A guide to
re-starting and developing support services

for new and expectant parents during COVID-19

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The booklet was created in consultation with PHE to ensure it reflects government guidelines. Due to the changing nature of the pandemic, please consult gov.uk for any updates on the appropriate guidance.

Foreword

COVID-19 and the prolonged period of social restrictions have had a huge impact on the lives of pregnant women, their partners and families with young babies. Some parents have reported silver linings, such as more time together and a slower pace of life. However, many others have found becoming a parent in these circumstances incredibly challenging. In particular, we have heard how many new and expectant parents have struggled with loneliness, isolation and anxiety. Parents of babies born in 2020 and early 2021 will have experienced most of their pregnancy in some form of lockdown, with pregnant women identified as being at 'moderate risk' (clinically vulnerable) from COVID-19.

Parents of babies born during lockdown have had to navigate the challenges of the early postnatal period without the face-to-face support that is so invaluable. Reduced access to pre and postnatal community support, restrictions in access to maternity care for partners, limited face-to-face support with breastfeeding, fewer possibilities for practical and emotional support from friends and family, financial insecurity – combined with high levels of misinformation about the virus and vaccine programme – have left many families struggling to cope.

Some groups, especially those from Black, Asian and minority ethnic backgrounds and those living in areas of social deprivation, have been disproportionately affected – by both the virus, and the measures to contain it. There has been a particular concern amidst a growing body of evidence that COVID-19 disproportionately impacts Black, Asian and minority ethnic communities, including heightened risks for pregnant women and new mothers.[1] So while the pandemic has affected everyone, experiences are far from equal.

Becoming a new parent can be challenging at the best of times. Research suggests that the impacts of COVID-19 on mental health and wellbeing during pregnancy, birth and early parenthood are severe and wide-ranging. Parents have reported emotional strain and suffering in relation to the virus, and in dealing with the measures to protect against its spread, during pregnancy, maternity and during the postnatal period. Anxiety is particularly pronounced, and those with pre-existing mental health conditions have been disproportionately impacted.[2]

Research on the impact of COVID-19 has revealed further inequalities in experiences and outcomes for parents and their babies. The Babies in Lockdown report, released in August 2020, and research with providers of services for babies released in November 2020, showed how families most at risk of poor outcomes have suffered the most, widening the inequalities that already exist in early life experiences.[3][4]

Research on women's experiences of breastfeeding during COVID-19 found that, while some mothers felt that breastfeeding was protected due to lockdown, others, especially those with lower education, more challenging living circumstances, and those from Black and minority ethnic backgrounds, experienced breastfeeding during lockdown as challenging, and were more likely to stop as a result.[5] The virus, and the measures against it, have undoubtedly exacerbated inequalities along the lines of gender, ethnicity and socio-economic status.

The role of third sector organisations, charities and academics supporting early parenting has been crucial in adapting and strengthening support in a socially distanced time alongside building up evidence. The sector is also fulfilling a powerful role in providing a 'voice' for parental experience to ensure attention on these issues and that critical resources are applied in the short and longer term.

As restrictions ease, and we enter a new normal, the sector will continue to adapt to ensure pregnant people and new parents with young babies can access support when and where they need it. We are dealing with unprecedented operational complexity and risk management, but our sector has the commitment and capability to ensure community support thrives. Collaboration and shared learning will be more important than ever, and we are grateful to all of the individuals and organisations who have contributed to the principles set out in this guide.

The aim of this document is to guide organisations supporting new and expectant parents across the voluntary, statutory and independent sectors, to restart or develop face-to-face support services safely, and provide the principles and practical tools to enable organisations to provide support with confidence.

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[1] MBRRACE UK. March-May 2020. *Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK*. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf

[2] Das, R. 2020. *COVID 19, perinatal mental health and the digital pivot* [Report]. http://doi.org/10.15126/00857117

[3] Best Beginnings, Home-Start UK, Parent-Infant Foundation. August 2020. *Babies in Lockdown*. https://babiesinlockdown.info

[4] Reed, J. ISOS Partnership and First 1001 Days Movement. November 2020. *Babies and the coronavirus crisis: learning from first national lockdown*. https://www.isospartnership.com/blog/babies-and-the-coronavirus-crisis-learning-from-first-national-lockdown

[5] Brown, A., and N Shenker, September 2020. 'Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support'. *Maternal and Child Nutrition*.

National Childbirth Trust (NCT)

NCT is the UK's national parenting charity, supporting parents during the first 1000 days of pregnancy, birth and early parenthood. Our aim is to ensure that new parents and parents-to-be feel supported and connected during this major life transition. We provide evidence-based information on our **website** and support parents through antenatal and postnatal courses, attended by over 100,000 expectant and new parents every year. Our national network of **volunteer-led branches** support over 700,000 parents a year through community-based activities and events. NCT breastfeeding counsellors support parents via our free **infant feeding support line** and in homes, community drop-ins and services across the UK. We provide a range of services focusing on supporting women and families facing specific challenges, such as social isolation and poor mental health.

www.nct.org.uk

Twitter **@NCTcharity**
Facebook **@nationalchildbirthtrust**
Instagram **@nctcharity**

The Breastfeeding Network

For more than 20 years, **BfN** has been offering **independent**, **evidence-based** breastfeeding information and support to families across the UK. Our vision is that all families should feel supported in their infant feeding choices and are able to breastfeed for as long as they choose.

We aim to increase knowledge of breastfeeding to **remove barriers** and help parents, families and communities understand the importance of breastfeeding. We do this by **listening to families**, **respecting and supporting their choices** and by sharing evidence-based information.

Each year we work with tens of thousands of families in communities across the UK, focusing our work particularly in areas with low breastfeeding rates. Talking to someone who knows about breastfeeding can make a crucial difference to families, and so **BfN** strives to be the best we can be at **training peer supporters** and building community capacity so parents are able to access a **social network** that is supportive of breastfeeding.

We provide peer support through **telephone helplines** including the **National Breastfeeding Helpline**; our highly regarded **Drugs in Breastmilk Information service** and commissioned peer support programmes which include support in community and healthcare settings, as well as **drop in groups** where families can access support and information face-to-face, and meet other new parents within their community.

www.breastfeedingnetwork.org.uk

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Contents

Introduction

1. Who is this guide for?

Support for new and expectant parents[1] is provided by a wide range of organisations and charities. The sector is diverse, and includes voluntary, statutory and private organisations, qualified independent practitioners, as well as funders and commissioners of services. This guide has been developed to support organisations and individuals who provide structured support for pregnant people and new parents of children under the age of two during COVID-19 and throughout the easing of restrictions. The guide is for organisations and individuals working to restart their face-to-face services, as well as those wishing to deliver a face-to-face service for the first time.

The guide is advisory and provides best practice principles to help organisations deliver face-to-face support to new and expectant parents in the context of COVID-19. It covers considerations for delivering support for new and expectant parents in five different formats:

- Outdoor meetings
- In-venue 1:1 support
- In-venue group support
- Home visits
- Support in healthcare settings.

It also covers general principles for delivering support, including:

- Understanding risk, undertaking risk assessments and developing safe operating procedures
- Support and communication for those involved in delivering the service
- Group sizes and social distancing
- COVID-secure venues
- Face-coverings and personal protective equipment (PPE)
- Managing timing and schedules
- Travel to and from support settings
- Managing incidents
- Information about the NHS Test and Trace service.

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[1] For the purposes of this guide, we refer to 'expectant parents' (pregnant women [and pregnant people who do not identify as women] and their partners) and 'new parents' (parents of children under the age of two) – while recognising that the latter group includes parents who also have older children, and are therefore not 'new' to parenthood.

There is immense value in social contact and networks when becoming a parent. Finding ways to connect with other parents socially has proved to be especially important during COVID-19. We welcomed the exemptions to the restrictions on gatherings for the general public in England that were put in place to enable some level of in-person parent support to continue. These exemptions continued to apply when the tier system of restrictions was introduced in October 2020, as well as during the third national lockdown that began in January 2021.[2]

The Government's 4 step plan to ease lockdown in England[3], announced on 22nd February 2021, sets out the earliest dates at which greater flexibility will be provided for venues to re-open and for larger groups to meet. In particular, Step 2 will be implemented on 12 April 2021 at the very earliest, allowing libraries and community settings to re-open and indoor parent and child groups (up to 15 parents) to re-start.

At the time of writing, and until restrictions ease, the relevant exemption to public guidance that covers support for new and expectant parents across all of England is worded as follows:

There are exceptions where people can continue to gather indoors or in private gardens, or in groups larger than 6, in outdoor public places: for parent and toddler groups – up to a maximum of 15 people. Under-5s do not count towards this limit. These cannot take place in private dwellings.[4]

While we recognise that what counts as 'support' is open to some degree of interpretation, this guide has been developed primarily to help organisations where support is the primary aim of the gathering. This includes, for example, the provision of specialist breastfeeding support, meeting with a perinatal mental health or breastfeeding peer supporter, support for families facing a particular issue (e.g. with disabled babies and toddlers), attending a volunteer-led parent support group, or a community drop-in with a postnatal practitioner. In addition, support may be delivered by an independent specialist practitioner, for example a doula, lactation consultation or breastfeeding counsellor.

