and physiological states. Infants communicate their needs and wants through cues. Infants’ cues can be grouped into two categories, engagement and disengagement cues.

**Engagement and Disengagement Cues**

Engagement cues communicate that the infant is open to interactions with the caregiver and include such behaviours as smiling, turning toward or reaching for the caregiver, babbling and talking, eyes widening, and head raising.

Disengagement cues communicate that the infant wants to disengage or needs a break in the interaction; these include crying, back arching, frowning, looking away from caregiver or interaction, disorganised body movements, and hand-to-eye movement.

Engagement and disengagement cues can be further classified by potent or subtle cues. Potent being quite obvious and subtle less so (NCAST, 1990). Reaching for the caregiver is an example of a potent engagement cue, whereas widening eyes represents a subtle engagement cue. Similarly, crying is a potent disengagement cue, while looking away (gaze aversion) is a subtle disengagement cue.

Children are sophisticated communicators and often present multiple cues at once to help the caregiver interpret their needs and wants. However, as with adult communication, children often present with a mix of engagement and disengagement cues during a given interaction. A sensitive caregiver will evaluate the mix of engagement and disengagement cues and weigh these behaviours along with other contextual information.
From the information provided here and your previous knowledge:

a. Name as many cues that you can think of that might be disengagement cues:

b. Name as many cues as you can that might mean a baby is signaling a desire for engagement:

Please note: You will revisit the various cues that babies use in the ‘FNP in Infancy’ training in order that you have an in depth understanding of the ways in which infants communicate with their parents and why this is so important.

Reading and responding to infant cues is an important feature of sensitive responsive care giving. According to Kochanska (1998), when mothers respond to infants’ cues and share positive emotions, the development of the infant’s attachment security is supported. Similarly, Isabella and Belsky (1991) have described positive interactions between infant and care giver as “interactional synchrony”. They discuss a sensitively tuned “emotional dance” in which the caregiver responds to infant’s signals in a well-timed, appropriate fashion with both having matching emotional states, especially the positive ones.

Discuss and note down here why “interactional synchrony” is so important:
The PIPE Curriculum and Model

The PIPE educators guide is composed of three units. The following icons are used to indicate each unit:

- Puzzle pieces represent the *Listen Unit*. Sometimes parents can be puzzled by infant and toddler communication! The “Listen” Unit is particularly useful during the first year of a child’s life. This unit supports parents to learn skills in understanding their babies, emotional connection and regulation.

- A teddy bear represents the *Love Unit*. This unit focuses on attachment and relationship building. Relationships experienced in early childhood can have a long-term affect on the mental health and social well-being of children.

- Building blocks represent the *Play Unit*. This unit supports parents to understand how children learn through play. Parents also will begin to understand the importance of emotional stability for human learning.

The three units *Listen*, *Love*, and *Play* in the *Educator’s Guide* are separated by a purple page divider. Take a few minutes to find each divider and read the following pages:

- Listen – page 19, 22 & 23
- Love - page 161, 162, 168 & 169
- Play – page 353, 354, 358 & 359

What interests you about what you have just read or was new learning? Discuss as a team and note here:
The Pipe Instructional model

The PIPE curriculum gives you an “instructional model” (a way of providing new learning and exploration) based on sound educational research. The goal of this model is to “provide a framework for parents to become aware of the concepts of emotional development and attachment and integrate them into their parenting philosophy and practice” (Dolezal, S.F., Knox, R.M., Meyer, J. & Perkins, J., 2002, p.19).

The PIPE model uses a four-step approach that facilitates the combination of;
1. Sharing theoretical concepts with clients in a fun and engaging way
2. Showing clients what that might look like in a ‘real life’ interaction through modeling these interactions
3. Providing an opportunity for a caregiver and child to interact
4. Giving affirming feedback

This four-step approach is important for a number of reasons:
Many caregivers who are only provided with theoretical knowledge are unlikely to develop the confidence and skills they need to use this knowledge consistently in their interactions with their child when you are not around.
All caregivers benefit from seeing a demonstration of the theory in practice as it comes to life in a demonstration of parenting behaviours that they can copy.
Caregivers gain confidence from having the opportunity to practice with their family nurse.
Clients who find sensitive responsive parenting a challenge will especially benefit from observing role modeling by their family nurse, practicing hands-on learning activities, receiving feedback, and reflecting, with someone they trust, on their interactions with their baby.