Parent support activities covered by this guide:

- ✓ The support should have a leader who takes responsibility for the session.
- ✓ Parent support should be the primary aim of the gathering.
- ✓ The support should complement but not be part of statutory provision.

In particular:

- The support provided should have a leader – whether a volunteer, practitioner or staff member – who takes responsibility for the facilitation or running of a group or session, and should operate within an organisation where support is overseen and managed. An example of this is a facilitated gathering focused on sharing experiences and challenges of pregnancy or early parenthood, with the aim of increasing confidence or reducing isolation, anxiety or low mood. However, a parent arranging a social get-together with friends does not count under the exemption.

- This guidance focuses on services where the provision of support for new and expectant parents is the primary aim of the gathering. This does not include activities such as a soft-play session or music class for babies or toddlers, or a social get-together with a group of friends. Purely social gatherings must take place within the social distancing guidance for the general public.

- This guide is not intended to cover the provision of support or services for new and expectant parents delivered by registered health professionals within statutory services. Midwifery and health visiting/ 0-19 programme services are governed by the current guidance and advice for the formal, statutory services. This guide covers additional support services which complement statutory provision. However, it is important to note that many NHS In house breastfeeding and infant feeding peer support programmes have been suspended and a few have moved on line. Resumption of in person peer support provision, within statutory services are also covered by the principles outlined in this guide.

- All organisations and individuals in England should adhere to national guidance from Public Health England (PHE) on social distancing, travel, and other measures for COVID-19.

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[2] https://www.gov.uk/guidance/national-lockdown-stay-at-home

[3] https://www.gov.uk/government/publications/covid-19-response-spring-2021

[4] https://www.gov.uk/coronavirus

While recognising there will be grey areas, we hope that this guide will support provision for new and expectant parents in a way which complements other services and support, including clinical provision, as well as the social support that takes place informally between parents.

This guide is only intended for use in England, as it has been developed in collaboration with Public Health England; to be applicable to other nations in the UK, it would require input from their health services. Moreover, some nations have already developed their own guides for supporting new or expectant parents. However, we anticipate that the principles and considerations outlined in this guide will be helpful to organisations across all four nations.

2. How to use this guide

The guide builds on government guidance and advice, but has been contextualised for the new and expectant parent support sector. It is complementary to the current government guidance and advice on social distancing, gatherings, travel and other measures, which should always be adhered to. You can find the most recent government guidance for England here: https://www.gov.uk/coronavirus

Before applying this guide, it is important to have a thorough understanding of the national guidance for the public and exemptions to the guidance, as well as local guidance in the areas in which you deliver. Make sure you can clearly communicate which guidance the support is operating under.

The guide is intended to support the sector's response as restrictions change. The core content of the guide focuses on key principles and considerations for delivering support that should remain relevant even

as the government guidance and specific restrictions evolve. However, we expect that it will need to be updated from time to time, particularly as restrictions ease. You can find the version number and date on the first page of the document. If you have any feedback or questions about the guide, please email **enquiries@nct.org.uk**.

The guide takes into consideration the safety and support needed for staff, practitioners, volunteers, new and expectant parents and their children, as well as wider public health considerations for services for new and expectant parents. Before applying the principles in the guide, it is important to ensure the full understanding of everyone involved in delivering the service – staff, volunteers, practitioners (see Section 10 on communications and training for more detail).

The guide must be used in conjunction with existing employer or organisational health and safety, safeguarding and welfare, and data protection policies and procedures. For some services, this may include working with policies and procedures from across multiple organisations. For example, where a local authority has commissioned a voluntary sector organisation to deliver a service within a community venue, the policies and procedures of all three of these organisations must be considered.

In addition to pre-existing policies and procedures, you will need:

- ✓ COVID-19 risk assessment
- ✓ COVID-19 safe operating procedures.

> **Risk assessments and safe operating procedures may need to be more restrictive than specified by the rules and principles outlined in this document.**

In addition to existing policies and procedures, the guide supports the development of bespoke documents for delivering support in the context of COVID-19. In particular, we highlight the importance of subjecting all activities, and changes to activities, to a **risk assessment**. We also emphasise the importance of developing bespoke **safe operating procedures** for every service or activity you provide.

The new and expectant parent support sector is diverse. It includes voluntary and statutory organisations of varying sizes, alongside qualified independent practitioners, managerial and support staff, and volunteers – with different levels of training and infrastructure around them. Different organisations and people will therefore have different approaches to the delivery of services. It is not possible for this guide to capture all of the nuances and it should be used as a guide to inform local decision-making.

It is essential that employers, staff, practitioners, volunteers and trustees are satisfied of the safety, effectiveness, feasibility and sustainability of any provision proposed. To ensure this, risk assessments and safe operating procedures may need to be more restrictive than specified by the rules and principles outlined in this document. Any authorisation and procedures should also be subject to ongoing review, as the virus and measures against it continue to evolve.

The next section of this guide discusses the importance of the principles of equality, diversity and inclusion when planning and delivering support (Section 3). The subsequent sections provide an overview of the different formats in which face-to-face support is provided for new and expectant parents, and specific considerations relating to each (Sections 4-8). These sections refer to general principles for providing support, in line with current government guidance and restrictions, which are covered in more detail in Sections 9-17.

3. Equality, diversity and inclusion

New and expectant parents are a diverse group, and sub-groups and individuals may experience different forms of disadvantage and discrimination, which must be challenged. The virus, and the measures against it, have disproportionately impacted those new and expectant parents who already face disadvantage. This has heightened the inequalities that already exist in experiences of becoming a parent and children's early years. The principles of equality, diversity and inclusion should be central to the development and the delivery of any service, providing spaces, activities and opportunities that enable equality of access, engagement and benefit with an emphasis on proportionate universalism and reinstating targeted services aimed at reduce health disparities and health inequalities.

When developing or restarting a service, it is important to consider what needs to be in place to ensure everyone can access, engage and benefit fairly from the support offered. Organisational equality, diversity and inclusion policies should be considered at all times, and especially when decisions and judgments relate to the needs, experiences and outcomes of individuals and groups with protected characteristics. Discrimination – both direct and indirect – on the basis of a protected characteristic such as sex, race, disability or pregnancy and maternity, is against the law.

Considerations of equality, diversity and inclusion should inform decisions about which services to restart face-to-face. For example, groups of new and expectant parents who have reduced access to online services have not been able to benefit from the shift to a digital offer that many providers have opted for. Similarly, as restrictions ease, some groups may not benefit from a shift back to face-to-face delivery, for example due to clinical vulnerability or limitations in coverage of the vaccine. Realistically, it may not be possible for everyone to engage in a particular method of service delivery, and there may be merit in considering an ongoing blended

approach to enable different people to engage in different ways.

The same considerations should also inform the practical delivery of services. Additional adjustments to working practices and approaches may be required to ensure equality of access, as certain groups, including pregnant women and people with certain health conditions, are classified as clinically vulnerable or extremely vulnerable to the virus.

Many organisations using this guide wish to provide face-to-face support for pregnant women, who are considered at moderate risk of COVID-19 (clinically vulnerable). It is particularly important for services for expectant parents to clearly articulate the potential benefits and risks to pregnant women, and outline measures taken to mitigate risks, so that people can make informed decisions about whether to attend. This could include directing them to appropriate guidance from the **government**, **NHS**, and other bodies such as the **Royal College of Obstetricians and Gynaecologists**[5] and **Royal College of Midwives**[6].

Organisations and employers should similarly apply these principles to their staff, practitioner and volunteer workforce, ensuring that no one is subject to disadvantage or discrimination, and that safety and welfare of those delivering support is prioritised at all times.

Organisations should consider concerns expressed by prospective beneficiaries, staff, practitioners and volunteers who consider themselves to be at higher risk, seeking views from these groups and using these to shape decisions about the ways services are delivered. This may include, but is not limited to, those from clinically vulnerable groups, those from Black, Asian or minority ethnic backgrounds, as well as individuals and groups with a protected characteristic.

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[5] https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy

[6] https://www.rcm.org.uk/coronavirus-qa

Formats for delivering support

The following sections provide an overview of the different formats in which face-to-face support for new and expectant parents is provided. We highlight COVID-19-specific considerations specific to each format. We also reference general principles for providing support safely, in line with current government guidance and restrictions, which are covered in more detail in Sections 9-17.