Read the section in the PIPE educators guide on the PIPE instructional model from page 6 to the 3rd paragraph of page 11

What interests you about what you have just read?
Name the 4 steps to the model and what they aim to do:

Step 1

Step 2

Step 3

Step 4

Why is providing background information helpful when teaching a new skill?

Why might it be important to demonstrate an interaction to the client?
What benefit will the opportunity for you to observe a parent child interaction taking place give:

To you?

To your client?

Reflect on the reasons why it is important to evaluate an interaction with the parent and note them here:

Discuss your responses to these four questions as a team or with your supervisor
Read through the description of the four steps to the PIPE Instructional Model in the table below and refer to the glossary of terms for further information as required.

### PIPE Instructional Model

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Presentation of concepts (providing the knowledge base)</strong>&lt;br&gt;<strong>Presentation of concepts (providing the knowledge base)</strong>&lt;br&gt;Introduction of topic – creates relevance for the caregiver&lt;br&gt;■ (A solid box represents the concept – what you are going to teach)&lt;br&gt;□ (An open box represents the instructional strategy – how you are going to teach it)&lt;br&gt;<strong>Key Concept – links the topic to the baby</strong>&lt;br&gt;■ (A solid box represents the concept – what you are going to teach)&lt;br&gt;□ (An open box represents the instructional strategy – how you are going to teach it)</td>
</tr>
<tr>
<td>2</td>
<td><strong>Demonstration (showing what it might look like)</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Supervised Parent-Child Interaction (parent gets to practice)</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Evaluation (Affirming &amp; checking for integration)</strong></td>
</tr>
</tbody>
</table>
In order for you to see how the 4 step educational model can work in practice, use the template below to develop a plan for teaching something familiar to you, such as breastfeeding or bathing a baby, or choose something from your personal life such as sewing a hem, baking a cake etc.

<table>
<thead>
<tr>
<th>Presentation of concepts (providing the knowledge base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are you going to teach?</td>
</tr>
<tr>
<td>How are you going to teach it?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstration (showing what it might look like)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervised practice (the learner practices)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Evaluation (Affirming &amp; checking for understanding and opportunities to integrate this into everyday life)</th>
</tr>
</thead>
</table>

Share and discuss with your team.
Summary of PIPE

You have now read and reflected on the introductory chapter of the PIPE educators guide including the background to PIPE, the core concepts of emotional connectedness, the instructional model and the format found throughout the curriculum. You have also begun to think about the opportunities for integrating this into your practice and some of the evidence behind using this approach with clients. In completing this learning pack you have also familiarised yourself with the PIPE materials, the layout of the topics and the language used.

Take some time now to reflect individually and as a team.

Write down any questions you have at this point and bring them together with this learning pack to your Infancy training.
Part 3: Familiarising yourself with the data requirements of the infancy phase of FNP

Purpose of Part 2 of the workbook is to:

- Familiarise you with the contents of the data forms used in the infancy phase of the FNP programme
- Identify the key opportunities and challenges that this data collection presents and reflect on ways in which these can be managed.

Objectives:

Family Nurses and supervisors will:

- Be familiar with the broad contents and scope of the data forms
- Understand the importance of data collection in the infancy phase
- Have an understanding of the data reports available
- Have developed actions for high quality data collection and use of reports

Information collection using the FNP data forms is an extremely important element of the clinical work of the programme. Skilful use of data forms can enable your client to share some important information with you. In addition, you will be collecting data that will enable you to track the quality of programme replication within your caseload and your team. This section of the workbook enables you to review the new forms you will be using in the infancy stage of FNP and share your successes and challenges in using data in the programme to date. It will be helpful for your administrator to join you to work through this section of the learning pack as s/he has a key role in managing the quality of data recorded and inputted to the FNP Information System.
Before beginning this part of the workbook, download all of the new data forms that you will be using in infancy from the FNP Information System.

WEBLINK

These are the UK012, UK012a, and UK013. In addition, download the guidance for each of these forms from the Manual entitled “Form Instructions” on FNP online.

WEBLINK

Use of forms over the infancy stage of the programme:

Consider the schedule of visits table (appendix B) at the back of this learning pack. Note the answers to the following questions here:

Which is the first form used in infancy and which visit is it used in?

How often is the UK013 form used?

Which forms first used in pregnancy are repeated in infancy?

New forms in the infancy phase

This section reviews each new form used in the infancy phase of the programme

1. UK012: The Infant birth form

Registering the baby’s birth on the Information system is imperative as it enables the system to draw up the schedule of visits for the infancy and toddler phase
Read the guidance, which accompanies this form, and answer the questions below:

a. Is this form saved under the mother or child's ID?

b. An infant ID will be used by the system to track infant progress on reports as well as linking the infant to the mother. This ID is generated once the infant registration page is complete and means that the infant’s NHS number will be needed to fully populate the page. Identify the way in which you expect to receive the infant’s NHS number (usually this comes via the birth notification). What might you do to obtain the NHS number if you do not receive the birth notification?

c. Consider together what you might do if the infant is still in special care at the time this form is completed. You will note that the form asks you how many days a baby has stayed within the unit. Look at the guidance on this form and note what you need to do if you cannot answer the question as the baby is still in SCBU.

Do note that the guidance highlights how to make sure the Information system is informed of how many days the infant has spent in SCBU, once s/he is discharged.

2. UK012a: The Health Form

Read the guidance, which accompanies this form, and answer the questions below:
a. Is this form saved under the mother or child’s ID?

b. What should you do if your client reveals to you that the information she shared with you about her smoking habits in pregnancy was inaccurate, which means your data collection in pregnancy is now incorrect?

This form enables you to record the second use of the HADs. Whilst you will be making every effort to enable the client to make use of and complete the HADS form in line with the expected visit schedule, this is sometimes not possible.

c. Note here the number you will insert into the UK012a, if you are unable to complete a HADS score as part of the completion of this form

3. The UK013: The Infant health care form

Read the guidance, which accompanies this form, and answer the questions below:

a. Is this form saved under the mother or child’s ID?

b. Consider how you will introduce this form to your clients; bearing in mind you will need to complete this a further 4 times. Practice together introducing this form and note here any words or phrases that might help you:
You will see that this form expects you to note information from the ASQ, which is undertaken with clients before the form is due. It is possible to record and save this information on the FNP Information system at one time, and then complete the form at a later date.

c. What method will you use to ensure that you complete this section of the data form?

Whilst you will be making every effort to enable the client to make use of and complete the ASQ forms in line with the expected visit schedule, this is sometimes not possible.

d. Note here the number to used if you are unable to complete an ASQ prior to the time when the UK013 is scheduled

Repeated data forms
Using the schedule of visits table (Appendix B) you will note that a number of forms are used a second time in the infancy phase of the programme. Use of these forms is extremely important as it enables comparison of the client’s status at two points of the programme. Consider the content of forms that are repeated and note here the advantages of recording this information at two time points.

For the client:

For the family nurse:
For the supervisor, team and site:

3. UK011: The Demographic update form

a. Review the guidance for use of this form to refresh your understanding and note the few differences to the UK010 and anything that surprises you here.

c. Note here any challenges you are currently experiencing with use of the UK010, which is the preceding form to this.

d. Consider any strategies to overcome these challenges and note them here:

4. UK006: Health habits form

a. Review the guidance for use of this form to refresh your understanding and note anything that surprises you here.
b. Note here any challenges you are currently experiencing with use of this form

c. Consider any strategies to overcome these challenges and note them here:

5. UK009: Relationship Assessment form

a. Review the guidance for use of this form to refresh your understanding and note anything that surprises you here.

b. Note here any challenges you are currently experiencing with use of this form

c. Consider any strategies to overcome these challenges and note them here:
Share your challenges and strategies with your supervisor and with colleagues in your team. Develop a plan together to ensure that you are able to collect this data from clients a second time. Record any actions you need to take here:

Consider any plans you can make in your team to enhance the likelihood of collecting this data accurately and completely, as well as at the correct time according to the schedule. How will you put these plans into action?