Deciding how to safely restart or develop services that support new and expectant parents during COVID-19 requires careful judgment. It is necessary to balance the level of need and the benefits, including equality of access and impact considerations, against the COVID-19 risk profile, as well as the work and cost involved in delivering the service. The appropriate people with the right level of responsibility should be involved in decisions around introducing face-to-face support. While the role and job title will vary across organisations, we expect those making decisions to be service leads, managers or coordinators, rather than frontline staff members or volunteers delivering support.[7]

It is essential to bear in mind that pregnant women are included in the group of people at moderate risk (clinically vulnerable) from COVID-19. While this is a precautionary measure, it is based on evidence that viral infections such as flu can be more severe in pregnancy.

In recent developments, it has been confirmed that pregnant women will be offered the COVID-19 vaccine[8]. Guidance from The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) advises that pregnant women in their third trimester – the time when parents might be taking part in antenatal education provision or other pre-birth preparations – pay particular attention to social distancing. This is based on research showing a greater risk of severe illness in pregnant women with COVID-19 who were in their third trimester. Section 9 describes the process of understanding and effectively managing risk in more detail.

Different formats for supporting new and expectant parents:

— Outdoor meetings
— In-venue 1-1 support
— In-venue group support
— Home visits
— Support in health care settings.

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[7] Further guidance on thinking about risk can be found here (pp6-12):
https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-041120.pdf

[8] https://www.rcog.org.uk/covid-vaccine

It is also important to consider, and clearly communicate to all stakeholders, whether a service is operating under general guidance for the public, or under an exemption - for example, the exemption to rules around gatherings for support for new and expectant parents that has been in place since September 2020.

It is especially important to consider whether the COVID-19 risk mitigations necessary to deliver support in a particular format allow for the *effective* provision of support. For example, when providing 1:1 breastfeeding support, a requirement to maintain a social distance of two metres may limit the effectiveness of the support that a breastfeeding specialist can provide to a new mother and her baby. For this type of service, a decision will be needed on whether to maintain social distancing or to enable closer observation through the use of full PPE to minimise risk of transmission, or whether an online format is preferred. However, it is also important to consider that access to the technology required for good quality video calls may be more limited for some groups, especially those on very low incomes or in temporary accommodation, which may include parents who particularly need support. As noted above, there may be merit in considering an ongoing blended approach to service delivery to enable different groups to engage in different ways.

Another example is the provision of services for parents who may have toddlers or older siblings with them. The presence of toddlers or pre-schoolers makes it harder for families or support bubbles to socially distance. In this situation, an outdoor meet-up, with babies and toddlers in slings or pushchairs, and more space for older children to socially distance, will mitigate the risk of transmission. However, it is important to take into account the needs of prospective attendees who have disabilities or other health conditions, who might struggle to take part in a session that involves physical activity or carrying or pushing their child for an extended period of time.

It is also important to consider the extent to which the engagement of babies or toddlers is part of the purpose of the support, as well as factoring in their wider comfort and wellbeing. From a baby's point of view, they are less likely to benefit from a practitioner's input if they spend a whole session in a pushchair or sling, and it may be harder to include them in an activity. There are additional considerations around comfort; for example, the impact of temperature on their comfort during a session, for example during colder weather for sessions run outdoors. Families on lower incomes may not always have the warm and waterproof clothing and footwear, and robust buggies or slings required to participate in outdoor activities. Partnering with a local sling library that supports safe use of slings, or creating a bank of second-hand coats and wellies, could help make this option more accessible to parents from a range of backgrounds.

4. Outdoor meetings

Outdoor meetings can provide essential support to new and expectant parents during COVID-19. The risk of transmission of the virus is lower outdoors. In addition to the support provided, individuals can benefit from spending time outdoors, at a time when most people are spending more time at home than ever before.
A walking session also brings the additional benefit of exercise, and a session involving movement may be preferable during colder weather. As mentioned above, outdoor meetings are especially suited to providing support for parents accompanied by a toddler or pre-schooler who is too young to understand the concept of social distancing.

However, an outdoor format may not always be suitable. This may be because the delivery requires certain equipment, weather considerations, or the provision of a private, confidential space. A walking group can help with reducing social isolation for example, but may not be suitable for more focused mental health support, or support with breastfeeding positioning and attachment, or other circumstances where it is important to observe a feed. As mentioned above, an outdoor format, especially one that involves walking, carrying a baby, or pushing a pushchair for an extended period of time, may not be accessible for parents who have a disability or health condition. The wellbeing and comfort of the babies and toddlers should also be factored into delivering support outdoors.

All providers of outdoor support must carry out a full risk assessment and develop safe operating procedures for the service. This should include consultation of the current government guidance on: group sizes and social distancing (Section 11), face coverings (if applicable – Section 13), travel to and from the meeting point (Section 15) and how to manage an incident (Section 16). Local guidance and restrictions must also be followed, as they may override national guidance.

A pre-booking process is recommended as a means of managing numbers attending a session and to ensure maximum group size is not exceeded, as well as a process for managing attendance of individuals who have not pre-booked. This can also serve as a means of capturing key personal and health information (see Section 17 on NHS Test and Trace).

Social distancing measures (Section 11) should be clearly explained to all participants. Participants with children should be encouraged to maintain social distancing between households where possible, for example by pushing a toddler in a buggy, or using a sling. It is

important to consider the possibility of other household members attending (e.g. partners or older children), Having clear information on whether this is allowed/ encouraged or prohibited/ discouraged will help manage the group and avoid misunderstanding.

Attendees may bring food or drink with them if required for health or wellbeing purposes, but it is important to discourage sharing these, including amongst children. It is important to consider the length of the session (Section 14) and to clearly manage the end of a session, by encouraging participants who leave together to continue to socially distance when the session is officially over and remind them that they must continue to adhere to the guidance for the general public.

Checklist

✓ Carry out risk assessment for the activity

✓ Develop safe operating procedures, including managing incidents

✓ Ensure facilitators are familiar and confident with approach

✓ Carry out test-run of activity

✓ Provide guidance on safe travel to and from the location

✓ Ensure social distancing of 2m can be maintained

✓ Consider appropriate maximum group size

✓ Develop a pre-booking process or other measures for managing attendance

✓ Develop a system for capturing key personal and health information

✓ Consider whether face masks should be required

✓ Consider providing uniform for facilitators, e.g. hi-vis vest

✓ Ensure facilitators carry evidence of permission to operate.

As part of the process of undertaking a risk assessment and developing safe operating procedures, it is advisable to carry out a recce or a test-run of the location(s) in which support is to be delivered and run a debrief session afterwards to discuss and find solutions to any issues identified.

Individuals involved in delivering support should receive appropriate training or induction, especially if they have not delivered this type of support before, and must be comfortable and confident with leading or facilitating in an outdoor setting. This includes consideration of the capacity of the service, and how many leaders or facilitators are required to oversee the proposed numbers in an outdoor space, where attendees will be spread out.

Organisers should consider providing leaders or facilitators with some kind of uniform, for example a hi-vis vest or jacket to wear during outdoor sessions or activities. A flag or banner may help clearly identify the meeting spot. This helps demonstrate that the activity is organised and will help the group leader to handle any challenge (e.g. from members of the public) confidently. For the same reason, leaders or facilitators should also carry evidence of permission to operate – e.g. lanyard, copy of risk assessment – and should be able to signpost to organisational policy statements if required.

NCT Walk & Talk

NCT re-started Walk & Talk groups for new and expectant parents during August 2020 to provide access to support in a safe, socially distanced way. The risk of transmission of Covid-19 is known to be lower outdoors and there are benefits of being outdoors and active for mental and physical health. Volunteers are encouraged to only lead walks where they feel safe, confident and comfortable to do so. This includes consideration of their own personal circumstances as well as their community context and needs.

Volunteers are sent a copy of the Safe Operating Procedures when they register and are signposted to the charity's volunteer training. The charity has a standard risk assessment for the activity which volunteers adapt for their location. Some walks are run specifically for parents with younger non-mobile babies, while others welcome toddlers. Booking is essential for the walks. This allows NCT to limit the number of people who attend and ensure the legal maximum is not exceeded. It also means that they can send essential safety information to parents before the walk.

The walk usually lasts around an hour and parents walk, talk, share experiences and tips, and support each other. NCT volunteers makes sure everyone has someone to talk to and signpost attendees to other NCT or local services. Some walks also have trained peer supporters or specialist practitioners (e.g. breastfeeding counsellors) attending. The walks help parents feel less isolated and anxious and part of a community. 94% of attendees surveyed said the walks help improve their mood.

NCT supports NHS Test and Trace, and helps ensure everyone is aware of the latest guidance on symptoms and self-isolating.

"NCT Walk and Talk has given me a reason to get up and ready on those difficult days. Even if we don't always make it on time, at least we're up and dressed. It's had such a huge impact on my wellbeing as a new mum during lockdown" Mother.