Read through the guidelines for each of the visits in which these infancy data forms are used and make plans for their integration into these visits. Record your plans here:

Share together in your team the ways in which you have been approaching the use of these data forms in visits to ensure robust data collection for clients and the programme outcomes. Note any key learning or actions arising from this discussion here:
Share also how you have been using data forms to elicit information from your client. How have they helped progress your understanding of clients’ circumstances to enable sensitive agenda matching of FNP materials and goals to the clients needs? Again, note any key learning or plans for changes in the way that you approach use of FNP data forms here:

As a team share your experiences of use of data forms with clients to date and consider how you will use this learning to enable good use of data forms and data collection in infancy.

**Workforce forms**

Now download the UK051, 52, 53 and 56 and read the guidance for these forms.

Within FNP, it is extremely helpful to collate and analyse the information about sites, their workforce and the nurses' skill development over time. These forms enable the NU to note how sites are progressing with supervision and when FNs complete their core learning programme. Likewise, this supports the supervisor and team to understand the same, as well as tracking progress.

**13. UK051- Visit Implementation Scale**

a. What is the purpose of this form?

b. How often is it form completed?
c. Consider as a team how you have been using this form and whether they have all been recorded on the FNP Information system. Note your thoughts:

d. Discuss together strategies you will use to enhance recording of this form and note them here:

14. UK052 - Supervision Progress Report
a. How often is this form completed?

b. Consider as a team how you have been using this form and whether they have all been recorded on the FNP Information system. Note your thoughts:

c. Discuss together strategies you will use to enhance recording of this form and note them here:

15. UK053 - Profile of Programme Staff
a. When should this form be completed?
b. Consider together whether this form is up to date for each team member. If it is not think about how you will ensure that this form is up to date and completed at the right times each year and note your thoughts here:

14. UK056 - Nurse Leavers Form

a. Consider when this form needs to be completed?

b. Think about how you will ensure completion of this form at the appropriate time and note your reflections:

Congratulations, you have now completed your learning pack and are ready to get the most from your FNP in infancy training.
Appendix A: ‘Glossary of PIPE terms’
(These are presented in the order in which they appear in the text)

**PIPE Curriculum**: the collection of activities, interactive materials and additional resources within PIPE. The curriculum includes the Educators Guide, the Parent Handouts and the Activity Cards.

**Educators Guide**: The ring bound book, which holds a collection of information, resources and the 28 PIPE topics in detail. The Educators Guide provides you with the material to plan PIPE topics in order that you use these within visits with your clients.

**Parent Handouts**: A folder of handouts that you are able to photocopy and a CD-rom, which contains the same for ease of printing, to use as part of a PIPE session with clients.

**Activity cards**: Cards with ideas for games & activities that can be used in the demonstration and supervised parent child interaction step of the PIPE instructional model

**Infant capacities**:
- **Reflexive**: Being able to react, such as grasp, suckle etc.
- **Sensory**: Being able to use senses; hear, touch, smell, see & taste.
- **Perceptual**: Having spatial awareness, making sense of things.
- **Affective**: Being ready to develop emotions, the growth of emotions.

**The PIPE Instructional Model**: A four step approach to exploring and learning about a topic.

The PIPE instructional model explained:

**Step 1: Presentation of concepts** – This step of the PIPE model provides information, creating a knowledge base. It comes in two parts, first is the introduction of the topic for the parent. Secondly is what’s called a key concept bringing relevance to the infant. Within both these parts of step one there is reference to concepts and instructional strategies which are explained below.

**Step 2: Demonstration** – This is the step in the PIPE model that provides the opportunity for a parent / caregiver to see what sensitive responsive care
giving might look like by the use of a doll to role model a caregiving activity/interactive experience.

**Step 3: Supervised parent – child interaction** – This is the step in the PIPE model that sets up an opportunity for the parent/care giver to interact with their child and practice skills with the support of their family nurse.

**Step 4 Evaluation** – This step of the PIPE model reviews and affirms the clients strengths in his/her care giving and their integration of the learning around the topic being explored.

**The concept**: This is what you are going to teach and is represented in the Educators Guide as a solid black box ■. Sometimes there are smaller boxes that represent sub concepts.

**The Instructional Strategy**: This is how you are going to teach the concept and is represented in the educators guide by an open black box □

**Introduction of the topic**: This element of step one of the PIPE model seeks to create relevance for the parent/caregiver.