5. In-venue 1:1 support

For organisations delivering 1:1 support for new and expectant parents, an indoor format may be preferable, especially if the support is focused around supporting with breastfeeding, mental health or other topics that are potentially sensitive and require a confidential or private space. A blended approach can work well, as some questions and concerns may be explored or resolved with prior telephone or remote care. This helps to minimise the duration of face-to-face support sessions and to prioritise this support for families who struggle to access remote care or who will have their needs better met in-person.

A decision to run a 1:1 support in a venue will need to be balanced against the increased risk of transmission in indoor spaces. The risk is reduced when support is being provided 1:1 rather than in groups, though it is important to consider the possibility that other household members, e.g. partners or older children, may attend. It is important to ensure that there is clear communication on whether the attendance of other members of the household is encouraged or allowed, and how accommodating additional people will be managed. It may need to be discouraged, or not permitted, if adequate social distancing cannot be maintained.

All providers of indoor 1:1 support must carry out a full risk assessment and develop safe operating procedures for the service. It is crucial to ensure that the venue used for delivery is COVID-secure (Section 12), with particular attention to use of space, cleaning and ventilation. If the venue is managed by an organisation that is not the service provider, the provider should ensure they have a copy of the current risk assessment from the venue, and confirmation that it meets the current government standards for COVID-secure.

A pre-booking process is recommended as a means of managing numbers attending a session and to ensure maximum group size is not exceeded, as well as a process for managing attendance of individuals who have not pre-booked. This can also serve as a means of capturing key personal and health information (see Section 17 on NHS Test and Trace). If pre-booking is not required, it is important to consider how the waiting area will be managed, to ensure social distancing is maintained and guidance on gatherings is adhered to.

The service provider should undertake a risk assessment based on the nature of the support to be delivered

Checklist

✓ Carry out risk assessment for the activity

✓ Develop safe operating procedures, including managing incidents

✓ Obtain current risk assessment from venue (if the venue is managed by a different organisation)

✓ Ensure venue is COVID-secure

✓ Ensure facilitators are familiar and confident with approach

✓ Provide guidance on safe travel to and from the location

✓ Ensure social distancing of 2m can be maintained

✓ Communicate the requirement to wear face masks (unless exempt)

✓ Develop a pre-booking process or other measures for managing attendance

✓ Allow for sufficient time between clients/ sessions, and consider how the waiting area will be managed

✓ Develop a system for capturing key personal and health information

✓ Consider use of PPE by facilitator if effective support may require a distance of less than 2m

✓ Ensure that sharing of any equipment is avoided, or that appropriate cleaning and quarantine measures are in place for any items that are shared.

within the venue (in addition to any risk assessment carried out by the manager of the venue). This should include consultation of the current government guidance on: social distancing (Section 11), face coverings and PPE (Section 13), allowing for sufficient time between

sessions (Section 14), travel to and from the venue (Section 15) and how to manage an incident (Section 16).

Maintaining a distance of 2 metres and wearing face coverings are especially important in indoor settings. The provider should ensure that all those involved in delivery are walked through the risk assessment, trained in the new measures, and undertake a journey through the building as part of preparation for starting delivery. This should be followed by a debrief session to discuss and find solutions to any issues identified.

For some types of specialist support, for example provided by lactation consultants or breastfeeding counsellors, maintaining social distancing may not feel compatible with the *effective* provision of support. Where prolonged periods of close contact are expected, PPE may be required – in line with community health guidance[9] (see Section 13 for further detail).

Where a session involves the use of equipment, props, or resources, processes should be in place for ensuring that appropriate cleaning or quarantining measures are in place between sessions. Cleaning may be appropriate if the material allows, but in some cases, it may be necessary to allow for adequate quarantine time between uses. Providing additional equipment to avoid any sharing, or to enable time for quarantining between uses, is advisable. Depending on the items required, it may be possible to suggest that participants bring their own items, in order to avoid having to share resources and reduce cleaning between sessions. Refreshments should not be provided during the session, with attendees encouraged to bring their own for their own consumption, if required for health or wellbeing purposes.

BfN Lambeth appointment-based peer support clinic

When social restrictions started in 2020, BfN quickly established virtual support services – phone and video calls to antenatal and postnatal families, and virtual groups to allow mothers to connect with one another. Without the constraints of venue availability, we were able to offer more groups than usual – including very well attended evening and weekend virtual sessions.

However, we knew that virtual support couldn't meet the needs of all parents and families so we also proactively prepared for a return to face-to-face support working within government guidelines while also preparing BfN's service protocols.

We visited the Children's Centre to carry out a full risk assessment, planning how the families would arrive, be called through to their clinic room, then leave, upholding social distancing rules at all times. The breastfeeding clinic was the only activity taking place in the building at the time. We had to consider the booking system (including a triage to ensure anything that could be covered by phone or video was done so) the layout of the rooms, corridor one way systems, signage/ posters and what cleaning/ PPE would be required. The risk assessment was completed and sent for authorisation, whilst staff completed a local training session to ensure they were prepared for the new set up and how to safely use and dispose of their PPE, deal with an emergency etc.

On arrival, parents would ring to say they were outside and wait to be called through to reception where they would sign in, then check in with NHS Test & Trace via the app/ barcode scanner. Families were asked not to attend if they or anyone in their household had any COVID-19 symptoms. The Peer Supporter explained the one-way system in place for the building, 2 metre distancing, hand sanitising, mask wearing and made sure the parent was happy to continue before showing them through to the clinic room where windows were open for additional ventilation. Masks were worn by adults at all times, and a distance of 2 metres adhered to. After the appointment, a thorough clean of door handles, touch points, tables etc was made, and different chairs brought out for the next parent. We made sure we had plenty of resources (dolls, knitted breasts, leaflets) to ensure a fresh set for each appointment.

At the end of the first clinic the staff and their line managers held a debrief to run through the risk assessment and consider how each aspect had worked or could be improved. The risk assessment will be revisited regularly and updated as necessary, with refresher training for each staff member before they return to face-to-face work.

"*Being back to supporting in person has been amazing, it felt safe, families are grateful, not anxious just happy, and they really want to talk not only about their babies but have normal conversations.*" Peer Supporter.

"*I am so glad I came here; it was great to be out and to actually meet somebody – your suggestions make so much sense.*" Mother.

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[9] https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/ppe-recommendations-for-domiciliary-home-care-workers-explained

6. In-venue group support

In some cases, it will be more effective to deliver group support to new and expectant parents in an indoor setting. Examples may include sessions or activities which require the use of furniture or equipment to effectively facilitate or demonstrate. Other reasons for running a group session indoors may relate to practicality, privacy or confidentiality, for example where the session is focused on breastfeeding or mental health. A decision to run in-venue group support may also be taken based on equality considerations, in order to ensure that people who may have difficulties taking part in outdoor activities can receive support.

As with in-venue 1:1 support, a decision to run a group session in a venue will need to be balanced against the increased risk of transmission in indoor spaces, and appropriate risk mitigation measures should be taken. All providers of indoor group support must carry out a full risk assessment and develop safe operating procedures for the service. It is crucial to ensure that the venue used for delivery is COVID-secure (Section 12), with particular attention to use of space, cleaning and ventilation. If the venue is managed by an organisation that is not the service provider, the provider should ensure they have a copy of the current risk assessment from the venue, and confirmation that it meets the current government standards for being COVID-secure.

A pre-booking process is recommended as a means of managing numbers attending a session and to ensure maximum group size is not exceeded, as well as a process for managing attendance of individuals who have not pre-booked. This can also serve as a means of capturing key personal and health information (see Section 17 on NHS Test and Trace). If a decision is made not to require pre-booking, it is important to consider how the any restrictions on group size will be adhered to, including how to manage individuals who arrive once the group or venue is at capacity.

In addition to the considerations outlined in Section 5, support for groups should also consider the implications of social distancing requirements when delivering in-venue group support, especially if the support is for parents who may bring toddlers or older children. The feasibility of keeping households or bubbles separate must be carefully balanced against the level of need for and benefits of the support.

Checklist

✓ Carry out risk assessment for the activity

✓ Develop safe operating procedures, including managing incidents

✓ Obtain current risk assessment from venue (if the venue is managed by a different organisation)

✓ Ensure venue is COVID-secure; especially consider entry and exit pinch points

✓ Ensure facilitators are familiar and confident with approach

✓ Provide guidance on safe travel to and from the location

✓ Ensure social distancing of 2m can be maintained

✓ Consider appropriate maximum group size

✓ Communicate the requirement to wear face masks (unless exempt)

✓ Develop a pre-booking process or other measures for managing attendance

✓ Develop a system for capturing key personal and health information

✓ Consider use of PPE by facilitator if effective support may require a distance of less than 2m

✓ Ensure that sharing of any equipment is avoided, or that appropriate cleaning and quarantine measures are in place for any items that are shared.

It is also important to consider the implications of social distancing measures on the effectiveness of support. As noted above, some types of specialist support (e.g. breastfeeding support requiring closer observation) may not feel effective while remaining socially distanced. Instead, a smaller distance with additional risk mitigation, such as the use of PPE by the facilitator, may be necessary (Section 13). It is important to emphasise the importance of maintaining a distance of 2 metres *and* wearing face coverings at all times in indoor settings, with the parent wearing a mask when possible, where this does not disturb the dyad.

Where the session or activity involves the use of equipment, props, resources or toys, processes should be in place for ensuring the sharing of these is avoided or limited, and that appropriate cleaning measures are in place. Depending on the items required, it may be possible to suggest that certain items, such as toys, are brought by the attendees, with instructions not to share these with other families or bubbles. Refreshments should not be provided at groups, with attendees encouraged to bring something to drink or eat for their own private consumption, if required for health or wellbeing purposes.

NCT Cottenham Baby Café

As a result of the pandemic, NCT's Cottenham Baby Café had been delivering breastfeeding support remotely for many months. However, by following NCT's safe operating procedure, it was able to re-start face-to-face support from late November 2020, welcoming six mothers on its first session held in a church hall. The support groups run weekly, with a maximum capacity of seven mothers and babies attending. Partners are allowed to attend but are not explicitly encouraged, to help manage group size and social distancing.

All appropriate risk mitigation was put in place, including a risk assessment by the venue and also by the drop-in facilitator. Great effort was made to consider how mothers could safely enter, exit and move around the venue in a covid-secure way and to ensure that seating was at a safe distance from other mums attending. Attendance at the session was by appointment only. This met NHS Test & Trace requirements and also avoided the potential for exceeding the limitations on group size and venue capacity.

Social distancing measures, ventilation and the use of PPE were carefully considered as part of the risk assessment. Face coverings are worn by all in attendance at all times. On a practical level, early learning was that observational breastfeeding support may occasionally require the breastfeeding counsellor to momentarily move within 2 meters of the mother. Mothers attending were positive about their experience and grateful for the breastfeeding support received and social contact with other mums. They were happy to adhere to all the guidelines, including wearing a face covering, washing their hands and staying seated where possible.

7. Home visits[10]

In some cases, an individual or organisation may wish to offer home visiting support to new and expectant parents. Home visits entail a higher level of risk of transmission, due to potential risks regarding cleaning and hygiene practices, the presence of other family members during the visit, and the fact that a practitioner may be undertaking multiple home visits during one day. However, home visits can be crucial in order to ensure that people who are unable to leave their house still have access to face-to-face support. Home visits may particularly benefit new parents who require early support with breastfeeding, as well as new or expectant parents with disabilities or other physical or mental health conditions.

The service provider should undertake a risk assessment for each home visit based on the nature of support to be delivered. In addition to recording the standard personal and health information (Section 9), for home visits, and asking the usual COVID-19 screening questions, it is important to ask about other members of the household who will be present when the visit takes place.

This should include confirming that nobody in the household is currently experiencing symptoms or self-isolating; if so, the support session should be delayed or offered remotely. There should be an understanding that visits may need to be postponed if the situation changes, even at short notice. It is also important to ask whether any members of the household are clinically vulnerable and to avoid face-to-face contact with these individuals where possible.

The risk assessment for each home visit should include consultation of the current government guidance on: face coverings and PPE (Section 13), travel to and from the venue (Section 15) and how to manage an incident (Section 16). It is important to pay attention to scheduling and allow sufficient time between visits for good hygiene practice, for example uniform or equipment changes (Section 14). While PPE is not routinely advised outside of health and social care[11], this should be considered as part of individual risk assessment for each visit to ensure a risk-informed approach.

Checklist

✓ Develop safe operating procedures, including managing incidents

✓ Carry out risk assessment for each home visit

✓ Ensure facilitators are familiar and confident with approach

✓ Provide guidance on safe travel when home visiting

✓ Develop a system for capturing key personal and health information of client and other members of the household who will be present during the visit

✓ Communicate the requirement for all household members present to wear face masks (unless exempt)

✓ Communicate requirement for other members of the household should stay in another part of the house, where possible

✓ Communicate request to maximise ventilation in the property

✓ Communicate request to ensure there is sufficient space so social distancing of 2m can be maintained

✓ Develop a system for scheduling and allow sufficient time between visits for good hygiene practice

✓ Consider use of PPE as part of individual risk assessment for each visit.

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[10] For detailed government guidance for people visiting or working in other people's homes, see https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes#homes-5-2

[11] https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe

Individuals involved in carrying out home visits should receive appropriate training, induction, and ongoing support, especially if they have not carried out home visits before. This should be aligned with other organisational policies including data protection, health and safety, lone working and safeguarding policies, and should include a specific component on how to use PPE equipment safely if this is required. Staff and practitioners should be supported to express any concerns they may have with carrying out home visits, and ensure these are appropriately managed, and staff who are clinically vulnerable may need reasonable adjustments (Section 10). Individual practitioners not under the umbrella of a larger organisation (e.g. doulas or lactation consultants in private practice) will need to contact their insurance provider to ensure they are meeting their requirements.

It is essential to provide beneficiaries with clear information on how to ensure the visit is as safe as possible for everyone. It is important to ask that other members of the household stay in another part of the home during a visit, where possible. Other information should include requests to: wear a face covering, maximise ventilation in the property, ensure there is sufficient space for the session to take place, and minimise the need to touch or move objects, including furniture or doors, during the visit.

Home-Start

Following government guidance and the working practises of the local authority who are a major stakeholder in Home-Start in Suffolk, all home visiting by volunteers and coordinators was put on hold between March and September 2020.

The team were able to adapt their core service very quickly and telephone and virtual support was offered to families who were already receiving support. This allowed for greater use of volunteers across the county, as we were not as restricted in areas. In some cases, where the parent has anxiety or mental health issues, this form of support proved to have higher levels of engagement as it has been at a slower pace and parents have established relationships and grown in confidence.

"We're proud of the way we have adapted our service," said Tara Spence, CEO of Home-Start in Suffolk. *"However, we know it does not replace home visiting and it does not allow for practical support or observations being carried out. We are now supporting a small number of families who can only be supported by home-visiting due to their needs."*

Home visiting was restarted from September 2020. Each family is visited by two coordinators who carry out a risk assessment and ask the family to sign an agreement of conduct, ensuring both the family and volunteer safety. Masks are mandatory and at the point of initial risk assessment other forms of PPE requirements are discussed and finalised based on the wishes of both the families and volunteers.

"The pandemic has left a large number of our home visiting volunteers feeling vulnerable and they have specifically requested to remain as telephone support volunteers for the time being," explains Tara. *"As we have developed our services, we have been sure to meet the needs of both families and volunteers to make sure they feel safe and supported."*

8. Support in healthcare settings

Some organisations may also deliver support to new and expectant parents in healthcare settings. Examples of this include support for new mothers with breastfeeding on postnatal wards, or doula services and also includes peer support programmes. Where support is delivered in a healthcare setting, it is necessary to establish how organisations work together with the NHS Trust to develop and manage risk assessments and safe operating procedures for the service. While the broad principles for identifying and managing risk outlined in Section 9 apply, the ultimate authority is likely to sit with the Trust, who will have existing guidance, risk assessments and procedures, as well as training and support, in place.

It is important to carefully consider which individuals are best placed to deliver support in healthcare settings in the context of COVID-19. For example, it may be that a service that was delivered by volunteers pre-COVID-19 now requires qualified practitioners or more experienced peer supporters, as the additional risks and mitigating measures are more than what can be reasonably expected of a volunteer. It is essential that all staff, practitioners or volunteers who deliver support in healthcare settings receive appropriate training, induction and support, including on how to use PPE equipment safety. They should be supported to express any concerns they may have about their role and responsibilities, and ensure these are appropriately managed (Section 10).

Checklist

✓ Establish how the service provider and the NHS Trust work together, including lines of responsibility and decision-making authority

✓ Ensure that safe operating procedures and a risk assessment have been developed, either by, or in collaboration with, the NHS Trust

✓ Ensure that those delivering support receive appropriate induction, training and support, including in how to use PPE equipment safely.

BfN London hospital work – Islington

As part of the universal breastfeeding support service in Islington, paid peer supporters visit the borough's two hospitals on a daily basis, to provide breastfeeding support on the postnatal wards and via follow up telephone call post-discharge. As soon as COVID-19 restrictions began to take effect, we consulted regularly with colleagues in both hospitals and our commissioners in Public Health, as well as in other community services, to respond to the changing situation and adjust our working practices as needed. Whilst volunteers were quickly withdrawn from both hospitals, staff with honorary contracts like ours were permitted to remain. Plans were put in place to ensure telephone contacts could continue if the time came to withdraw from the wards.