**Key Concept**: This element of step one links the topic to the baby

**The Instructional Plan**: A presentation outline/teaching plan for teaching the topic to the parent/care giver.

**Topic Enhancers**: Ideas and activities to enhance or reinforce the topics concepts as clients become more used to PIPE and more skilled in their parenting.

**Instructional Aids**: Additional pages to assist the family nurse. Some of these will be suitable to share with parents/caregivers but some will be more appropriate for the family nurse only.

**Inquiry Questions**: The questions that will be answered by completion of activities in the topic and are found at the beginning of each topic.

**Conceptual Overview**: An Information summary that relates to the concepts presented in the topic. This is found at the beginning of each topic.

In addition to these terms, there is a much more detailed glossary of terms in the appendices of the PIPE Educators Guide. This will be helpful to review after the FNP in Infancy training and to refer to in an ongoing basis to support learning.
### Appendix B: Visit Schedule

<table>
<thead>
<tr>
<th>VISIT No</th>
<th>FORM NAME</th>
<th>FORM No</th>
<th>WHEN</th>
<th>Reminders</th>
<th>WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Maternal Health Assessment Form</td>
<td>UK005</td>
<td>Intake</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>P2</td>
<td>Demographics Form</td>
<td>UK010</td>
<td>Intake</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>P3</td>
<td>Health Habits Form</td>
<td>UK006</td>
<td>Intake</td>
<td>Undertake HADS and input on UK006 (36 weeks)</td>
<td>2</td>
</tr>
<tr>
<td>P4</td>
<td>Relationship Assessment Form - pregnancy intake</td>
<td>UK007</td>
<td>nearest visit to 35 weeks pregnancy</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>P12</td>
<td>Health Habits Form</td>
<td>UK006</td>
<td>nearest visit to 36 weeks pregnancy</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>P13</td>
<td>Relationship Assessment Form</td>
<td>UK008</td>
<td>nearest visit to 36 weeks pregnancy</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>I1</td>
<td>Infant Birth Form</td>
<td>UK012</td>
<td>1st Visit postpartum</td>
<td>Undertake HADS and input on UK012A*</td>
<td>1</td>
</tr>
<tr>
<td>I6</td>
<td>Infant Health Form</td>
<td>UK012A</td>
<td>6 weeks, Infancy</td>
<td></td>
<td>6</td>
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<tr>
<td>I11</td>
<td>Demographic Update Form</td>
<td>UK011</td>
<td>Infancy, 6 months</td>
<td>Complete first ASQ at 4 months - record on UK013 due at I16</td>
<td>16</td>
</tr>
<tr>
<td>I14</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Infancy, 6 months</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>I16</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Infancy, 6 months</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>I24</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Infancy, 12 months</td>
<td>Complete ASQ at 10 months - record on UK013 due at I28</td>
<td>42</td>
</tr>
<tr>
<td>I28</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Infancy, 12 months</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>T29</td>
<td>Demographics Update Form</td>
<td>UK011</td>
<td>Infancy, 12 months</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>T29</td>
<td>Relationship Assessment Form</td>
<td>UK009</td>
<td>Infancy, 12 months</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>T30</td>
<td>Health Habits Form</td>
<td>UK006</td>
<td>Infancy, 12 months</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>T33</td>
<td>Demographics Update Form</td>
<td>UK011</td>
<td>Toddlerhood, 18 months</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>T34</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Toddlerhood, 18 months</td>
<td>Complete ASQ at 14 months - record on UK013 due at T41</td>
<td>62</td>
</tr>
<tr>
<td>T40</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Toddlerhood, 18 months</td>
<td></td>
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</tr>
<tr>
<td>T41</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Toddlerhood, 18 months</td>
<td></td>
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</tr>
<tr>
<td>T46</td>
<td>Demographics Update Form</td>
<td>UK011</td>
<td>Toddlerhood, 24 months</td>
<td>Complete ASQ at 20 months - record on UK013 due at T49</td>
<td>86</td>
</tr>
<tr>
<td>T49</td>
<td>Infant Health Care Form</td>
<td>UK013</td>
<td>Toddlerhood, 24 months</td>
<td></td>
<td>98</td>
</tr>
<tr>
<td>T50</td>
<td>Client Leaving/Returning Form</td>
<td>UK004B/U</td>
<td>Completion of programme</td>
<td></td>
<td>103</td>
</tr>
</tbody>
</table>