We updated our business continuity plan immediately, and later regular situation/ risk reduction reports were reviewed and submitted to both Public Health and the central team in BfN for onward reporting to the trustees. These documented and shared the precautionary measures we were taking at every stage – including limiting movement of staff between the two hospitals and between hospital and community; reducing the amount of time spent at the hospitals as soon as a data sharing solution was found to enable phone calls to be made remotely; wearing PPE according to the guidance in place at each hospital as it developed; and reserving resources (e.g., dolls/ knitted breasts) for use exclusively in hospital. Staff schedules were adjusted to allow those staff able to work face to face to focus on one venue/ mode of support, whilst those shielding/ self-isolating concentrated on the work that could be done remotely. Different aspects of service provision were prioritised in the event of pressure on staff numbers due to illness, but the impact of this remained at low levels.

A key factor in our ability to continue this work was an early and explicit commitment from our commissioners and allied services that breastfeeding support was an 'essential service'. This not only gave us a firm footing from which to adapt our services in collaboration with health teams, but also gave staff access to 'keyworker' support like continued education provision, etc. Our unique position in being external to the NHS whilst well-embedded within health systems meant that our staff were able to make the choice to continue to work, and could not be redeployed to other services. As restrictions first tightened and later eased, our continued presence in the hospital allowed us to follow developments closely and adapt our own practices quickly to keep families' access to our support as near-normal throughout lockdown and beyond.

"New motherhood is incredibly overwhelming, and I really struggled in those early days, so I can't tell you how much I appreciate your kindness, compassion and encouragement. The regular check-ups from your team had a real positive impact on my outlook, and I really believe you're providing an important mental health service to new mothers in Islington." Mother

"To have access to specialist breastfeeding support was absolutely crucial for me. Every in-person visit improved her feeding experience significantly, and I'd never have made this progress alone." Mother.

General principles for delivering support

The following general principles for delivering support should always be contextualised within national and local guidance, restrictions and exemptions, which must be adhered to at all times.

9. Understanding risk, undertaking risk assessments and developing safe operating procedures[12]

All employers and service providers have a legal responsibility to protect beneficiaries, staff, practitioners and volunteers from risks to their health, safety and wellbeing. This includes a responsibility to assess and manage the risks of COVID-19, in the context of delivering an accessible and effective service.

Organisations must consider the risks involved in providing support in different formats – whether indoors or outdoors, group or 1:1, at home, or in healthcare settings, as well as other considerations around the proposed provision.[13] They must also consider risks faced by different groups involved in delivering or receiving support, including those with protected characteristics and those who are clinically vulnerable, or extremely vulnerable, including pregnant women. Organisations should do everything that is reasonably practicable to minimise these risks by taking preventative measures, while recognising it is not possible to fully eliminate the risk of COVID-19 when delivering support face-to-face.

General principles of offering support:

— Risk, risk assessment and safe operating procedures

— Support and communication for staff, practitioners and volunteers

— Group sizes and social distancing

— COVID-19-secure venues

— Face coverings and personal protective equipment

— Managing timing and schedules

— Travel

— Managing incidents

— NHS Test and Trace.

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[12] Further guidance on thinking about risk, and undertaking risk assessments, can be found here (pp6-12): https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-041120.pdf

[13] Jones, N.R. et al. August 2020. 'Two metres or one: what is the evidence for physical distancing in covid-19?' *BMJ 2020;370:m3223* https://www.bmj.com/content/370/bmj.m3223

Each service must carry out a risk assessment that addresses the specific risks of COVID-19, based on the considerations outlined above for different formats for support, and the general principles detailed below. These should form part of a larger document that describes in detail the safe operating procedures for the service. In addition to the COVID-19 informed risk assessment, the safe operating procedures should consider wider organisational policies on health and safety, safeguarding and welfare, and data protection. It is also important to check that any proposed changes to operational procedures are covered by the organisation's insurance policy, or ensure the policy is changed in accordance with proposed activities.

The risk assessment and safe operating procedures should reflect the detail and complexity of the support to be delivered. **They may be more restrictive than specified by the rules and principles outlined in this document, depending on judgments around the balancing of risks**. However, they are not intended to create unnecessary paperwork or red tape; rather, they should facilitate sensible measures to manage the risks specific to a service and a setting.

For a home visiting service, a risk assessment should be carried out for each visit, while safe operating procedures should be developed for the service as a whole. For support delivered in healthcare settings, Trusts are likely to have their own risk assessments and procedures in place. Risk assessments and safe operating procedures should be reviewed regularly, and especially when national or local government guidance is updated.

Individuals responsible for service delivery should be involved in the development and review of risk assessments and safe operating procedures. For any session or activity, the leader or facilitator should have a thorough understanding of the risk assessment, risk mitigation measures and safe operating procedures. The results of risk assessments and safe operating procedures for the service should be clearly communicated to all stakeholders. It is also important to provide information on decisions and judgments made during the development of the documents.

It is essential that there are clear channels for communicating with and reminding beneficiaries about the risks of COVID-19, when self-isolation is required and how to report symptoms - ideally, both before and after a session or activity has taken place. This can be facilitated via a pre-booking system and the establishment of clear communication channels.

No one should attend an activity or session if they are:

- experiencing any COVID-19 symptoms
- self-isolating due to COVID-19 symptoms or sharing a household or support bubble with somebody with symptoms
- self-isolating because they have been advised to do so due to possible transmission (e.g. contacted by NHS Test and Trace; recently returned from a country for which a quarantine period is required).

The establishment of clear communication channels allows for notification of last-minute cancellations relating to either provider or attendees, as well as follow-ups if someone becomes unwell or reports a positive COVID-19 case after a session, and NHS Test and Trace (Section 17) becomes involved.

Attendees should be clearly informed about, and consent to, information sharing, including for NHS Test and Trace purposes, and signposted to organisational data protection policies and privacy notices.

Organisations are encouraged to provide reasonable alternative support arrangements where possible, and signpost to other sources of support.

10. People: support and communication for staff, practitioners and volunteers

The individual needs and personal circumstances of all staff, practitioners and volunteers involved in service delivery should be considered, and individuals should be encouraged to express any concerns they might have about carrying out their role. It is important that everyone feels comfortable, confident and well-supported.

It is essential that there are clear channels for communicating with and reminding all stakeholders about the risks of COVID-19, when self-isolation is required and how to report symptoms. It is equally essential that individuals who are advised to self-isolate under current government guidance do so, and do not physically attend any sessions or activities. This includes individuals who have symptoms of COVID-19, as well as their household members.

Individuals should be encouraged to discuss practical considerations, for example around childcare or home-schooling responsibilities, or needing to care for a family member or friend who is shielding or self-isolating. They should also be encouraged and supported to share concerns about the impact of taking up their role on their mental health or emotional wellbeing. All staff, practitioners and volunteers should be encouraged to prioritise their mental health and emotional wellbeing at all times, and regularly signposted to appropriate sources of support and guidance on mental health and wellbeing during COVID-19.

When planning for service delivery, it is especially important to have robust contingency plans and back-up support in place, as there is an increased likelihood that staff, practitioners or volunteers may not be able to attend a session or activity at short notice.

It is essential to ensure that all staff, practitioners and volunteers understand the organisation's COVID-19 safety procedures and policies. This includes clear communication, including and induction or training, regarding decisions and judgments made when developing risk assessments and safe operating procedures. Clear, consistent and regular communication with all stakeholder groups will ensure a strong understanding of how the service can operate safely, as well as consistency in ways of working.

Staff, practitioners and volunteers (as well as beneficiaries) should be made aware of how they can raise concerns about unsafe practices, as well as standard safeguarding procedures, who the appropriate point of contact for raising a concern is, and how to escalate a concern. Everyone involved in service delivery needs to feel comfortable and confident in the way the service is operating, and should be supported to have conversations with colleagues or beneficiaries where the principles of safe practice are not being adhered to. This includes mask wearing or social distancing, or concerns that others are not complying with legal requirements.

All stakeholders should also be made aware of the organisation's equality, diversity and inclusion policy. They should be encouraged to consider the particular circumstances of different individuals and groups, especially those with protected characteristics, and how they might be exposed to different risks or differently impacted by the virus and measures against it (Section 3).

It is helpful to consider whether existing communication routes are effective, or whether new channels for communication should be identified, given the changes to working practices that have emerged across the sector. New ways of working are likely to require the development of new training or induction procedures, materials and resources. Ideally, these should be developed in advance of reopening the service, especially for individuals who will be returning to on-site work, practice or volunteering for the first time. Initial inductions, training, communication and documents will need to be regularly updated and reviewed as the situation evolves, and it will be important to ensure that the latest versions of policies, procedures and other documents are being used.

It is crucial that everyone involved in service delivery receive regular, clear and consistent communication about the latest national guidance and local guidance,

restrictions and exemptions, which may change rapidly and without warning. All stakeholders should know how, when and where they can access timely and accurate information.

All communication, inductions, training, documents, materials and other resources should be accessible to all stakeholders. Explanations of current government guidance, as well as risk assessments and safe operating procedures, should be communicated in plain English. Materials may need to be provided in different languages, formats, with additional images, or with enhanced training, to support accessibility for different groups.

Those delivering support, whether staff, practitioners or volunteers, should not be expected to bear the cost of PPE or cleaning equipment themselves, unless operating within private practice.

11. Group sizes and social distancing[14]

It is essential to adhere to restrictions on the maximum number of individuals permitted to meet for a session or activity, as per current government guidance. Restrictions on numbers may vary depending on whether a service is operating under general guidance for the public, or under an exemption. Group sizes are expected to change as restrictions ease and it is important to review the guidance regularly. It is important to note that keeping numbers as low as feasible to effectively deliver a service is a key mitigation, rather than working to the maximum allowed groups size by default.

At the time of writing, the relevant exemption covering support for new and expectant parents across all of England was worded as follows:

There are exceptions where people can continue to gather indoors or in private gardens, or in groups larger than 6, in outdoor public places: for parent and toddler groups – up to a maximum of 15 people. Under-5s do not count towards this limit. These cannot take place in private dwellings.[15]

Organisations may decide to restrict numbers further depending on resources and capacity.

It is important to check the current rules on whether babies and children are included in the numbers specified, as the rules around this have changed over time, with variation across the four nations. In addition to restrictions on numbers of individuals, there may also be restrictions on the number of different households or support bubbles allowed to participate in a session.

A pre-booking process is recommended as a means of managing numbers attending a session or activity, as well as a process for managing attendance of individuals who have not pre-booked. The information gathered during the pre-booking and/ or in-venue registration can also be used for purposes of NHS Test and Trace (Section 17). The maximum capacity for a venue should be determined based on the size and circumstances of the premises in relation to current government guidance on social distancing, and should factor in ventilation, layout, floorspace and likely pinch points (see Section 12 on COVID-secure venues).

It is essential to adhere to current guidance on social distancing. This means maintaining a distance of two metres between individuals, households or bubbles, or one metre with additional risk-reducing measures. Where face coverings are mandatory, in particular for in-venue sessions or activities, it is important to remember that they do not replace the need for social distancing.

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[14] https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-041120.pdf (pp25-34)
[15] https://www.gov.uk/coronavirus

Where social distancing cannot be fully maintained for an activity or session, for example, a group for parents with mobile toddlers, organisations should carefully consider alternative options, for example opt for an outdoor or online activity. The exception is activities where social distancing is not compatible with effective delivery, in which case, full PPE may be necessary (Section 13).

It is especially important to consider entry and exit points, management of arrival and departure times, and queue management, including for outdoor sessions.

12. COVID-19-secure venues

National guidance stipulates that the venues in which support for new and expectant parents may be delivered must be COVID-secure.[16] The responsibility for ensuring a venue meets the government requirements for COVID-secure sits with the manager of the venue. This may be the service provider, or it may be a separate organisation from the voluntary, community, statutory or private sector that runs a multi-purpose community facility. It is important to note that even where a venue meets the requirements for COVID-secure, and has undertaken a risk assessment, the service provider will still need to risk assess the specific activity to be delivered in the venue. It is important to clarify specific roles and responsibilities about ensuring a venue is COVID-secure, for example around who is responsible for cleaning specific areas, at the outset.

Core principles for ensuring a venue is COVID-secure are outlined below. These should form the basis for the risk assessment for the venue and activity, as well as a core part of the safe operating procedures for delivery of in-venue support (group and 1:1).

- Reopening plans should be consistent with core public health guidance regarding health, social distancing and hygiene (covered in Sections 12 and 13 in this guide), as well as safe workplace guidelines, to ensure that employees are safe to return to work.[17]

Guidance on social distancing during travel to and from the meeting point or venue should be provided to beneficiaries, as well as staff, practitioners or volunteers delivering the service (Section 15). It is important to consider how households, or support bubbles if applicable, can be kept separate within venues (Section 12) as well as outdoors. Where a session or activity includes toddlers or young children, parents should be encouraged to maintain a distance from other attendees' children, and encourage distance from other families or bubbles, as far as possible.

- Measures should be in place to ensure all beneficiaries, staff, practitioners and volunteers who use the venue follow the current government guidance on social distancing, which means adherence to social distancing of two metres, or one metre with risk mitigation. Depending on current government guidance, face coverings may also be mandatory.

- The maximum capacity for the venue should be determined based on the size and circumstances of the premises in relation to current government guidance on social distancing. This includes total floorspace as well as likely pinch points. It is especially important to consider entry and exit points, management of arrival and departure times, and queue management. It is also important to consider how households, or support bubbles if applicable, can be kept separate within the venue if necessary.

- Seating, tables and any equipment should be reconfigured to optimise spacing and allow for social distancing between individuals, households or support bubbles.

- Government guidance on cleaning all surfaces, especially those that are shared and frequently touched, such as door handles, chair arms, kitchens and toilets, should be followed. This includes processes for regular deep-cleaning. Specific guidance must be followed after a known or suspected case of COVID-19.[18, 19] Parents with babies should be advised to bring their own changing mats.

- Frequent cleaning by staff, volunteers or practitioners, of any objects, equipment, or resources used as part of service delivery, is essential.

[16] https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities

[17] https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

[18] https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

[19] https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-041120.pdf (pp31-33)

- If a room is being used for different activities or sessions, there should be sufficient gaps between sessions to allow for cleaning and ventilation (Section 14).

- On entering and leaving the venue, everyone, including staff, practitioners and volunteers, should be encouraged to wash their hands thoroughly for at least 20 seconds using soap and water, or to use hand sanitiser if handwashing facilities are not available.

- Where possible, non-fire doors and windows should be opened to improve ventilation in the venue, though this needs to be balanced against thermal comfort.[20]

- Clear processes should be in place for waste disposal both for beneficiaries, as well as staff, practitioners or volunteers running the service.[21]

- Use clear signage and posters to build awareness of social distancing, movement around the venue, and good hygiene techniques, for all users of the venue. This should include guidance and processes for those with cleaning responsibilities.

13. Face coverings and personal protective equipment (PPE)[22, 23]

During much of 2020, face coverings have been required by law to be worn in England in indoor settings, including, but not limited to shops, supermarkets, indoor transport hubs, indoor shopping centres, banks, building societies, post offices, on public transport and, importantly, multi-purpose community facilities. It is important to remember that face coverings do not replace the need for social distancing (Section 11).

Exemptions on wearing face coverings have been in place for children under the age of 11, as well as individuals and groups with certain health conditions or disabilities, which may not be visible. Babies and young children should not wear a face covering or mask as they may risk suffocation. Current government guidance on face coverings should be consulted and followed. It is likely that face coverings will be required to be worn for the foreseeable future by all staff, practitioners, volunteers and beneficiaries – unless exempt – where support provision takes place in an enclosed space.

Attendees should be notified of any requirement to wear a face mask in advance of the session or activity, and it is recommended that the organisation holds a supply of disposable face masks in the event that an individual has lost or forgotten their face covering.

It is important to recognise that effective communication with babies and toddlers, as well as the latter touching or pulling adults' face coverings down, present real practical challenge for parents. Understanding and some flexibility is essential, and it is important to remember that it may be more hygienic for a parent to temporarily remove a face covering in order to communicate with their child, than it would be to deal with frequent touching and rearranging of a face covering – as long as social distancing and good ventilation are maintained.

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[20] For a summary of evidence on ventilation including options for different settings, see: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928720/S0789_EMG_Role_of_Ventilation_in_Controlling_SARS-CoV-2_Transmission.pdf

[21] https://www.gov.uk/guidance/coronavirus-covid-19-disposing-of-waste

[22] https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/ppe-recommendations-for-domiciliary-home-care-workers-explained

[23] https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-041120.pdf (pp35-38)

Providers are encouraged to remember that certain groups and individuals are exempt from needing to wear a face covering due to health conditions or disabilities, which may not be visible, and are advised to operate according to a principle of trust. However, organisations have a duty of care to their beneficiaries, staff, practitioners and volunteers, and need to balance risks. This means they may need to deny access to the service if an individual chooses not to comply with face covering requirements without good reason, or due to an exemption. Organisations may also decide, at their own discretion, to encourage or require attendees at an outdoor session to wear face coverings. Everyone involved in service delivery needs to feel comfortable and confident in the way the service is operating. They should be supported to raise concerns or have conversations with staff or beneficiaries where the principles of safe practice are not being adhered to, including concerns that others are not complying with legal requirements.

PPE protects the user against health or safety risks at work. In the context of this guidance, PPE refers to medical grade PPE such as surgical face masks, visors, aprons and gloves, to be worn by staff or facilitators. Individuals who were already using PPE in their sessions or activities to protect against non-COVID-19 risks should continue to do so.

PPE is not routinely advised for COVID-19 infection control outside of health and social care[24]. For most others, it is more beneficial to manage the risks of COVID-19 through measures such as social distancing, ventilation, face coverings and good hand and respiratory hygiene, and additional PPE is not recommended. There may be exceptions, such as when social distancing is not possible due to the nature of

the support required or when working in a healthcare setting. This should be considered when developing safe operating procedures and risk assessments, including an assessment of the risks, benefits and training needs. This is especially important where the support or intervention is being provided by volunteers or staff who may be unfamiliar with principles of infection prevention and control.

Other exceptions include support delivered in clinical settings, such as support for new mothers on a postnatal ward, or when responding to a suspected or confirmed case of COVID-19. In these cases, official guidance from Public Health England and the NHS stipulates precautionary use of extra PPE.[25] It is crucial that all staff, practitioners and volunteers who are expected to use PPE are provided with induction and training in how to use the equipment safely.

Surgical grade PPE may be supplied by your organisation, or provided by your hospital trust or through your local health team. Other forms of PPE, such as cleaning equipment, or items used for specific outdoor or craft activities, should continue to be used as per standard health and safety protocol.

It is important to consider how the use of face coverings and PPE can present a barrier for people with certain disabilities, such as hearing impairments, and other health conditions, including mental health difficulties. More generally, it important to consider how the use of face coverings and PPE might impact the development of a supportive relationship between provider and beneficiary, and identify measures to mitigate against this. Examples include: speaking loudly, using a tool such as a speech detection app, using additional props to deliver support, or simply letting someone know when smiling behind the mask.

[24] https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe
[25] https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/covid-19-ppe-recommendations-for-any-other-work-situation-when-in-a-clients-home-or-in-your-work-premises-or-with-other-staff-members

14. Managing timing and schedules

As part of managing the risks due to COVID-19, it is important to carefully consider and manage the length, timing and scheduling of your service delivery. In general, it is advisable to minimise the length of face-to-face contact wherever possible, as this reduces the risk of transmission.

This includes outdoor meetings, where may be especially tempting to opt for a longer session, as the risk is lower and there are no venue booking restrictions. For in-venue support, it is worth exploring how face-to-face contact time can be reduced by carrying out parts of the activity over the phone or online in advance of the session. For example, an initial 'get-to-know' session could potentially take place remotely, where details, history and issues could be recorded. A blend of remote and face-to-face support could work for a range of services, whether 1:1 or group breastfeeding or postnatal support, as well as antenatal sessions.

In addition to considering the time allocated to sessions, it is also important to pay close attention to the timing and scheduling of sessions, especially when multiple sessions take place in a single venue, or when a practitioner is undertaking consecutive home visits. For in-venue support, sufficient time must be allowed for necessary cleaning (Section 12). For home visits, practitioners should allow sufficient time for good hygiene practice, for example uniform or equipment changes (Section 13).

15. Travel

The provision of face-to-face support sessions or activities for new and expectant parents will require travel to and from outdoor meeting places, venues, residential or healthcare settings. Where possible, cycling or walking is recommended; where this is not possible, driving or public transport may be necessary.

If using public transport, it is important that beneficiaries, staff, practitioners, and volunteers fully understand the current government guidance, as well as local guidance, especially regarding social distancing and face coverings on public transport.[26]

When travelling on public transport, it is advisable to:

- Wear an appropriate face covering, in line with current government requirements

- Maintain a distance of 2 metres where possible, as the risk of transmission is low beyond this distance, or 1 metre with additional risk mitigation

- Pay particular attention to social distancing at busy entrances and exits, and other places where larger numbers of people are likely to congregate, e.g. under a bus-stop

- Minimise the time spent in close proximity to other people

- Try and avoid travelling at peak times, and allow plenty of time for the journey in order to be able to wait for a later service if the service is crowded

- Pay attention to entrance or exit changes, one-way systems, and other notices and instructions from the transport operator

- Wash or sanitise hands regularly, avoid touching the face, catch sneezes, and dispose of waste items, including disposable face coverings, safely

- Avoid loud talking, shouting, singing, and consuming food or drink, unless required for health or wellbeing purposes

- Be aware and respectful of others at all times, including pregnant, older and disabled people, or others who may require a seat or more space, as well as transport staff

- Note that not all disability or health conditions are visible, and some people are exempt from wearing a face covering on these grounds

- Seek assistance if you need it, by contacting your transport operator, or the emergency services in case of an emergency.

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[26] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956093/Coronavirus_safer_travel_easy_read_guidance.pdf

16. Managing incidents

It is essential to prioritise the safety of all beneficiaries, staff, practitioners, volunteers and stakeholders during incidents, and to follow standard health and safety policies and procedures at all times.

The following should be considered when managing an accident, security concern, or other incident:

- In an emergency, for example, an accident, provision of first aid, a fire or a break-in, people do not have to stay socially distanced if it would be unsafe. If giving first aid or assistance to someone who may have COVID-19, the person giving assistance should be encouraged to contact the NHS Test and Trace scheme (Section 17)[27]

- People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards, including washing their hands. They should also contact NHS 111 for advice

- Incident and emergency procedures should be reviewed to ensure they reflect the current government guidance on social distancing as much as possible

- Organisations should keep a record of near misses, and review this log regularly to improve practice and processes

- Develop a protocol for action if a beneficiary or member of the service team becomes unwell during a session or activity, standard welfare measures apply. If a person displays symptoms of COVID-19, they should be encouraged to contact NHS Test and Trace.[28]

17. NHS Test and Trace

The NHS has established a Test and Trace scheme, which providers of support for new and expectant parents need to be aware of. It is important to ensure that the current national and local guidance regarding Test and Trace is consulted before a decision is taken on whether and how to incorporate the scheme into service provision.

As initially conceived, the scheme asks, but does not mandate, that venues where people gather, either indoors or outside, for longer than fifteen minutes, record attendance information for all venue users.[29] It does not apply to settings where practitioners are wearing full PPE. This is for the purposes of contacting individuals who may have been exposed to COVID-19. Service providers are asked to capture name, phone number, email address, and date and time of entrance and exit, for all beneficiaries, staff, practitioners and volunteers who remain within a venue for longer than fifteen minutes.

This information should be kept securely for 21 days and then destroyed unless otherwise captured as part of standard registration processes. Attendees and all those delivering the service must be made aware of an organisation's participation in the Test and Trace scheme. More information about data protection can be found on Office of the Information Commissioner's data protection and coronavirus information hub.[30]

18. Vaccination policy

As the Covid-19 vaccination programme continues to roll out, organisations need to consider their policy around vaccinations for volunteers, practitioners and staff.

It is important to support individual choice with respect to vaccinations, and ensure people have access to evidence-based information to help them in their decision-making. There is a significant issue with misinformation in relation to vaccinations, and organisations in our sector have a role to play in advocating for the highest evidence-based standards. Additionally, organisations can support access by enabling flexible working or volunteering for individuals to be able to attend vaccination appointments.

Individuals providing support alongside or within health services will also need to follow local NHS policy and may be offered access to vaccination as a priority group. Where this isn't offered, support should be provided for individuals who have any concerns about returning to in-person activities in relation to their vaccination status or health and wellbeing. It is really important that everyone feels safe, supported and comfortable as restrictions start to ease.

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[27] See also HSE and St John's Ambulance guidance on provision of first aid in the workplace:
https://www.hse.gov.uk/coronavirus/first-aid-and-medicals/first-aid-certificate-coronavirus.htm
https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/

[28] https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/

[29] https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

[30] https://ico.org.uk/global/data-protection-and-coronavirus-information-hub/

Additional information and support

Association of Breastfeeding Mothers

http://abm.me.uk

The Breastfeeding Network

www.breastfeedingnetwork.org.uk

www.breastfeedingnetwork.org.uk/coronavirus

www.breastfeedingnetwork.org.uk/peersupportprojects

The Breastfeeding Network Drugs in Breastmilk Information Service

Support available by social media message:

www.facebook.com/BfNDrugsinBreastmilkinformation

or by email **druginformation@breastfeedingnetwork.org.uk**

La Leche League

Skilled breastfeeding support and information for all ages and stages, from pregnancy to weaning.

Helpline: **0345 120 2918**

www.laleche.org.uk

Lactation Consultants of Great Britain

Practical and emotional support through expert clinical management of common and complex breastfeeding issues.

Visit the LCGB website for further information and to access the 'Find an IBCLC' facility: **https://lcgb.org**

National Breastfeeding Helpline

Helpline: **0300 100 0212** Open 9.30am-9.30pm every day of the year

Support also available via webchat at **bit.ly/NBHChat** and by social media message.

www.nationalbreastfeedinghelpline.org.uk

Facebook.com/nationalbreastfeedinghelpline

Instagram.com/nationalbreastfeedinghelpline

NCT

NCT Helpline: **0300 330 0700**

Practical and emotional support with feeding your baby, and general enquiries for parents.

www.nct.org.uk

If you have any feedback or questions about this guide, please email: **enquiries@nct.org.uk**

A guide to delivering support services for
new and expectant parents during COVID-19